Image# 14952598628					PAGE 1 / 256
	EPORT OF RI ND DISBURS Other Than An Authori	EMENTS	S	Office	Line Only
		Example: If typin	g, type 1	2FE4M5	Use Only
COMMITTEE (in full)		over the lines.		21 1115	
National Emergency Med					
ADDRESS (number and street)	125 Executive Circle				
Check if different than previously reported. (ACC)	rving			TX 750	D38
2. FEC IDENTIFICATION NUME			ST	ATE 🔺	ZIP CODE
C C00140061	3. IS TH REPC		IEW N) OR	× AMENDE (A)	Ð
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Apr 20 (M3) J	May 20 (M5) un 20 (M6) ul 20 (M7)	Aug 20 (M8 Sep 20 (M9 Oct 20 (M1	 (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE -Election Report for the:	Primary (12P) Convention (1		General (12G) Special (12S)	Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M /	D D / Y	Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M M /	D = D / Y	Y Y Y Y	in the State of
5. Covering Period 04	/ D D / Y Y Y Y 01 2014	through	06 /		Y Y Y 2014
I certify that I have examined this R Type or Print Name of Treasurer	leport and to the best of my Mr. Sam Cheng	knowledge and b	elief it is true,	correct and comp	blete.
Signature of Treasurer	Cheng	[Electronically	Filed] Date		21 / Y Y Y Y 2014
NOTE: Submission of false, erroneous	, or incomplete information ma	y subject the pers	on signing this	Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

11/21/2014 15 : 28

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENT

•	OF FEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
	rite or Type Committee Name		
	lational Emergency Medicine Politic	cal Action Committee	
Re	eport Covering the Period: From: 04	1 / D D / Y Y Y Y 01 2014 To:	06 / D D / Y Y Y Y 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014	[506414.42
	(b) Cash on Hand at Beginning of Reporting Period	270275.89	
	(c) Total Receipts (from Line 19)	384916.55	466468.99
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	655192.44	972883.41
7.	Total Disbursements (from Line 31)	287711.29	605402.26
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	367481.15	367481.15
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

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Image# '	14952598630
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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Emergency Medicine Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
-						
. Contributions (other than loans) From: (a) Individuals/Persons Other						
Than Political Committees						
	208312.21	233869.53				
(i) Itemized (use Schedule A)						
(ii) Unitomized	176600.70	232590.98				
(ii) Unitemized (iii) TOTAL (add	110000.70					
	384912.91	466460.51				
Lines 11(a)(i) and (ii)	304312.31					
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(c) Other Political Committees (such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)	384912.91	466460.51				
2. Transfers From Affiliated/Other		7 7				
Party Committees	0.00	0.00				
	7 7 7 7	19 19 19				
3. All Loans Received	0.00	0.00				
	0.00					
Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)	0.00	0.00				
(Carry Totals to Line 37, page 5)	0.00	0.00				
6. Refunds of Contributions Made						
to Federal Candidates and Other	0.00	0.00				
Political Committees	0.00	0.00				
7. Other Federal Receipts						
(Dividends, Interest, etc.)	3.64	8.48				
3. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account	0.00	0.00				
(from Schedule H3)	0.00	0.00				
	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
 Total Receipts (add Lines 11(d), 10, 12, 14, 15, 16, 17, and 18(a)) 	204040.55	466 400 00				
12, 13, 14, 15, 16, 17, and 18(c))►	384916.55	466468.99				
) Total Fadaval Datatiata						
). Total Federal Receipts						
(subtract Line 18(c) from Line 19)►	384916.55	466468.99				

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

form 3X (Rev. 02/2003)		Page 4			
Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Expenditures: ed Federal/Non-Federal / (from Schedule H4)					
ederal Share	0.00	0.00			
on-Federal Share	0.00	0.00			
Federal Operating	3211.29	4070.26			
Dperating Expenditures					
1(a)(i), (a)(ii), and (b)) ►	3211.29	4070.26			
- 3	0.00	0.00			
ns to ndidates/Committees Political Committees	284500.00	601332.00			
t Expenditures	0.00	0.00			
lule E) d Party Expenditures (441a(d))	0.00				
lule F)		0.00			
yments Made	0.00	0.00			
e Contributions To:	0.00	0.00			
Political Committees	0.00	0.00			
al Party Committees	0.00	0.00			
Political Committees	0.00	0.00			
as PACs)	0.00				
Contribution Refunds	0.00	0.00			
ines 28(a), (b), and (c)) ▶					
ursements	0.00	0.00			
ection Activity (2 U.S.C. §431(20)) ed Federal Election Activity					
Schedule H6)	0.00	0.00			
eral Share	0.00				
vin" Share	0.00	0.00			
al Election Activity Paid Entirely Ith Federal Funds	0.00	0.00			
Federal Election Activity (add 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00			
rsements (add Lines 21(c), 22					
26, 27, 28(d), 29 and 30(c))	287711.29	605402.20			
al Disbursements					
	287711.29	605402.26			
rsements (add Lines 21(c), 22, 26, 27, 28(d), 29 and 30(c))	287711.29				

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Total Contributions (other than loans) (from Line 11(d), page 3) 	384912.91	466460.51				
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	384912.91	466460.51				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	3211.29	4070.26				
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00				
. Net Operating Expenditures (subtract Line 37 from Line 36)	3211.29	4070.26				

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

This amendment is being filed to move bank fees and fundraising expenses from line 29 to line 21B. This also adjusts the period beginning balance to match the ending balance from the previous report filed. Itemization totals changed due to different standards between vendor software.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) _ _ _ _ _ _

FOR LINE NUMBER:

PAGE 7 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check or	nly one)	12								
			Detailed Summary Page	13	14	11c 15	16	1	7					
	y information copied from such Reports and for commercial purposes, other than using the													
\setminus	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Miguel A Acevedo Segui			Date	of Receipt									
	Mailing Address 2326 Longmoore Ct			05 22 2014										
	City	State FL	Zip Code		Transaction ID : C2745213 Amount of Each Receipt this Period									
	Orlando	FL	32835-5962	Amoui	nt of Each	Receipt th	nis Perioc	k						
	FEC ID number of contributing federal political committee.	С					1000	0.00						
	Name of Employer	Occupation	I											
	Florida Emergency Physicians Kang & As	Emergency	Physician											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		1000.00											
В.	Full Name (Last, First, Middle Initial) Ademola Adewale	Date	of Receipt											
	Mailing Address 2514 Butler Bay Dr N			05	M / D		2014	Y						
	City	State	Zip Code		saction ID									
	Windermere	FL	34786-6110	Amou	nt of Each	Receipt th	nis Perioc	ł						
	FEC ID number of contributing federal political committee.	С			1000	0.00]							
	Name of Employer	Occupation												
	Florida Emergency Physicians Kang & As	Emergency	Physician											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		1000.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) James B Aiken			Date	of Receipt									
	Mailing Address 81 Yosemite Dr			04			2014	Y						
	City	State	Zip Code	Tran	nsaction ID	: C27160	35							
	New Orleans	LA	70131-8661	Amou	nt of Each	Receipt th	nis Perioo	ł						
	FEC ID number of contributing federal political committee.	С					25	0.00						
	Name of Employer	Occupation												
	Van Meter & Associates	Emergency	Physician											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		500.00											
s	UBTOTAL of Receipts This Page (optional)						2250	0.00	1					
⊢	OTAL This Period (last page this line numbe					- 7			j					

FOR LINE NUMBER:

PAGE

8 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		r	47				
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of			ibutic					
\setminus	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine F	Political A	ction Committee												
A.	Full Name (Last, First, Middle Initial) Charles Ray Akin				Date of	f Re	ceipt								
	Mailing Address 10187 Sugar Creek Rd														
	City	State	Zip Code	_	06 Trans	acti	16 on ID ·	C275573	201 38	4					
	Bentonville	AR	72712-8507		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7	7	2	250.0	0				
	Name of Employer	Occupation													
	Charles Ray Akin, MD	Emergency	Physician												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		, 250.00												
_	Full Name (Last, First, Middle Initial)														
в.	Stephen H Andersen Mailing Address 12202 E Shangri La Rd			_	Date of	r Re	ceipt	1	M						
	Maining Address 12202 E Shangri La Ro				04	/	24	/ Y	2014						
	City	State	Zip Code		Trans	acti	on ID :	C272174							
	Scottsdale	AZ	85259-3301		Amount	t of	Each R	eceipt th	is Per	iod					
	FEC ID number of contributing federal political committee.	С	1000.00												
	Name of Employer	Occupation													
	Scottsdale Emergency Associates Receipt For:	Emergency		_											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)	L	1000.00												
с.	Full Name (Last, First, Middle Initial) Jeffrey D Anderson				Date of	f Re	ceipt								
	Mailing Address 1305 County Road 65				м – м 05	/	02	/ Y	2014		7				
	City	State	Zip Code			acti		C272974	-	•					
	Killen	AL	35645-5945		Amount	t of	Each R	eceipt th	nis Per	iod					
	FEC ID number of contributing federal political committee.	С					7			200.0	0				
	Name of Employer	Occupation													
	Jeffrey D Anderson, MD, FACEP	Emergency	Physician												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		400.00												
s	UBTOTAL of Receipts This Page (optional)			• -			7	7	14	50.0	0				
т	OTAL This Period (last page this line number	only)	••••••	•	L.										

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 9 OF

			Detailed Summary Page		-		11b									
Ar	y information copied from such Reports and	Statements m	av not be sold or used by any m	erson	13 for the	<u> </u> חוות	14 pose of	15 solicitin		16 ntribut	17 ions					
	for commercial purposes, other than using th															
\setminus	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine	Political A	ction Committee													
Α.	Full Name (Last, First, Middle Initial) Jim V Antinori				Date of	Re	eceipt									
	Mailing Address 3060 Oak Rim Ln			M = M / D = D / Y = Y = Y = Y Y 06 10 2014												
	City	State	Zip Code		Trans	acti	ion ID :	C27549	25		_					
	Park City	UT	84060-6803	_	Amount	t of	Each F	Receipt t	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С					7		_	1000	.00					
	Name of Employer	Occupation	1													
	EPIC, LLC	Emergency	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) V		1000.00													
в.	Full Name (Last, First, Middle Initial) Carmelito Arkangel						eceipt									
	Mailing Address 7220 Rolling Acres Trl						06 03 2014									
	City	State	Zip Code		Trans	acti	on ID :	C27546	68							
	Fair Oaks	TX	78015-4023	/	Amount	t of	Each F	Receipt t	his F	'eriod						
	FEC ID number of contributing federal political committee.				,			100.	00							
	Name of Employer	Occupation		_												
	Carmelito Arkangel, MD, FACEP	Emergency	Physician													
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		201.00													
С.	Full Name (Last, First, Middle Initial) Brent Asplin	1			Date of	Re	eceipt									
	Mailing Address 121 E Freedom Way				^M 04	1	D 16			ү 014	Y					
	City	State	Zip Code		Trans	act	ion ID :	C27160	38							
	Cincinnati	OH	45202-3487		Amount	t of	Each F	Receipt t	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С					,		_	83	.34					
	Name of Employer	Occupation	l													
	Brent Asplin, MD, MPH, FACEP															
	Receipt For:	Aggregate														
	Other (specify) ▼		500.04													
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 10 OF

•••			Detailed Summary Page		11a		1b	11c	12	_						
	y information copied from such Reports and for commercial purposes, other than using th					purpo										
	NAME OF COMMITTEE (In Full)		uuress of any political committe	e iu so	non col	nunuut		UIII SUCII	COMMIT							
\rangle	National Emergency Medicine	Political A	ction Committee													
Α.	Full Name (Last, First, Middle Initial) Brent Asplin			Date of Receipt												
	Mailing Address 121 E Freedom Way				05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
	City	State	Zip Code		Trans	actio	n ID : (C2736358	;							
	Cincinnati	OH	45202-3487	/	Amount	t of Ea	ach Re	eceipt this	Period							
	FEC ID number of contributing federal political committee.	С						- 7	83	.34						
	Name of Employer	Occupation	1													
	Brent Asplin, MD, MPH, FACEP	Emergency	Physician													
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		500.04	1												
B.	Full Name (Last, First, Middle Initial) Brent Asplin						Date of Receipt									
	Mailing Address 121 E Freedom Way															
	City	State Zip Code														
	Cincinnati	OH	45202-3487	/	Amount	t of Ea	ach Re	eceipt this	Period							
	FEC ID number of contributing federal political committee.	С				,		-	83	.34						
	Name of Employer Brent Asplin, MD, MPH, FACEP	Physician														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04													
C.	Full Name (Last, First, Middle Initial) Andrew Luke Aswegan	1			Date of	f Rece	eipt									
	Mailing Address 217 Dove Ln				^M 05	/	D D 01	/ Y	y y 2014	Y						
	City	State	Zip Code		Trans	sactio	n ID :	C2729796	;							
	Elkton	MD	21921-7643	/	Amount	t of Ea	ach Re	eceipt this	Period							
	FEC ID number of contributing federal political committee.	С							1000	.00						
	Name of Employer	Occupation	1	_												
	ECI	Emergency	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11.												
	Other (specify)		1000.00													
s	UBTOTAL of Receipts This Page (optional)								1166.	68						
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 11 OF

			Detailed Summary Page		-	11b	11c	12										
An	y information copied from such Reports and	Statements ma	ay not be sold or used by any pe	erson	13 for the	14 purpose	of soliciting	d contribu	17 tions									
	for commercial purposes, other than using the																	
\backslash	NAME OF COMMITTEE (In Full)		<i></i>															
	National Emergency Medicine	Political A	ction Committee															
Α.	Full Name (Last, First, Middle Initial) Bruce S Auerbach				Date of	Receipt												
	Mailing Address 211 Park St				M M	/ D	D / Y	Y Y	Y									
	Sturdy Meml Hosp City	State	Zip Code	_	04		05	2014	_									
	Attleboro	MA	02703-3143	-			D: C27027											
		_		_	Amount		Receipt th	lis Fellou	_									
	FEC ID number of contributing federal political committee.	С		100.00														
	Name of Employer	Occupation	l															
	Sturdy Memorial Emergency Physicians	Emergency	Physician															
	Receipt For:	Aggregate	Year-to-Date V															
	Primary General		600.00	1														
	Other (specify)		1	4														
	Full Name (Last, First, Middle Initial) Bruce S Auerbach	1			Date of	Receipt												
	Mailing Address 211 Park St																	
	Sturdy Meml Hosp				05	(05	2014										
	City	State	Zip Code				D : C272608											
	Attleboro	MA	02703-3143	_	Amount	of Each	Receipt th	is Period										
	FEC ID number of contributing	С						100	.00									
	federal political committee.					9	7											
	Name of Employer	Occupation																
	Sturdy Memorial Emergency Physicians	Emergency	Physician															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General		600.00	1														
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,	4														
с.	Full Name (Last, First, Middle Initial) Bruce S Auerbach				Date of	Receipt												
	Mailing Address 211 Park St			\neg	M M	_ <u> </u>	D / Y	Y Y	Y									
	Sturdy Meml Hosp				06	(05	2014										
	City	State	Zip Code		Trans	action II	D : C27499	18										
	Attleboro	MA	02703-3143	_	Amount	of Each	Receipt th	nis Period										
	FEC ID number of contributing federal political committee.	С				,		100	.00									
	Name of Employer	-																
	Sturdy Memorial Emergency Physicians																	
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General		000.00	11														
	Other (specify)		600.00	U														
Γ																		
S	UBTOTAL of Receipts This Page (optional)		•	► _		y	7	300.	00									
т	OTAL This Period (last page this line numbe	r only)		•														

FOR LINE NUMBER:

PAGE 12 OF

1.77			Use separate schedule(s)	(cł	neck only	y or	ne)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		ſ	17				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	y not be sold or used by any p ddress of any political committee	erson e to s	for the	pur ntrib	pose of	soliciting	g contr	ributio	ons				
$\overline{\}$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine I	Political A	ction Committee												
A.	Full Name (Last, First, Middle Initial) James Jerome Augustine				Date of	f Re	eceipt								
	Mailing Address 715 Yankee Trace Dr				M M / D D / Y Y Y Y Y 05 22 2014										
	City	State	Zip Code			acti		C27423		4					
	Dayton	OH	45458-3999	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					,		(650.0	0				
	Name of Employer	Occupation													
	Emergency Medicine Physician Managemen	Emergency	Physician												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		650.00	ų.											
в.	Full Name (Last, First, Middle Initial) Neal Finley Aulick II				Date of	f Re	eceipt								
	Mailing Address 11 Aaronwoods Ct						12	/ Y	2014		7				
	City	State	Zip Code		Trans	acti	on ID :	C276230							
	Wheeling	WV	26003-9358	_	Amount	t of	Each R	eceipt th	nis Per	riod					
	FEC ID number of contributing federal political committee.	С	1000.00												
	Name of Employer Emergency Medicine Physician Managemen	Occupation	Dhuaiaian												
	Receipt For:	Emergency	Year-to-Date ▼												
	Primary General	Aggregate		ıĿ.											
	Other (specify) v		1000.00												
C.	Full Name (Last, First, Middle Initial) Rashid J Baddoura				Date of	f Re	eceipt								
	Mailing Address 120 Heights Rd				м м 05	/	22	/ Y	2014						
	City	State	Zip Code		Trans	sact	ion ID :	C27424	09						
	Ridgewood	NJ	07450-2412	_	Amount	t of	Each R	eceipt th	nis Per	riod					
	FEC ID number of contributing federal political committee.	С							1	000.0	00				
	Name of Employer	Occupation													
	Valley Emergency Room Associates Receipt For:	Emergency	-	_											
	Primary General	Aggregate	Year-to-Date ▼	11											
	Other (specify)		1000.00	4											
s	UBTOTAL of Receipts This Page (optional)			▶ _	<u> </u>		-		26	650.0	0				
Т	OTAL This Period (last page this line number	only)		•	L				_	_					

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 13 OF

	EIVIIZED RECEIPTS		Detailed Summary Page		〈 11a		11b	11c		12	
			Detailed Summary Faye		13		14	15		16	17
	y information copied from such Reports and for commercial purposes, other than using										
\backslash	NAME OF COMMITTEE (In Full)		_								
	National Emergency Medicine	e Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Aaron Barksdale				Date of	Re	ceipt				
	Mailing Address 945 S 198th St				05	1	16) / Y		ү 014	Y
	City	State NE	Zip Code 68022-4843				-	C27385			
	Elkhorn		00022-4043		Amount	t of	Each F	leceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	C				_	,		_	500.	.00
	Name of Employer	Occupation									
	Aaron Barksdale, MD, FACEP	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
в.	Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt				Date of	Re	ceipt				
	Mailing Address 68 Greenlawn Ave				04	/	16	/ Y	20)14	Y
	City	State	Zip Code			acti		C271603			
	Newton Center	MA	02459-1714		Amount	t of	Each F	leceipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					y			250.	00
	Name of Employer Tufts Medical Center EP, LLC	Occupation									
	Receipt For:	Emergency									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		, 500.00	4							
с.	Full Name (Last, First, Middle Initial) Robert Louis Barricella				Date of	Re	ceipt				
	Mailing Address 712 Grove Ave				м м 04	/	09) / Y) 14	Y
	City	State	Zip Code		Trans	act	ion ID :	C27125	02		
	Cliffside Pk	NJ	07010-2008		Amount	t of	Each F	leceipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					,	7		250	.00
	Name of Employer	Occupation	I								
	UMDNJ Pediatrics Emergency Group	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		050.00	11							
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional).					_	,		-	1000.	00
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PAGE 14 OF

	EMIZED RECEIPTS		Detailed Summary Page		11a]11b	11c		12	
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	y information copied from such Reports and for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Leigh Anderson Barrow				Date of	Re	eceipt				
	Mailing Address 2824 E 25th St				м м 04	1	D 18			014	Y
	City	State	Zip Code		Trans	acti	ion ID :	C271933	33		
	Tulsa	OK	74114-3214	<u> </u>	Amount	t of	Each F	Receipt th	is F	'eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	83.	33
	Name of Employer	Occupation	1								
	Leigh Anderson Barrow, DO, FACEP	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		400.00	11.							
	Other (specify)		499.98								
в.	Full Name (Last, First, Middle Initial) Leigh Anderson Barrow				Date of	Re	eceipt				
	Mailing Address 2824 E 25th St				M	/	D		Y	Y	Y
	City	State	Zip Code	_	05	١.	22			014	_
	Tulsa	OK	74114-3214					C274239 Receipt th		Poriod	
					Amouni		Lacini		13 1	enou	
	FEC ID number of contributing federal political committee.	С					7		_	83.	33
	Name of Employer	Occupation	l								
	Leigh Anderson Barrow, DO, FACEP	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		499.98	1							
			, , ,								
с.	Full Name (Last, First, Middle Initial) Leigh Anderson Barrow				Date of	Re	eceipt				
	Mailing Address 2824 E 25th St				м м 06	1	D 18) 14	Y
	City	State	Zip Code		Trans	act	ion ID :	C27623	55		
	Tulsa	OK	74114-3214	'	Amount	t of	Each F	Receipt th	is F	'eriod	
	FEC ID number of contributing federal political committee.	С					7	- 7	_	83.	33
	Name of Employer	Occupation	1	_							
	Leigh Anderson Barrow, DO, FACEP	Emergency	Physician								
	Receipt For:	1	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		499.98								
s	UBTOTAL of Receipts This Page (optional)						7	- J	-	249.	99
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PAGE 15 OF

			Detailed Summary Page		11a		11b 14	11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
A .	Full Name (Last, First, Middle Initial) Robert C Bassler Mailing Address 2822 E Alden PI				Date of	_	ceipt	/ Y	Y	Y	Y
	City Anaheim	State CA	Zip Code 92806-4403	_				C27423	48	014 Period	
	FEC ID number of contributing federal political committee.	С					1			400.	00
	Name of Employer Robert C Bassler, MD	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 486.20								
в.	Full Name (Last, First, Middle Initial) Robert C Bassler Mailing Address 2822 E Alden PI			_	Date of	Re	ceipt		v	V	V
	City	State	Zip Code		06	acti	24	C27624		014	·
	Anaheim FEC ID number of contributing federal political committee.	CA	92806-4403		Amount	t of	Each R	eceipt th	nis F	Period 86.	20
	Name of Employer Robert C Bassler, MD	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 486.20								
C.	Full Name (Last, First, Middle Initial) Robert Bazuro				Date of	Re	ceipt				
	Mailing Address 3 Miya Ln				^M ^M 05	1	D D 11	/ Y		ү 014	Y
	City Sandy Hook	State CT	Zip Code 06482-1164					C27302 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					7		_	125	.00
	Name of Employer	Occupation									
	Robert Bazuro, DO, FACEP	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 250.00									
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		 			7	7	-	611.:	20	

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PAGE 16 OF

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		Use separate schedule(s)	(cheo	ck only	one))	L			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	1	1b	11c	12	Г	17
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NAME OF COMMITTEE (In Full)										
> National Emergency Medicine	Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Andrew I Bern			D	ate of	Rece	eipt				
Mailing Address 9846 NW 18th St				м м 04	/	D D	/ Y	у у 2014		1
City	State	Zip Code			actio		271602			
Coral Springs	FL	33071-5826	A	mount	of Ea	ach Re	eceipt th	is Peric	bd	
FEC ID number of contributing federal political committee.	С				,		,	ξ	83.34	4
Name of Employer	Occupation									
Andrew I Bern, MD, FACEP	Emergency	Physician								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify)		501.04								
Full Name (Last, First, Middle Initial) B. Andrew I Bern				ate of	Becc	eint				
Mailing Address 9846 NW 18th St				м м 05	/	16	/ Y	2014	Y	1
City	State	Zip Code			action		273635			
Coral Springs	FL	33071-5826	A	mount	of Ea	ach Re	eceipt th	is Peric	bd	
FEC ID number of contributing federal political committee.	C				- 7		9	8	33.34	ļ
Name of Employer	Occupation		\neg							
Andrew I Bern, MD, FACEP	Emergency	•	_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		501.04								
Full Name (Last, First, Middle Initial) C. Andrew I Bern			D	ate of	Rece	eipt				
Mailing Address 9846 NW 18th St				м м 06	/	02	/ Y	_2014	Y	1
City	State	Zip Code			actio		2277012	_	1	
Coral Springs	FL	33071-5826	A	mount	of Ea	ach Re	eceipt th	is Peric	bd	
FEC ID number of contributing federal political committee.	С				,		1		1.00	D
Name of Employer	Occupation									
Andrew I Bern, MD, FACEP	Emergency		_							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		501.04								
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PAGE 17 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check on	11b	11c	12	
	ny information copied from such Reports and S for commercial purposes, other than using the							
$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee					
A .	Full Name (Last, First, Middle Initial) Andrew I Bern Mailing Address 9846 NW 18th St			_	of Receipt			
	City	State	Zip Code	06	16 saction ID	6	2014	Ŷ
	Coral Springs	FL	33071-5826		nt of Each			
	FEC ID number of contributing federal political committee.	С			3			.34
	Name of Employer	Occupation		_				
	Andrew I Bern, MD, FACEP	Emergency	Physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 501.04					
<u> </u>	Full Name (Last, First, Middle Initial) Benjamin Bernstein			Date o	of Receipt			
	Mailing Address 15 Merrivale Rd			06			y y 2014	Y
	City	State	Zip Code		saction ID			_
	Great Neck	NY	11021-4924	Amour	nt of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С				7	1000.	.00
	Name of Employer Benjamin Bernstein, MD, FACEP	Occupation Emergency						
	Receipt For:		Year-to-Date ▼	_				
	Primary General Other (specify)		1000.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Michael Bessette			Date c	of Receipt			
	Mailing Address 651 W Mount Pleasant Ave EMA			06	/ D		2014	Y
	City	State NJ	Zip Code 07039-1600		saction ID			
	Livingston	110	07039-1000	Amour	nt of Each	Receipt th	is Period	_
	FEC ID number of contributing federal political committee.	C				7	1000	.00
	Name of Employer	Occupation						
	Emergency Medical Associates New Jerse Receipt For:	Emergency		_				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00					
s	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·				2083.	34
Т	OTAL This Period (last page this line number	only)	••••••	L				

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PAGE 18 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical Action Committee	
Full Name (Last, First, Middle Initial) A. Sheila D Best		Date of Receipt
Mailing Address 221 Turtle Cove		06 25 2014
City	State Zip Code GA 30116	Transaction ID : C2762344
Carrollton	GA 30116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Sheila D Best, MD	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) B. Dale Scott Birenbaum		Date of Receipt
Mailing Address 3298 Kentshire Blvd		M M / D D / Y Y Y Y
<u></u>		05 22 2014
City Ocoee	State Zip Code FL 34761-4621	Transaction ID : C2742410
	1 34701-4021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Michael D Bishop		Date of Receipt
Mailing Address 1155 W 3rd St Unity Physician Group, PC		06 / Y Y Y Y Y 2014
City Bloomington	State Zip Code IN 47404-5016	Transaction ID : C2754926
	47404-5010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Michael D Bishop, MD, FACEP	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		► 2500.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER:

PAGE 19 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck onl	y or	ne)				
11			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	г	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contri	butio	ns
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Frederick C Blum Mailing Address 1470 Point Marion Rd				Date o		D . [) / Y	Y		1
	City Morgantown	State WV	Zip Code 26508-1454	_				C27160 Receipt th			-
	FEC ID number of contributing federal political committee.	С					7	- 7	1	60.0	0
	Name of Employer West Virginia University Hospital Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate									
В.	Full Name (Last, First, Middle Initial) Frederick C Blum Mailing Address 1470 Point Marion Rd			_	Date o	f Re	D . D		Ý	Y Y	1
	City Morgantown	State WV	Zip Code 26508-1454					C27363 Receipt th			_
	FEC ID number of contributing federal political committee.	Occupation			L		Ţ	7	1	60.0	0
	West Virginia University Hospital Receipt For: Primary Other (specify) ▼	Emergency]							
с.	Full Name (Last, First, Middle Initial) Frederick C Blum				Date o	f Re	ceipt				
	Mailing Address 1470 Point Marion Rd	Chata	Zie Ocale		м м 06		16		2014		
	City Morgantown	State WV	Zip Code 26508-1454					C27546 Receipt th		od	
	FEC ID number of contributing federal political committee.	С					7		1	60.0	0
	Name of Employer	Occupation									
	West Virginia University Hospital	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00								
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PAGE 20 OF

			Detailed Summary Page		11a 13		11b		11c		12 16	1	7
	y information copied from such Reports and Si for commercial purposes, other than using the				for the		pose o	of so			ntribut	ions	<u>′</u>
	NAME OF COMMITTEE (In Full) National Emergency Medicine P												
A .	Full Name (Last, First, Middle Initial) Vincent Michael Blum Mailing Address 2910 Sundance Path				Date of		eceipt	D	/ Y	Y	Y	Y	
	City Stevensville	State MI	Zip Code 49127-9380					: C2	754697	7)14		
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each	Rece	eipt this	β P	eriod 250.	00]
	Name of Employer Vincent Michael Blum, MD Receipt For:	Occupation Emergency	Physician										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1									
в.	Full Name (Last, First, Middle Initial) Alexander Bobrov Mailing Address 1518 Fishinger Rd				Date of	f Re	D .		/ Y	Y	Y	Ŷ	
	City Columbus	State OH	Zip Code 43221-2238					: C2	770140 eipt this				
	FEC ID number of contributing federal political committee.	С					7		7		250.	00]
	Name of Employer Alexander Bobrov, DO	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
C.	Full Name (Last, First, Middle Initial) Keenan M Bora				Date of		eceipt						
	Mailing Address 3475 Ridgeline Ct	State	Zip Code		04		16	6	/ Y	20	14	Y	
	Ann Arbor	MI	48105-2500						2716039 eipt this		eriod		
	FEC ID number of contributing federal political committee.	С					,		7		83.	.33]
	Name of Employer	Occupation											
	Keenan M Bora, MD, FACEP	Emergency	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	1									
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of						7	-	7		583.:	33]

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FOR LINE NUMBER:

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PAGE 21 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c		2 6	17
Any information copied from such Reports and or for commercial purposes, other than using th				for the		pose o	f solicitin	g cont	ributi	ions
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Keenan M Bora Mailing Address 3475 Ridgeline Ct City Ann Arbor FEC ID number of contributing federal political committee.	State MI	Zip Code 48105-2500			/ acti	26 ion ID		201 88		ў 33
Name of Employer Keenan M Bora, MD, FACEP Receipt For: Primary General Other (specify)	Occupation Emergency Aggregate					,				
Full Name (Last, First, Middle Initial) B. Samuel Francis Bosco Mailing Address 6 Fox Glove Ct City	State	Zip Code		Date of	1	25	C27623	201	Y 4	Y
Wynantskill FEC ID number of contributing federal political committee.	NY C	12198-7801					Receipt t	his Pe	riod 000.(00
Name of Employer Emergency Medical Associates New Jerse Receipt For: Primary General Other (specify) v	Aggregate									
Full Name (Last, First, Middle Initial) C. Richard B Bounds Mailing Address 4755 Ogletown Stanton Rd Christiana Care Hlth Svcs Er City	d State DE	Zip Code			/ sact	23 ion ID	3 : C27593		4	Y
Newark FEC ID number of contributing federal political committee. Name of Employer Doctors Emergency Services Delaware Receipt For: Primary General Other (specify) ▼	Occupation Emergency			Amount	t of	Each I	Receipt t		riod 250.	00
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PAGE 22 OF

		Use separate schedule(s)	(cheo	ck onl	y or	ne)	L			
		for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	Г	17
Any information copied from such Reports and or for commercial purposes, other than using th				or the		pose of	soliciting	g contrib		ns
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Bradford J Bowls			D	ate o	f Re	eceipt				
Mailing Address 121 NW Ivanhoe Blvd			1 F	м м 05	/	22	/ Y	2014		1
City Orlando	State FL	Zip Code 32804-5958		Trans		ion ID :	C274241 eceipt th	11		-
FEC ID number of contributing federal political committee.	С							10	00.00)
Name of Employer Florida Emergency Physicians Kang & As Receipt For:	Occupation Emergency	Physician								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1							
Full Name (Last, First, Middle Initial) B. Jefferson Dale Bracey	1			ate o	f Re	eceipt				
Mailing Address 1351 Manorwood St		7.0.1		м м 04	/	18	/ Y	2014	Y]
City Las Vegas	State NV	Zip Code 89135-1333				-	C271931 eceipt th	-	bd	
FEC ID number of contributing federal political committee.	С					л. I.			33.33	5
Name of Employer Emergency Medicine Physicians	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
Full Name (Last, First, Middle Initial) C. Jefferson Dale Bracey				ate o	f Re	eceipt				
Mailing Address 1351 Manorwood St				м м 05	/	22	/ Y	2014	Y	1
City Las Vegas	State NV	Zip Code 89135-1333				-	C274239 eceipt th	-	bd	-
FEC ID number of contributing federal political committee.	С			inioun		,			83.3	3
Name of Employer	Occupation									
Emergency Medicine Physicians Receipt For:	Emergency		_							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
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PAGE 23 OF

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Any information copied from such Reports and or for commercial purposes, other than using th									ibutio	
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Jefferson Dale Bracey				Date of	Re	ceipt				
Mailing Address 1351 Manorwood St				м м 06	/	18) / Ү	201		1
City Las Vegas	State NV	Zip Code 89135-1333		Trans		on ID :	C27623	56		
FEC ID number of contributing federal political committee.	С					, .	7		83.3	3
Name of Employer Emergency Medicine Physicians	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
Full Name (Last, First, Middle Initial) B. Jennifer H Bradstreet Mailing Address 249 S Franklin St			_	Date of	Re	ceipt		Ý	YY	_
City	State	Zip Code		04	acti	18		2014		
Chagrin Falls	OH	44022	_	Amount	of	Each R	Receipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С					,	7		83.3	3
Name of Employer Emergency Medicine Physicians	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
Full Name (Last, First, Middle Initial) C. Jennifer H Bradstreet	1			Date of	Re	ceipt				
Mailing Address 249 S Franklin St				05	/	D 22		۲ 2014		1
City Chagrin Falls	State OH	Zip Code 44022	-				C27423		iod	
FEC ID number of contributing federal political committee.	C					,			83.3	3
Name of Employer	Occupation									
Emergency Medicine Physicians	Emergency	Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe			•			7	7	2	249.99	9

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PAGE 24 OF

••			Detailed Summary Page		11a 13	<u> </u>	11b 14	11c		12	17
Ar	ny information copied from such Reports and	Statements ma	A not be sold or used by any pe	erson	for the	pur	pose of	15 soliciting	con	16 tributi	0ns
or	for commercial purposes, other than using th	ne name and a	ddress of any political committee	e to so	licit cor	ntrib	utions fr	rom such	n con	nmitte	e.
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Jennifer H Bradstreet				Date of	Re	ceipt				
	Mailing Address 249 S Franklin St				м м 06	/	D D 18	/ Y	ү 20	ү 14	Y
	City	State	Zip Code		Trans	acti	ion ID :	C276235	7		_
	Chagrin Falls	OH	44022		Amount	of	Each R	eceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,			83.	33
	Name of Employer	Occupation									
	Emergency Medicine Physicians	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		499.98								
B.	Full Name (Last, First, Middle Initial) Alkesh Brahmbhatt	·			Date of	Re	ceipt				
	Mailing Address 1441 Langham Ter				м м 05	/	22	/ Y	y 201	Y 4	Y
	City	State	Zip Code					C274241			
	Lake Mary	FL	32746-1967		Amount	of	Each R	eceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						7	1	000.0	00
	Name of Employer Florida Emergency Physicians Kang & As	Occupation									
	Receipt For:	Emergency	•	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
с.	Full Name (Last, First, Middle Initial) Sabina A Braithwaite	·			Date of	Re	ceipt				
	Mailing Address PO Box 780809				м м 04	1	D D 16	/ Y	y 201	Y 14	Y
	City Wichita	State KS	Zip Code 67278-0809					C271602			
		1.0	01210 0003		Amount	of	Each R	eceipt th	is Pe	eriod	_
	FEC ID number of contributing federal political committee.	С				_	7	- 7		83.	34
	Name of Employer	Occupation									
	University of Virginia Hopsital	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.04								
	CUBTOTAL of Receipts This Page (optional)			<u> </u>			5	5	1	166.6	67
11	OTAL This Period (last page this line numbe	r oniy)	••••••	•	- 1 m		7		-		

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PAGE 25 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine P		
Full Name (Last, First, Middle Initial) A. Sabina A Braithwaite Mailing Address PO Box 780809 City Wichita FEC ID number of contributing federal political committee. Name of Employer University of Virginia Hopsital Receipt For: Primary General Other (specify) ▼	State Zip Code KS 67278-0809 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.04 500.04	Date of Receipt
Full Name (Last, First, Middle Initial) B. Sabina A Braithwaite Mailing Address PO Box 780809 City Wichita FEC ID number of contributing federal political committee. Name of Employer University of Virginia Hopsital Receipt For: Primary General Other (specify)	State Zip Code KS 67278-0809 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.04	Date of Receipt
Full Name (Last, First, Middle Initial) C. Andrea M Brault Mailing Address 444 E Huntington Dr Emer Grps Ofc City Arcadia FEC ID number of contributing federal political committee. Name of Employer Emergency Group Office Receipt For: Primary General Other (specify) ▼	State Zip Code C 91006-6258 Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 16 2014 Transaction ID : C2716017 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		416.68

FOR LINE NUMBER:

PAGE 26 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Robert I Broida Mailing Address PO Box 5404 City Fairlawn FEC ID number of contributing federal political committee. Name of Employer Emergency Medicine Physician Managemen Receipt For: Primary General Other (specify) ▼	State Zip Code OH 44334-0404 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Eric D Brown Mailing Address 9251 Lawing School Rd City Charlotte FEC ID number of contributing federal political committee. Name of Employer Emergency Medicine Physicians Receipt For: Primary General Other (specify) ▼	State Zip Code NC 28214-8694 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 499.98 499.98	Date of Receipt
Full Name (Last, First, Middle Initial) C. Eric D Brown Mailing Address 9251 Lawing School Rd City Charlotte FEC ID number of contributing federal political committee. Name of Employer Emergency Medicine Physicians Receipt For: Primary General Other (specify) ▼	State Zip Code NC 28214-8694 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 499.98	Date of Receipt 05 22 2014 Transaction ID : C2742399 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		► 1166.66 ► 7

Use separate schedule(s)

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PAGE 27 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Eric D Brown Mailing Address 9251 Lawing School Rd City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28214-8694	Date of Receipt 06 18 2014 Transaction ID : C2762358 Amount of Each Receipt this Period 83.33
Name of Employer Emergency Medicine Physicians Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) B. Willie Charles Bruce Mailing Address 126 Enclave Ave City Deland FEC ID number of contributing federal political committee.	State Zip Code FL 32724-8072	Date of Receipt 06 29 2014 Transaction ID : C2769982 Amount of Each Receipt this Period 100.00
Name of Employer Willie Charles Bruce, DO Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Gary Bubly Mailing Address Mailing Address 164 Summit Ave Miriam Hosp City Providence FEC ID number of contributing federal political committee. Name of Employer University Emergency Medicine Foundati Receipt For: Primary General Other (specify)	State Zip Code RI 02906-2853 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 600.00 600.00	Date of Receipt 04 30 2014 Transaction ID : C2725382 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		683.33

FOR LINE NUMBER:

PAGE 28 OF

	-	Use separate schedule(s)		(check only one)												
		for each category of the Detailed Summary Page	X 11	a	11b 14	11c	12	17								
Any information copied from such Reports or for commercial purposes, other than using			erson for t		irpose of		contribut									
NAME OF COMMITTEE (In Full) National Emergency Medici	ne Political A	ction Committee														
Full Name (Last, First, Middle Initial) A. Michael Burton			Date	Date of Receipt												
Mailing Address 3875 Geist Rd			M = M / D = D / Y = Y = Y													
Golden Heart Emer Phys	<u>s # 381</u> State	Zip Code	06 30 2014 Transaction ID : C2769987													
Fairbanks	AK	99709-3564					is Period									
FEC ID number of contributing federal political committee.	С				7		250	.00								
Name of Employer	Occupation															
Michael Burton, MD	Emergency	Physician														
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]													
Full Name (Last, First, Middle Initial) B. Joel E Buzy			Date	of B	leceipt											
Mailing Address 10409 Snapdragon Pl	Mailing Address 10409 Snapdragon Pl						04 08 2014									
City	State	Zip Code	Tra	insac	tion ID :	C271249										
North Potomac	MD	20878-4324	Amo	unt o	f Each R	Receipt th	is Period									
FEC ID number of contributing federal political committee.	С				7		100	.00								
Name of Employer Medical Emergency Professional LLC	Occupation Emergency															
Receipt For:		Year-to-Date ▼														
Primary General Other (specify) ▼		600.00	1													
Full Name (Last, First, Middle Initial) C. Joel E Buzy			Date	of R	leceipt											
Mailing Address 10409 Snapdragon PI			M	м 4	/ D D 29		ууу 2014	Y								
City North Potomac	State MD	Zip Code 20878-4324				C272961	I 6 is Period									
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Name of Employer	Occupation	1														
Medical Emergency Professional LLC	Emergency	Physician														
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00]													
SUBTOTAL of Receipts This Page (option	al)				7		450.	00								
TOTAL This Period (last page this line nu	mber only)															

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PAGE 29 OF

			Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and for commercial purposes, other than using th				for the		oose of	solicitin		ntribut	tions
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Joel E Buzy Mailing Address 10409 Snapdragon PI				Date of	Re	ceipt			014	Ŷ
	City North Potomac	State MD	Zip Code 20878-4324				on ID :	C27452 Receipt t	200		
	FEC ID number of contributing federal political committee.	C					5		_	100	.00
	Name of Employer Medical Emergency Professional LLC Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate									
В.	Full Name (Last, First, Middle Initial) Joel E Buzy Mailing Address 10409 Snapdragon Pl				Date of	Re	ceipt		. – .)14	Y
	City North Potomac FEC ID number of contributing	State MD	Zip Code 20878-4324	_			on ID :	C27701 Receipt t	42		.00
	federal political committee. Name of Employer Medical Emergency Professional LLC Receipt For: Primary General	Occupation Emergency					y				
	Other (specify) ▼	L	600.00	-							
C.	Amabel-Jovan C Cabatu Mailing Address 14081 Portrush Dr				Date of	Re	ceipt 22			014	Y
	City Orlando	State FL	Zip Code 32828-8241				ion ID :	C27424	413		
	FEC ID number of contributing federal political committee.	C					5		_	1000	.00
	Name of Employer	Occupation	1								
	Florida Emergency Physicians Kang & As	Emergency	/ Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 0.00								
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PAGE 30 OF

			Detailed Summary Page		11a 13		11b 14	11c 15		12 16	17
	y information copied from such Reports and for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Joseph J Calabro Mailing Address 15 Hance Rd				Date of	_	D - 1			Y 1	Y
	City Fair Haven	State NJ	Zip Code 07704-3206					C27202 Receipt th	90	Period	
	FEC ID number of contributing federal political committee.	С					,		_	1000.	00
	Name of Employer Physical Practice Enhancement Receipt For:	Occupation Emergency	Physician								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
в.	Full Name (Last, First, Middle Initial) Jorge L Cambo				Date of	Re					
	Mailing Address 1143 Raintree Pl	State	Zip Code		04 Trans	acti	28			014	Y
	Winter Park	FL	32789-2563					Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					,			250.	00
	Name of Employer Emergency Physicians Specialists	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
с.	Full Name (Last, First, Middle Initial) Michael L Carius	1			Date of	Re	eceipt				
	Mailing Address 75 Oak Bluff Ave				м м 06	/	D 20		2	9 014	Υ
	City Stratford	State CT	Zip Code 06615-7714	,				C27570 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	1000.	00
	Name of Employer	Occupation	l								
	Norwalk Hospital Emergency Physicians	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1							
	UBTOTAL of Receipts This Page (optional)						5	5	-	2250.0	00
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PAGE 31 OF

IТ	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	one	e)							
11			for each category of the Detailed Summary Page		< 11a		11b	11c	12	<u> </u>				
	ny information copied from such Reports and for commercial purposes, other than using the					purp								
	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Jesse Caron			Date of Receipt										
	Mailing Address 500 Winderley Pl FL Emer Phys				м м 05	/	D D D	/ Y	2014	Y				
	City Maitland	State FL	Zip Code 32751-7406					C274241 eceipt th						
	FEC ID number of contributing federal political committee.	С					9		1000).00				
	Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
в.	Full Name (Last, First, Middle Initial) Horace R Carson	1			Date of	Rec	ceipt							
	Mailing Address 10472 Danwin Ct				м м 04	/	D D D 15	/ Y	у у 2014	Y				
	ity Valdorf	State MD	Zip Code 20601-3968	Transaction ID : C2719282 Amount of Each Receipt this Period										
	FEC ID number of contributing		20001-3908		Amount	OTE	zach Re	eceipt th	is Period					
	federal political committee.	С			L		9	7	300	0.00				
	Name of Employer Summa Emergency Associates Incorporate	Occupation Emergency												
	Receipt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		300.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) John Casey	I			Date of	Rec	ceipt							
	Mailing Address 5156 Baker Ridge Dr				м м 04	/	D D 18	/ Y	у у 2014	Y				
	City Columbus	State OH	Zip Code 43228-1794				-	C271932	21 is Period					
	FEC ID number of contributing federal political committee.	С					,	- 7	8	5.00				
	Name of Employer	Occupation												
	Emergency Medicine Physicians Receipt For:	Emergency		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00											
s	UBTOTAL of Receipts This Page (optional)			•			,		1385	.00				
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PAGE 32 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	ck onl	y or	ne)								
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	17				
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for to sol	or the	purp ntrib	oose of	solicitin	g contri	butio	ns				
	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee												
Α.	Full Name (Last, First, Middle Initial) John Casey Mailing Address 5156 Baker Ridge Dr				Date of		ceipt) / Y	Y Y	Y Y					
	City Columbus	State OH	Zip Code 43228-1794					C27424							
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Each R	leceipt tl		od 85.0	0				
	Name of Employer Emergency Medicine Physicians Receipt For:	Occupation Emergency	Physician												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00												
в.	Full Name (Last, First, Middle Initial) John Casey				Date of	f Re	ceipt								
	Mailing Address 5156 Baker Ridge Dr	State	Zip Code		м м 06	/	18	JL	2014						
	Columbus	OH 43228-1794				Transaction ID : C2762359 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7			85.00)				
	Name of Employer Emergency Medicine Physicians	Occupation Emergency													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00												
с.	Full Name (Last, First, Middle Initial) Michael Cetta				Date of	f Re	ceipt								
	Mailing Address 16 Piney Glen Ct				м м 05	/	12		2014		1				
	City Potomac	State MD	Zip Code 20854-1411					C27305 Receipt th		od	_				
	FEC ID number of contributing federal political committee.	С								00.0	0				
	Name of Employer	Occupation													
	Medical Emergency Professional LLC	Emergency	Physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00												
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PAGE 33 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check	only c	one)								
11			Detailed Summary Page	X 11 13		11b 14	11c	12	Г	17			
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane name and a	ay not be sold or used by any p ddress of any political committee	erson for t e to solicit	he pu contri	rpose of butions f	soliciting	g contri h comr	ibutio nittee	ns 9.			
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Kahang Lee Chan Mailing Address 1618 Bridgewater Dr			_	e of R	eceipt		Y					
					5	22	/ Y	2014					
	City Lake Mary	State FL	Zip Code 32746-4103			tion ID : f Each R			iod				
	FEC ID number of contributing federal political committee.	С				7		10	00.0	0			
	Name of Employer	Occupation	1										
	Florida Emergency Physicians Kang & As	Emergency	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1									
в.	Full Name (Last, First, Middle Initial) Douglas Mark Char			Date	e of R	eceipt							
	Mailing Address 4226 Laclede Ave			04 23 2014									
	City Saint Louis	State MO	Zip Code 63108-2815		Transaction ID : C2721360 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				7	500.00						
	Name of Employer Washington University - Missouri	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]									
— C.	Full Name (Last, First, Middle Initial) Mary Anna Chiu			Date	e of R	eceipt							
	Mailing Address 10220 N Orchard Ln				M 6	/ D D 22	/ Y	y 2014		1			
	City Spokane	State WA	Zip Code 99208-5523			t ion ID : f Each R			iod				
	FEC ID number of contributing federal political committee.	С				л. Г		1	100.0	0			
	Name of Employer	Occupation											
	Mary Anna Chiu, MD	Emergency	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1									
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe					7	5	16	00.00)			

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PAGE 34 OF

			Detailed Summary Page		(11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and s for commercial purposes, other than using th				for the		pose of	solicitir		ontribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Mary Anna Chiu Mailing Address 10220 N Orchard Ln				Date of		ceipt		Y Y	Y	Y
	City Spokane	State WA	Zip Code 99208-5523	_			30 i on ID : Each R		868	2014 Period	
	FEC ID number of contributing federal political committee.	С					1	,		250.	.00
	Name of Employer Mary Anna Chiu, MD	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
в.	Full Name (Last, First, Middle Initial) Neil L Christen				Date of	Re	ceipt				
	Mailing Address 4805 Laurel Trce	State	Zip Code		05	'	28			9 014	Y
	Anniston	AL	36207-9300	-			on ID : Each R			Period	
	FEC ID number of contributing federal political committee.	С					,	1000101		500.	00
	Name of Employer Neil L Christen, MD, FACEP	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
с.	Full Name (Last, First, Middle Initial) James A Chua-Tuan	L			Date of	Re	ceipt				
	Mailing Address 9303 Quinton Ave				м м 05	/	22			9 014	Y
	City Lubbock	State TX	Zip Code 79424-5109				ion ID : Each R			Period	
	FEC ID number of contributing federal political committee.	С					,			250	.00
	Name of Employer	Occupation									
	EmCare Incorporated	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
	UBTOTAL of Receipts This Page (optional)			• •			5	- 7		1000.	00
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PAGE 35 OF

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) L Anthony Cirillo				Date of	Re	ceipt				
	Mailing Address 91 Woodridge Dr				м м 04	/	18	/ Y	y 201		1
	City Saunderstown	State RI	Zip Code 02874-1943		Trans		on ID :	C271932 eceipt th	22		-
	FEC ID number of contributing federal political committee.	С					,			83.3	3
	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	Mailing Address 91 Woodridge Dr	State	Zip Code		05	/	22		2014		
	Saunderstown	RI	02874-1943				-	C274240 leceipt th	-	riod	
	FEC ID number of contributing federal political committee.	С					7			83.3	3
	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency	Physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98								
<u>с.</u>	Full Name (Last, First, Middle Initial) L Anthony Cirillo				Date of	Re	ceipt				
	Mailing Address 91 Woodridge Dr				м м 06	/	18	/ Y	2014		1
	City Saunderstown	State RI	Zip Code 02874-1943					C276230 eceipt th		riod	
	FEC ID number of contributing federal political committee.	С					,	, j		83.3	3
	Name of Employer	Occupation									
	Emergency Medicine Physician Managemen Receipt For:	Emergency	-								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98								
s	UBTOTAL of Receipts This Page (optional)						,		2	249.9	9
Т	OTAL This Period (last page this line number	only)	••••••	•	L		7			-	

FOR LINE NUMBER:

PAGE 36 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check of X 11a 13	nly oi	ne) 11b 14	11c	12	17
	y information copied from such Reports and S for commercial purposes, other than using the						soliciting	g contrib	outions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee						
A.	Full Name (Last, First, Middle Initial) Leonardo Cisneros Mailing Address 2365 Forrest Rd City Winter Park FEC ID number of contributing federal political committee. Name of Employer	State FL Occupation			™ /	22 ion ID :	/ Y C27424 eccipt th	nis Perio	
	Florida Emergency Physicians Kang & As Receipt For: Primary General Other (specify) ▼	Emergency Aggregate	Physician Year-to-Date ▼ 1000.00						
в.	Full Name (Last, First, Middle Initial) Carol L Clark Mailing Address 3601 W 13 Mile Rd William Beaumont Hosp ED			Date	M /	26	JL	2014	Y
	City Royal Oak FEC ID number of contributing federal political committee.	State MI	Zip Code 48073-6712				C27640 ⁴	nis Perio	d 00.00
	Name of Employer Carol L Clark, MD, MBA, FACEP Receipt For: Primary General Other (specify)	Occupation Emergency Aggregate							
C.	Full Name (Last, First, Middle Initial) R Carter Clements Mailing Address 5558 Taft Ave			Date	M /	eceipt	/ Y	2014	Ŷ
	City Oakland FEC ID number of contributing federal political committee.	State CA	Zip Code 94618-1519				C27165 eceipt th	nis Perio	d 33.34
	Name of Employer Oakcare Medical Group Receipt For: Primary General Other (specify)	Occupation Emergency Aggregate							
s	UBTOTAL of Receipts This Page (optional)					7		208	3.34
т	OTAL This Period (last page this line number	only)				7	7		

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PAGE 37 OF

		Detailed Summary Page		11a 13		11b 14	11c		12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the				for the		pose of			ntribut	ions
NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. R Carter Clements Mailing Address 5558 Taft Ave City Oakland 550 ID eventses of each the time	State CA	Zip Code 94618-1519			/ acti	eceipt 17 ion ID : Each F	C2738	730	014 ^D eriod	Ŷ
FEC ID number of contributing federal political committee. Name of Employer Oakcare Medical Group Receipt For:	C Occupation Emergency Aggregate]			3	7		83	34
Full Name (Last, First, Middle Initial) R Carter Clements Mailing Address 5558 Taft Ave City Caldered	State CA	Zip Code			/ acti	17	C2755	788	014	Ŷ
Oakland FEC ID number of contributing federal political committee. Name of Employer Oakcare Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Emergency			Amount	tof	Each F	Receipt	this I	83.	34
Full Name (Last, First, Middle Initial) C. Orion J Colfer Mailing Address 2523 Hanover Ave City Richmond FEC ID number of contributing federal political committee. Name of Employer Emergency Medicine Physician Managemen Receipt For: Primary General Other (specify)	State VA C Occupation Emergency Aggregate				/ act	eceipt 18 ion ID : Each F	C2719	2 327		Y .00
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PAGE 38 OF

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	y information copied from such Reports and S for commercial purposes, other than using the							soliciting	contribu	itions
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee							
Α.	Full Name (Last, First, Middle Initial) Orion J Colfer Mailing Address 2523 Hanover Ave City Richmond FEC ID number of contributing	State VA	Zip Code 23220-4003			action	22 ID:0	/ Y C274240 eceipt th	is Period	
	federal political committee. Name of Employer Emergency Medicine Physician Managemen Receipt For: Primary General Other (specify) ▼	C Occupation Emergency Aggregate						5	50	0.00
	Full Name (Last, First, Middle Initial) Orion J Colfer Mailing Address 2523 Hanover Ave City Richmond FEC ID number of contributing federal political committee. Name of Employer	State VA C	Zip Code 23220-4003				18 1D:(/ Y C276236 eccipt th	is Perioo).00
	Emergency Medicine Physician Managemen Receipt For: Primary General Other (specify)	Emergency Aggregate	Physician Year-to-Date ▼ 400.00							
	Full Name (Last, First, Middle Initial) Helene Connolly Mailing Address 500 Thatcher Ave City River Forest FEC ID number of contributing federal political committee. Name of Employer Helene Connolly, MD, FACEP Receipt For: Primary General Other (specify) ▼	State IL Occupation Emergency Aggregate				action	08 ID:	/ Y C272963 eceipt th	is Period	
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PAGE 39 OF

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Any information copied from such Reports and Statements may not be sold or used by any person f					13		14	\vdash	15	16		17
	for commercial purposes, other than using the											
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee									
<u> </u>	Full Name (Last, First, Middle Initial) Christopher M Contino				Date of	f Re	ceipt					
	Mailing Address 30 Conklin Ln				м м 06		30		Y	y y 2014		
	City Huntington	State NY	Zip Code 11743-2518		Trans Amoun		ion ID Each I		70146	;		
	FEC ID number of contributing federal political committee.	С					7			2	50.0	0
	Name of Employer North Shore Huntington Hospital	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00									
	Full Name (Last, First, Middle Initial) David Thomas Cook				Date of	f Re	eceipt					
	Mailing Address 809 Bridgetown Pass				м м 05	1	D 22		Y	y y 2014		
	City Mt Pleasant	State SC	Zip Code 29464-8330		Trans Amoun		on ID : Each I				od	
	FEC ID number of contributing federal political committee.	С					,		7	2	50.0	0
	Name of Employer Charleston Emergency Services	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u></u>	Full Name (Last, First, Middle Initial) Marco Coppola				Date of	f Re	eceipt					
	Mailing Address 7105 Waldon Ct				м м 05	/	22			y y 2014		
	City Colleyville	State TX	Zip Code 76034-7319	Transaction ID : C2742353 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					, ,		,		00.0	00
	Name of Employer	Occupation										
	Marco Coppola, DO, FACEP	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00									
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PAGE 40 OF

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Α.	Full Name (Last, First, Middle Initial) Christopher Corbit				Date of	f Re	ceipt							
	Mailing Address 1075 Mornington Cir				м м 04	/	18) / Y		ү 014	Y			
	City	State	Zip Code		Trans	acti	on ID :	C27193	24					
	Uniontown	OH	44685-6244	_	Amount	t of	Each R	Receipt th	nis F	'eriod				
	FEC ID number of contributing federal political committee.	С				_	y	7	_	83	.33			
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	Emergency Medicine Physician Managemen	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		499.98											
в.	Full Name (Last, First, Middle Initial) Christopher Corbit				Date of	f Re	ceipt							
	Mailing Address 1075 Mornington Cir				м м 05	/	22	/ Y	2(у 014	Y			
	City	State	Zip Code		Trans	acti	on ID :	C27424	03					
	Uniontown	OH	44685-6244	_	Amount	t of	Each R	Receipt th	nis F	'eriod				
	FEC ID number of contributing federal political committee.	С				7			83.	33				
	Name of Employer	Occupation	1	-										
	Emergency Medicine Physician Managemen	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		, 499.98											
С.	Full Name (Last, First, Middle Initial) Christopher Corbit				Date of Receipt									
	Mailing Address 1075 Mornington Cir			06 18 2014										
	City	State	Zip Code					C27623						
	Uniontown	OH	44685-6244	_	Amount	t of	Each R	Receipt th	nis F	'eriod				
	FEC ID number of contributing federal political committee.	С					,			83	.33			
	Name of Employer	Occupation	1	_										
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	Primary General		499.98											
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PAGE 41 OF

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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	licit coi	ntrib	outions	from su	ich co	ommitt	ee.
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	National Emergency Medicine I	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Kathleen Cowling				Date of	f Re	eceipt				
	Mailing Address 3400 Midland Rd				м м 05	/	09		Y Y	2014	Y
	City	State	Zip Code		Trans	act	ion ID :	C2729			
	Saginaw	MI	48603-9634		Amount	t of	Each F	Receipt	this [Period	
	FEC ID number of contributing federal political committee.	С					7			1000	.00
	Name of Employer	Occupation									
	Covenant Health Care	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11							
	Other (specify)		1000.00								
В.	Full Name (Last, First, Middle Initial) Robert J Cox				Date of	f Re	eceipt				
	Mailing Address 817 Thomaston St				M M	/			Y Y	о л л	Y
	City	State	Zip Code	_	06		27 ion ID :			014	_
	Barnesville	GA	30204-1729				Each F			Period	
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	federal political committee.	С					7			1000.	.00
	Name of Employer	Occupation									
	EmergiNet	Emergency	Physician								
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	Primary General		1000.00	1							
	Other (specify)		1 1000.00								
c.	Full Name (Last, First, Middle Initial) Richard Cressey				Date of	f Re	eceint				
•.	Mailing Address 18 Summer St				м – м 06		10			014	Y
	City	State	Zip Code	_		act	ion ID :			014	
	Andover	MA	01810-3687				Each F			Period	
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	federal political committee.	С					J		_	1000	.00
	Name of Employer	Occupation	l	_							
	Richard Cressey, MD	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
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PAGE 42 OF

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	y information copied from such Reports and for commercial purposes, other than using the															
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Α.	Full Name (Last, First, Middle Initial) Geoffrey M Crockett				Date of	Re	ceipt									
	Mailing Address 652 N Pioneer Fork Rd				м м 05	/	18) / Y		014	Y					
	City	State	Zip Code		Trans	acti	on ID :	C27388	81							
	Salt Lake Cty	UT	84108-1606		Amount	t of	Each F	Receipt th	nis P	'eriod						
	FEC ID number of contributing federal political committee.	С					Ţ	5	_	400.	.00					
	Name of Employer	Occupation	1													
	Intermountain Health Care Park City Me	Emergency	Physician													
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		400.00													
В.	Full Name (Last, First, Middle Initial) James Michael Cusick				Date of Receipt											
	Mailing Address 1077 Race St			04 16 2014												
	City	State	Zip Code		Trans	acti	on ID :	C271604	14							
	Denver	CO	80206-2832	_	Amount	t of	Each F	Receipt th	nis P	'eriod						
	FEC ID number of contributing federal political committee.	С					7		_	83.	34					
	Name of Employer James Michael Cusick, MD, FACEP	Occupation Emergency														
	Receipt For:	1	Year-to-Date ▼	_												
	Primary General	Aggregate		11.												
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С.	Full Name (Last, First, Middle Initial) James Michael Cusick				Date of	Re	ceipt									
	Mailing Address 1077 Race St				м м 05	/	16			ү 014	Y					
	City	State	Zip Code		Trans	act	ion ID :	C27363	63							
	Denver	CO	80206-2832	_	Amount	t of	Each F	Receipt th	nis P	'eriod						
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	Name of Employer	Occupation	1	-												
	James Michael Cusick, MD, FACEP	Emergency	Physician													
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PAGE 43 OF

	EMIZED RECEIPTS		Detailed Summary Page	X	11a		11b	11c		12					
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	National Emergency Medicine F	Political A	ction Committee												
Α.	Full Name (Last, First, Middle Initial) James Michael Cusick			[Date o	f Re	eceipt								
	Mailing Address 1077 Race St				м м 06	/	16	D /		2014	Y				
	City	State	Zip Code		Trans	sact	ion ID	: C2754	632						
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	FEC ID number of contributing federal political committee.	С					7			83	.34				
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	James Michael Cusick, MD, FACEP	Emergency	Physician												
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	Other (specify)		500.04												
в.	Full Name (Last, First, Middle Initial) Randal L Dabbs				Date o	f Re	eceipt								
	Mailing Address 265 Brookview Centre Way Team Health			06 30 Y Y Y Y Y 06 30 2014											
	City	State	Zip Code	Transaction ID : C2766164											
	Knoxville	TN	37919-4052	/	Amoun	t of	Each I	Receipt	this F	Period					
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	Name of Employer Randal L Dabbs, MD, FACEP	Occupation Emergency													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00												
<u></u>	Full Name (Last, First, Middle Initial) Charles Dalmedo				Date o	f Re	eceipt								
	Mailing Address 15 Hewlett Ln				м м 04	/	D 18			014	Y				
	City	State NY	Zip Code		Transaction ID : C2719338										
	Oakdale		11769-1504	/	Amoun	t of	Each	Receipt	this F	Period					
	FEC ID number of contributing federal political committee.	С					7			83	.33				
	Name of Employer	Occupation	l												
	Emergency Medicine Physicians	Emergency	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		440.05												
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PAGE 44 OF

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Α.	Full Name (Last, First, Middle Initial) Charles Dalmedo				Date of	Re	ceipt							
	Mailing Address 15 Hewlett Ln				м м 05	1	22		Y Y	2014	Y			
	City	State	Zip Code		Trans	acti	ion ID :	C2742						
	Oakdale	NY	11769-1504	/	Amount	t of	Each F	Receipt	this F	Period				
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	Name of Employer	Occupation	1											
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		416.65											
в.	Full Name (Last, First, Middle Initial) Jeffery W Davies				Date of	Re	ceipt							
	Mailing Address PO Box 3590			06 24 _2014 _										
	City	State	Zip Code		Trans	acti	on ID :	C2762	517					
	Camarillo	CA	93011-3590	/	Amount	t of	Each F	Receipt	this F	Period				
	FEC ID number of contributing federal political committee.	С					,			86	.20			
	Name of Employer	Occupation	1											
	Jeffery W Davies, DO	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		236.20											
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C.	Full Name (Last, First, Middle Initial) Steven Edward Davis				Date of	Re	ceipt							
	Mailing Address 444 Dillon Cir NE				м м 06	/	09			014	Y			
	City	State	Zip Code		Trans	act	ion ID :	C2754	781					
	North Canton	OH	44720-7863		Amount	t of	Each F	Receipt	this F	Period				
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	Name of Employer	Occupation	l											
	Canton Aultman Emergency Physicians	Emergency	Physician											
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PAGE 45 OF

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A.	Full Name (Last, First, Middle Initial) William A Davison				Date of	Re	ceipt							
	Mailing Address 3901 Kinnery Run				м м 05	1	16	/ Y	۲ 2	ү 014	Y			
	City Tampa	State FL	Zip Code 33618-2720	A				C273851 eceipt th		Period				
	FEC ID number of contributing federal political committee.	С					7		_	250.	00			
	Name of Employer	Occupation	l											
	William A Davison, MD, FACEP	Emergency	Physician	_										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00											
в.	Full Name (Last, First, Middle Initial) Robert J Day)ate of	Re	ceipt							
	Mailing Address 1720 Oak Leaf Ln) 14	Y								
	City	Transaction ID : C2729438												
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с.	Full Name (Last, First, Middle Initial) Wendy DeMartino				ate of	Re	ceipt							
	Mailing Address 135 High St				м м 04	1	D D D	/ Y		ү 014	Y			
	City Exeter	State NH	Zip Code 03833-2927	A	Transaction ID : C2719326 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C												
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PAGE 46 OF

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Α.	Full Name (Last, First, Middle Initial) Wendy DeMartino				Date of	Re	ceipt						
	Mailing Address 135 High St				м м 05	1	22	Y / C		ү 014	Y		
	City	State	Zip Code		Trans	acti	ion ID :	C27424	05				
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	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify)		499.98										
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	Mailing Address 135 High St				м м 06	/	18) / Y	20	у 014	Y		
	City	State	Zip Code		Trans	acti	on ID :	C27623	63				
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	FEC ID number of contributing federal political committee.	С					7		_	83.	33		
	Name of Employer	Occupation	1										
	Emergency Medicine Physician Managemen	Emergency	Physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		499.98										
<u>с</u> .	Full Name (Last, First, Middle Initial) Carrie DeMoor				Date of	Re	ceipt						
	Mailing Address 4701 Paxton Ln			04 09 2014									
	City	State	Zip Code	Transaction ID : C2704500									
	Frisco	ТХ	75034-2209	_	Amount	t of	Each F	Receipt tl	nis P	'eriod			
	FEC ID number of contributing federal political committee.	С					,	7	_	250	.00		
	Name of Employer	Occupation		-									
	Emergency Service Partners	Emergency	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		550.00	11									
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PAGE 47 OF

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	National Emergency Medicine	Political A	ction Committee													
Α.	Full Name (Last, First, Middle Initial) Carrie DeMoor				Date of	f Re	eceipt									
	Mailing Address 4701 Paxton Ln				м м 06	/	30		2	014	Y					
	City	State	Zip Code		Trans	act	ion ID :	C27699	99							
	Frisco	ТХ	75034-2209		Amount	t of	Each R	Receipt t	his F	Period						
	FEC ID number of contributing federal political committee.	С					,			25	.00					
	Name of Employer	Occupation	1													
	Emergency Service Partners	Emergency	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		550.00	11.												
	Other (specify)		550.00	1												
в.	Full Name (Last, First, Middle Initial) Clifford J Denney				Date of	f Re	eceipt									
	Mailing Address 3603 Ethan Ln															
	City	State	Zip Code	05 22 2014 Transaction ID : C2742417												
	Orlando	FL	32814-6571					Receipt t		Period						
	FEC ID number of contributing	0														
	federal political committee.	С					7	7	_	1000.	00					
	Name of Employer	Occupation														
	Florida Emergency Physicians Kang & As	Emergency	Physician													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		1000.00	11												
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C.	Full Name (Last, First, Middle Initial) Paul DePonte				Date of	f Re	eceipt									
	Mailing Address 107 Baytree Ct				м м 05	/	22) 014	Y					
	City	State	Zip Code		Trans	act	ion ID :	C27424								
	Winter Spgs	FL	32708-5122		Amount	t of	Each R	Receipt t	his F	Period						
	FEC ID number of contributing federal political committee.	С		1000.00												
	Name of Employer	Occupation														
	Florida Emergency Physicians Kang & As	Emergency	Physician													
	Receipt For:	1	Year-to-Date ▼													
	Primary General	, iggi oguto		11.												
	Other (specify)		1000.00	4												
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PAGE 48 OF

		Detailed Summary Page		11a 13		11b 14	11c		12 16	17			
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	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Kathryn K Dierks			[Date of	Re	eceipt						
	Mailing Address 26059 Valley Dr				м м 05	/	22		ү 2	2014	Y		
	City Bettendorf	State IA	Zip Code 52722-6366					C27423		Period			
	FEC ID number of contributing federal political committee.	С					,	7	_	1000.	.00		
	Name of Employer Kathryn K Dierks, DO	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00										
в.	Full Name (Last, First, Middle Initial) Jno Jacob Disch				Date of	Re	eceipt						
	Mailing Address 3892 Savoy Dr			M M / D D / Y Y Y Y 06 02 2014									
	City Cleveland	State OH	Zip Code 44126-1766					C275474 Receipt th		Period			
	FEC ID number of contributing federal political committee.	С					7		_	750.	00		
	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Bram A Dolcourt			[Date of	Re	eceipt						
	Mailing Address 499 Dunston Rd				м м 05	/	D 19			014	Y		
	City Bloomfld Hls	State MI	Zip Code 48304-3420	-	Transaction ID : C2740220 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7		_	500.	.00		
	Name of Employer	Occupation	1	_									
	Medical Center Emergency Services	Emergency	Physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
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SCHEDULE A (FEC Form 3X)

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PAGE 49 OF

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	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee							
Α.	Full Name (Last, First, Middle Initial) Marc M Dreier Mailing Address 295 Richards Rd	<u></u>		Date	M /	D D D 16	JL	2014]
	City Ridgewood	State NJ	Zip Code 07450-1009				C27192		od	
	FEC ID number of contributing federal political committee.	С		Γ.		7		10	00.00	D
	Name of Employer Valley Emergency Room Associates Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate	Physician Year-to-Date ▼ 1000.00							
в.	Full Name (Last, First, Middle Initial) Nicholas Dyc Mailing Address 13821 Fawn Woods Ct			Date		eceipt		Y	V V	
	City Plymouth FEC ID number of contributing	State MI	Zip Code 48170-5253	05 	isact	22 ion ID :	C27423	nis Peri		
	federal political committee. Name of Employer Nicholas Dyc, MD Receipt For:	Occupation Emergency	Physician Year-to-Date ▼			<i>T</i>	y			<u></u>
	Primary General Other (specify) ▼		, 600.00							
c.	Full Name (Last, First, Middle Initial) Mark R Dziedzic Mailing Address 136 Steele Rd			Date		eceipt		Ý	Y = Y	
	City West Hartford	State CT	Zip Code 06119-1048	06 Tra i	nsact	26 ion ID :	C27622	2014 44	_	
	FEC ID number of contributing federal political committee.	С				7			250.00	D
	Name of Employer Northeast Emergency Medicine Specialis	Occupation Emergency	Physician							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00							
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PAGE 50 OF

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\backslash	NAME OF COMMITTEE (In Full)		_									
	National Emergency Medicine F	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Emile El-Shammaa				Date of	f Re	eceipt					
	Mailing Address 287 Bristol Way				04	/	2	23	/ Y		ү 014	Y
	City	State OH	Zip Code 43085-3272						C272165			
	Worthington	ОП	43065-3272	_	Amoun	t of	Each	Re	eceipt th	າis P	'eriod	
	FEC ID number of contributing federal political committee.	С				_	7			_	500	.00
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	Emile El-Shammaa, MD, FACEP	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		500.00									
в.	Full Name (Last, First, Middle Initial) Rachel A English				Date of	f Re	eceipt					
	Mailing Address 1825 N 74th St				^M M	/	D 1	D 2	/ Y) 14	Y
	City	State	Zip Code		Trans	acti	ion ID	: c	273506			
	Milwaukee	WI	53213-2219		Amoun	t of	Each	Re	eceipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					7		- 7	_	100	.00
	Name of Employer ECI	Occupation Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00									
<u></u> с.	Full Name (Last, First, Middle Initial) Clifford Erickson				Date of	f Re	eceipt					
	Mailing Address 31 Forest Dr				м м 04	/	D 1	D 8	/ Y		ү 014	Y
	City	State	Zip Code		Trans	sact	ion ID):(C27193	31		
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	Emergency Medicine Physicians	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
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PAGE 51 OF

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Α.	Full Name (Last, First, Middle Initial) Clifford Erickson				Date of	Re	eceipt				
	Mailing Address 31 Forest Dr				м м 05	/	22	/ Y	Y 20)14	Y
	City	State	Zip Code		Trans	act	ion ID :	C274240	6		
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в.	Full Name (Last, First, Middle Initial) Clifford Erickson	I			Date of	Re	eceipt				
	Mailing Address 31 Forest Dr				м м 06	/	D D D	/ Y	ү 20	Y 14	Y
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	Voorheesville	NY	12186-9530	'	Amount	t of	Each R	eceipt thi	is P	eriod	
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C.	Full Name (Last, First, Middle Initial) Ofer Faig				Date of	Re	eceipt				
	Mailing Address 12202 Sienna Rosa Ln				м м 06	1	30	/ Y		Y 14	Y
	City	State	Zip Code		Trans	act	ion ID :	C276720)4		
	Houston	ТХ	77041-6074		Amount	t of	Each R	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	500.	00
	Name of Employer	Occupation	1								
	Ofer Faig, MD	Emergency	Physician								
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	Primary General		500.00	11							
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PAGE 52 OF

	nformation copied from such Reports and S	tatomonto mo			13	1	14	15					
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	AME OF COMMITTEE (In Full) ational Emergency Medicine F	Political A	ction Committee										
A J	III Name (Last, First, Middle Initial) ustin W Fairless ailing Address 4010 E 118th Blvd			Date of Receipt									
	anning Address 4010 E 118(11 Biva				м м 04	<i>'</i>	18			2014	Y		
Cit Tu	ty ulsa	State OK	Zip Code 74137-6113				i on ID : Each F			Period			
	EC ID number of contributing deral political committee.	С					7			83	33		
	ame of Employer	Occupation											
	nergency Medicine Physicians eccipt For:	Emergency		_									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98										
	II Name (Last, First, Middle Initial) ustin W Fairless				Date of	Re	ceipt						
Ma	ailing Address 4010 E 118th Blvd				м м 05	/	22		Y 2	2014	Y		
Cit		State	Zip Code				on ID :						
		ОК	74137-6113	-	Amount	of	Each F	Receipt	this	Period			
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	ame of Employer nergency Medicine Physicians	Occupation Emergency											
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98										
	III Name (Last, First, Middle Initial) Iustin W Fairless				Date of	Re	ceipt						
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Na	ame of Employer	Occupation											
	mergency Medicine Physicians	Emergency	Physician										
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼	_									
	Other (specify) ▼		499.98										
	TOTAL of Receipts This Page (optional)					_	7			249.	99		

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PAGE 53 OF

	-	Detailed Summary Page	X 11a	11b 14	11c 15	12 16	17
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NAME OF COMMITTEE (I			<u> </u>				
Full Name (Last, First, Mic A. Phillip George Fairwe			Date of F	Receipt			
Mailing Address 7901 Broa Elmhurst H	Hosp Ctr		06	/ D D 25	/ Y	у у 2014	Y
City Elmhurst	State NY	Zip Code 11373-1329		ction ID : C			
FEC ID number of contribution federal political committee.	C			7	. 7	250.	.00
Name of Employer Phillip George Fairweather,	MD, FACEP Cocupation						
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 250.00]				
Full Name (Last, First, Mic B. Angelo L Falcone	dle Initial)		Date of F	Receipt			
Mailing Address 12410 Mil Med Eme	r Prof Llc		05	/ D D 12	/ Y	y y 2014	Y
City Germantown	State MD	Zip Code 20876-7103		ction ID : C			
FEC ID number of contribution federal political committee.	uting C			7		2000.	00
Name of Employer Medical Emergency Profess	sional LLC Occupation						
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 2000.00]				
Full Name (Last, First, Mic C. Mark Favot	dle Initial)		Date of F	Receipt			
Mailing Address 1190 Wal	cefield St		05	/ D D 08	/ Y	ү ү 2014	Y
City Birmingham	State MI	Zip Code 48009-3088		ction ID : C			
FEC ID number of contribution federal political committee.	5			7	7	250.	.00
Name of Employer	Occupation	1					
Medical Center Emergency	Services Emergency	Physician					
Receipt For: Primary Ge Other (specify) ▼	neral	Year-to-Date ▼ 250.00	1				
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PAGE 54 OF

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	y information copied from such Reports and S for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine F	olitical A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Scott E Felten				Date of	Re	ceipt	_	_		_
	Mailing Address 11122 S Harvard Ave				м м 04	1	18) / Y		ү 014	Y
	City	State	Zip Code		Trans	acti	ion ID :	C27193	29		
	Tulsa	OK	74137-7810	_	Amount	t of	Each R	Receipt tl	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С				_	7			83.	33
	Name of Employer	Occupation	1								
	Emergency Medicine Physician Managemen	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		416.65								
в.	Full Name (Last, First, Middle Initial) Scott E Felten				Date of	Re	ceipt				
	Mailing Address 11122 S Harvard Ave				м м 05	/	22) / Y	20	у 014	Y
	City	State	Zip Code		Trans	acti	on ID :	C27424	20		_
	Tulsa	OK	74137-7810	_	Period						
	FEC ID number of contributing federal political committee.	С					7	,		83.	33
	Name of Employer Emergency Medicine Physician Managemen	Occupation									
	Receipt For:	Emergency									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) V		416.65								
с.	Full Name (Last, First, Middle Initial) David N Ferrand				Date of	Re	ceipt				
	Mailing Address 193 Bryna Ln				04	1	18			ү 014	Y
	City	State	Zip Code					C27193			
	Carnegie	PA	15106-1473		Amount	of	Each R	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					7			88	.33
	Name of Employer	Occupation	1	\neg							
	Emergency Medicine Physician Managemen	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		529.98								
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PAGE 55 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political Action Committee	
Full Name (Last, First, Middle Initial) A. David N Ferrand Mailing Address 193 Bryna Ln City Carnegie FEC ID number of contributing federal political committee. Name of Employer Emergency Medicine Physician Managemen Receipt For: Primary General	State Zip Code PA 15106-1473 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. David N Ferrand Mailing Address 193 Bryna Ln	529.98	Date of Receipt
City <u>Carnegie</u> FEC ID number of contributing federal political committee. Name of Employer Emergency Medicine Physician Managemen Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code PA 15106-1473 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 529.98	Transaction ID : C2762366 Amount of Each Receipt this Period 88.33
Full Name (Last, First, Middle Initial) C. Todd Fijewski Mailing Address 2509 Minton Dr City Coraopolis FEC ID number of contributing federal political committee. Name of Employer Emergency Medicine Physician Managemen Receipt For: Primary General Other (specify)	State Zip Code PA 15108-9207 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 05 22 2014 Transaction ID : C2742357 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		426.66

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 56 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Michael W Fill Mailing Address 5653 Deer Run Ln			_	Date of		eceipt	/ Y	Ý	Ŷ	Y
	City Dexter	State MI	Zip Code 48130-9357				22 ion ID : Each R		58	014 Period	
	FEC ID number of contributing federal political committee.	C					7		_	500.	00
	Name of Employer Michael W Fill, DO	Occupation Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
В.	Full Name (Last, First, Middle Initial) J Clifford Findeiss Mailing Address 2824 NE 27th St			_	Date of	f Re	·			V	V
	City	State	Zip Code		05	acti	22 ion ID :	JL		014	Ŷ
	Ft Lauderdale FEC ID number of contributing federal political committee.	FL C	33306		Amount	t of	Each R	eceipt tl	nis P	Period 1000.	00
	Name of Employer J Clifford Findeiss, MD	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
С.	Full Name (Last, First, Middle Initial) John T Finnell II				Date of	f Re	eceipt				
	Mailing Address 505 S 5th St				^M 04	/	D D D 11	/ Y		у 014	Y
	City Zionsville	State IN	Zip Code 46077-1745				<u>ion ID :</u> Each R			Period	
	FEC ID number of contributing federal political committee.	С					, .	1		83	.34
	Name of Employer	Occupation	1	_							
	Indiana University Health Physicians	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.04	1							
s	UBTOTAL of Receipts This Page (optional).			•			,			1583.	34
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 57 OF

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\setminus	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) John T Finnell II				Date of	Re	eceipt				
	Mailing Address 505 S 5th St				м м 05	1	D D D	/ Y		ү 014	Y
	City	State IN	Zip Code 46077-1745					C273027			
	Zionsville	IIN	40077-1745	- 1	Amount	t of	Each R	eceipt th	nis F	'eriod	_
	FEC ID number of contributing federal political committee.	С				_	7		_	83.	34
	Name of Employer	Occupation									
	Indiana University Health Physicians	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		500.04								
в.	Full Name (Last, First, Middle Initial) John T Finnell II	I			Date of	Re	eceipt				
	Mailing Address 505 S 5th St				м м 06	/	D D D 11	/ Y	20)14	Y
	City	State	Zip Code		Trans	acti	on ID :	C275392			
	Zionsville	IN	46077-1745		Amount	t of	Each R	eceipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					7			83.	34
	Name of Employer	Occupation									
	Indiana University Health Physicians	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.04								
<u>с.</u>	Full Name (Last, First, Middle Initial) Juan Francisco Fitz				Date of	Re	eceipt				
	Mailing Address 6003 84th St				^M M 04	/	D D 16	/ Y		ү 014	Y
	City Lubbock	State TX	Zip Code 79424-3686					C27160			
			79424-3000	- 1	Amount	tof	Each R	eceipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С				_	7			83.	34
	Name of Employer	Occupation									
	Emergency Aeromedical Specialist	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.04								
s	UBTOTAL of Receipts This Page (optional)						7			250.0)2
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PAGE 58 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political Action Committee	
Full Name (Last, First, Middle Initial) Juan Francisco Fitz Mailing Address 6003 84th St City Lubbock FEC ID number of contributing federal political committee. Name of Employer Emergency Aeromedical Specialist Receipt For: Primary General Other (specify) ▼	State Zip Code TX 79424-3686 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.04 500.04	Date of Receipt
Full Name (Last, First, Middle Initial) Juan Francisco Fitz Mailing Address 6003 84th St City Lubbock FEC ID number of contributing federal political committee. Name of Employer Emergency Aeromedical Specialist Receipt For:	State Zip Code TX 79424-3686 C Occupation Description Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt
C. Full Name (Last, First, Middle Initial) Mailing Address 1133 Pond Cypress Dr City Virginia Beach	500.04 State Zip Code VA 23455-6859	Date of Receipt 04 16 2014 Transaction ID : C2716043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Emergency Physicians of Tidewater Receipt For:	C Occupation Emergency Physician Aggregate Year-to-Date ▼ 499.98	83.33
SUBTOTAL of Receipts This Page (optional)		250.01

SCHEDULE A (FEC Form 3X)

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PAGE 59 OF

256

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	\vdash	11b	11c	12	Г	
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or for commercial purposes, other than usin	ng the name and a	ddress of any political committee	e to so	licit cor	itribu	itions tr	om sucr	n comr	nittee).
NAME OF COMMITTEE (In Full) National Emergency Medici	ne Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Kelly Foley				Date of	Rec	ceipt				
Mailing Address 1133 Pond Cypress Dr				м м 05	/	D D	/ Y	2014		1
City Vircinia Baach	State VA	Zip Code 23455-6859				on ID : (2273636	62		
Virginia Beach	VA	23433-0039	_ /	Amount	of E	Each Re	eceipt th	is Peri	od	_
FEC ID number of contributing federal political committee.	С					,			83.3	3
Name of Employer	Occupation									
Emergency Physicians of Tidewater	Emergency	Physician								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		499.98]							
Full Name (Last, First, Middle Initial) B. Kelly Foley				Date of	Por	oint				
Mailing Address 1133 Pond Cypress Dr			'	06	/	16	/ Y	2014		1
City	State	Zip Code			actic		275463			
Virginia Beach	VA	23455-6859	/	Amount	of E	Each Re	eceipt th	is Peri	od	
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Name of Employer	Occupation									
Emergency Physicians of Tidewater	Emergency	Physician								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		499.98								
Full Name (Last, First, Middle Initial) C. John Anthony Fontanetta				Date of	Rec	ceipt				
Mailing Address 1 Clara Maass Dr Clara Maass Med Ctr				м м 06	/	D D D	/ Y	2014		1
City	State	Zip Code		Trans	actio	on ID : (C275574	41		
Belleville	NJ	07109-3550	/	Amount	of E	Each Re	eceipt th	is Peri	od	
FEC ID number of contributing federal political committee.	C					9	- 7	2	250.0	0
Name of Employer	Occupation									
Emergency Medical Associates New Jers	e Emergency	Physician								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		, 250.00								
SUBTOTAL of Receipts This Page (option	al)					,		4	16.66	3
TOTAL This Period (last page this line nu	mber only)					,				

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PAGE 60 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Ad	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Marsha D Ford Mailing Address PO Box 32861			Date of Receipt
	Carolinas Med Ctr ED	State	Zip Code	04 172014 Transaction ID : C2716560
	Charlotte	NC	28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer	Occupation		
	Marsha D Ford, MD, FACEP	Emergency	Physician	
	Receipt For:	Aggregate V	Year-to-Date ▼	
	Primary General Other (specify) ▼		, 250.00]
в.	Full Name (Last, First, Middle Initial) Jacqueline Frazer			Date of Receipt
	Mailing Address 8601 Joshua Ct			05 29 2014
	City N RichInd HIs	State TX	Zip Code 76182-3666	Transaction ID : C2753820 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Jacqueline Frazer, MD	Occupation Emergency I	Physician	
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00]
— c.	Full Name (Last, First, Middle Initial) Scott H Freedman			Date of Receipt
	Mailing Address 12814 Doe Ln			05 12 2014
	City Gaithersburg	State MD	Zip Code 20878-6105	Transaction ID : C2730561 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer	Occupation		
	Medical Emergency Professional LLC	Emergency	Physician	
	Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 2000.00]
s	UBTOTAL of Receipts This Page (optional).			2625.00
т	OTAL This Period (last page this line numb	er only)		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 61 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and for commercial purposes, other than using th				or the		pose of	soliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
A .	Full Name (Last, First, Middle Initial) Vidor E Friedman Mailing Address 13061 Water Point Blvd				Date of		eceipt	/ Y	Y	Y	Y
	City Windermere	State FL	Zip Code 34786-5818					C274242	22	014	
	FEC ID number of contributing federal political committee.	С			Amoun			eceipt th		1000.	.00
	Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
В.	Full Name (Last, First, Middle Initial) Vicki Kay Friend	1			Date of						
	Mailing Address 5753 Aloma Woods Blvd	State	Zip Code		05 Trans		22	C274242	20)14	Y
	Oviedo	FL	32765-9437					eceipt th		'eriod	
	FEC ID number of contributing federal political committee.	C					л. I.	7	_	1000.	00
	Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
С.	Full Name (Last, First, Middle Initial) Wayne S Friestad				Date of	f Re	eceipt				
	Mailing Address 1528 Langham Ter				м м 05	/	D D 22	/ Y)14	Y
	City Lake Mary	State FL	Zip Code 32746-1971					C274242 eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		_	1000	.00
	Name of Employer	Occupation	l	_							
	Florida Emergency Physicians Kang & As	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
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PAGE 62 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	\square	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f solicitin		ntribut	ions
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Robert Anthony Frolichstein Mailing Address 22919 Fossil Peak City San Antonio FEC ID number of contributing federal political committee. Name of Employer Robert Anthony Frolichstein, MD Receipt For: Primary General Other (specify)	State TX C Occupation Emergency Aggregate		_		/ sact	01		20 '85	014 eriod 250.	й 00
В.	Full Name (Last, First, Middle Initial) Anita Marie Gage Mailing Address 2174 N Hametown Rd	State	Zip Code	_	Date o 04	/	18	C27193	20 ⁻	y 14	Y
	Akron FEC ID number of contributing federal political committee. Name of Employer	OH C Occupation	44333-1026					Receipt t		eriod 83.	33
	Emergency Medicine Physician Managemen Receipt For: Primary Other (specify)	Emergency									
C.	Full Name (Last, First, Middle Initial) Anita Marie Gage Mailing Address 2174 N Hametown Rd City	State	Zip Code	_	Date o	/	22		20		Y
	Akron FEC ID number of contributing federal political committee. Name of Employer Emergency Medicine Physician Managemen Receipt For: Primary General Other (specify)	OH C Occupation Emergency	44333-1026					: C27424 Receipt t			33
s	UBTOTAL of Receipts This Page (optional)		•	•			7			416.	66
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PAGE 63 OF

•••			Detailed Summary Page		11a 13		11b	b	11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		oliciting		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F											
A .	Full Name (Last, First, Middle Initial) Anita Marie Gage Mailing Address 2174 N Hametown Rd				Date of	_		ot	/ Y	Y	Y	Y
	City Akron	State OH	Zip Code 44333-1026	_					276236	67	014	
	FEC ID number of contributing federal political committee.	С			Amoun		,		,		83.	33
	Name of Employer Emergency Medicine Physician Managemen Receipt For:	Occupation Emergency	Physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
в.	Full Name (Last, First, Middle Initial) William Stephen Gallea				Date of	f Re						
	Mailing Address PO Box 6622	State	Zip Code	_	06) [/]	L	27	7)14	Y
	Helena	MT	59604-6622						276404 ceipt th		Period	
	FEC ID number of contributing federal political committee.	С					1		,		250.	00
	Name of Employer Lewis & Clark Emergency Physicians	Occupation Emergency		_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
с.	Full Name (Last, First, Middle Initial) Brett A Gamma				Date of	f Re	eceip	ot				
	Mailing Address 14930 Finegan Farm Dr				м м 05	1	D	12	/ Y		ү)14	Y
	City Germantown	State MD	Zip Code 20874-3605						273061 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		,	_	2000	.00
	Name of Employer	Occupation		_								
	Medical Emergency Professional LLC	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00									
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PAGE 64 OF

			Detailed Summary Page		< 11a 13		11b 14	\vdash	11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o		oliciting		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee									
A .	Full Name (Last, First, Middle Initial) Angela F Gardner Mailing Address 3809 W T Parr Rd				Date of	_	eceipt	D	/ Y	Y	Y	Y
	City Grapevine	State TX	Zip Code 76051					: C	271602	24	014	
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Each	Re	ceipt th	IS P	'eriod 83.	33
	Name of Employer Angela F Gardner, MD, FACEP Receipt For:	Occupation Emergency	Physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
В.	Full Name (Last, First, Middle Initial) Angela F Gardner				Date of	Re	eceipt					
	Mailing Address 3809 W T Parr Rd	State	Zip Code		05	1	D 1	6	/ Y)14	Y
	Grapevine	TX	76051						273635 ceipt th		Period	
	FEC ID number of contributing federal political committee.	С					1		,		83.	33
	Name of Employer Angela F Gardner, MD, FACEP	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
C.	Full Name (Last, First, Middle Initial) Angela F Gardner				Date of	Re	eceipt					
	Mailing Address 3809 W T Parr Rd				м м 06	/	D 1	D 6	/ Y)14	Y
	City Grapevine	State TX	Zip Code 76051	-					275462 ceipt th		Period	
	FEC ID number of contributing federal political committee.	С					7		7	_	83	.33
	Name of Employer	Occupation	I									
	Angela F Gardner, MD, FACEP	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
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SCHEDULE A (FEC Form 3X)

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PAGE 65 OF

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	ny information copied from such Reports and S for commercial purposes, other than using the						pose of			ributio	
	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) James P Gardner				Date o	f Re	eceipt				
	Mailing Address 5421 Gharrett Ave				м м 04	/	18	/ Y	201	Y 4	
	City	State	Zip Code		Trans	sact	ion ID :	C27217			
	Missoula	MT	59803-2601		Amoun	t of	Each R	eceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					7	7		500.0	00
	Name of Employer	Occupation									
	Western Montana Emergency Physicians	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00	11							
	Full Name (Last, First, Middle Initial)										
В.	Michael David Garfinkel				Date o	f Re	eceipt				
	Mailing Address 659 Lorenwood Dr				M M 04	/	18	/ Y	2014	4	
	City	State PA	Zip Code					C271933			
	Hermitage	FA	16148-8803	_	Amoun	t of	Each R	eceipt th	iis Per	riod	_
	FEC ID number of contributing federal political committee.	C			L		7			83.3	3
	Name of Employer Emergency Medicine Physician Managemen	Occupation									
	Receipt For:	Emergency									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		499.98								
с.	Full Name (Last, First, Middle Initial) Michael David Garfinkel				Date o	f Re	eceipt				
	Mailing Address 659 Lorenwood Dr				м м 05	/	22	/ Y	2014		
	City	State	Zip Code		Trans	sact	ion ID :	C27424	26		
	Hermitage	PA	16148-8803		Amoun	t of	Each R	eceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					7	- 7		83.3	33
	Name of Employer	Occupation									
	Emergency Medicine Physician Managemen	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		499.98	11							
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PAGE 66 OF

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	y information copied from such Reports and Si for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)		ation Committee									
	National Emergency Medicine P	ontical A	clion Commillee									
Α.	Full Name (Last, First, Middle Initial) Michael David Garfinkel				Date of	Re	eceipt					
	Mailing Address 659 Lorenwood Dr				м м 06	/	D		/		ү 014	Y
	City	State	Zip Code		Trans	act			27623			
	Hermitage	PA	16148-8803	_	Amount	t of	Each	Re	eceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					7		. ,		83	.33
	Name of Employer	Occupation										
	Emergency Medicine Physician Managemen	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		499.98									
В.	Full Name (Last, First, Middle Initial) Marianne Gausche-Hill				Date of	Re	ceipt					
	Mailing Address 719 21st St				м м 04	/	D		/ Y)14	Y
	City	State	Zip Code			acti			27217		,,,,	
	Hermosa Beach	CA	90254-3020		Amount	t of	Each	Re	eceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					7		,		250	.00
	Name of Employer Marianne Gausche-Hill, MD, FACEP	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Reginald Gaylord				Date of	Re	ceipt					
	Mailing Address 5740 S King Dr				м м 05	1	D 0	D 8	/)14	Y
	City	State	Zip Code		Trans	act	ion ID):(C27296	36		
	Chicago	IL	60637-1275	_	Amount	t of	Each	Re	eceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					,		,		250	.00
	Name of Employer	Occupation		-								
	Emergency Physician Medical Group PC	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		350.00									
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PAGE 67 OF

			Detailed Summary Page		11a		11b	11c		12	
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	ny information copied from such Reports and S for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Reginald Gaylord				Date of	f Re	eceipt				
	Mailing Address 5740 S King Dr				м м 06	/	D 15			014	Y
	City	State	Zip Code		Trans	act	ion ID :	C27623	14		
	Chicago	IL	60637-1275	<u> </u>	Amount	t of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7	9	_	100.	00
	Name of Employer	Occupation									
	Emergency Physician Medical Group PC	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		350.00	11							
	Other (specify)		330.00								
<u> </u>	Full Name (Last, First, Middle Initial) Daniel C Geary				Date of	f Re	eceipt				
	Mailing Address 142 Woodshire Rd				M M	/	D) / Y	Y	Y	Y
					04		18		20	014	
	City	State	Zip Code					C27193			
	Pittsburgh	PA	15215-1714		Amount	t of	Each F	Receipt th	nis F	² eriod	
	FEC ID number of contributing federal political committee.	С					7	9	_	83.	33
	Name of Employer	Occupation		_							
	Emergency Medicine Physician Managemen	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		E02.21	11							
	Other (specify) 🔻		583.31								
<u> </u>	Full Name (Last, First, Middle Initial) Daniel C Geary				Date of	f Re	eceipt				
	Mailing Address 142 Woodshire Rd				м м 05	/	22			у 014	Y
	City	State	Zip Code		Trans	act	ion ID :	C27424	28		
	Pittsburgh	PA	15215-1714		Amount	t of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7			83	33
	Name of Employer	Occupation									
	Emergency Medicine Physician Managemen	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.04	11							
	Other (specify)		583.31								
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PAGE 68 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	solicitin		ontribut	ions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Daniel C Geary				Date of	Re	eceipt				
	Mailing Address 142 Woodshire Rd				^M M	/	22	JL	2	2014	Y
	City Pittsburgh	State PA	Zip Code 15215-1714					C27424 Receipt t		Period	
	FEC ID number of contributing federal political committee.	С					,		_	83.	33
	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31]							
в.	Full Name (Last, First, Middle Initial) Daniel C Geary				Date of	Re	eceipt				
	Mailing Address 142 Woodshire Rd				м м 06	/	18	/ Y	2(014	Y
	City Pittsburgh	State PA	Zip Code 15215-1714					C27623 Receipt t		Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	83.	33
	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31]							
с.	Full Name (Last, First, Middle Initial) Ryan Geers				Date of	Re	eceipt				
	Mailing Address 1017 Urbancrest Dr				м м 04	1	07) / Y		014	Y
	City Cincinnati	State OH	Zip Code 45226-1325					C27035 Receipt t		Period	_
	FEC ID number of contributing federal political committee.	С					7			200.	00
	Name of Employer	Occupation									
	Ryan Geers, MD	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		400.00								
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PAGE 69 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	d Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political Action Committee	
A. Full Name (Last, First, Middle Initial) Mailing Address 1017 Urbancrest Dr City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45226-1325	Date of Receipt 04 21 2014 Transaction ID : C2721614 Amount of Each Receipt this Period 100.00
Name of Employer Ryan Geers, MD Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) B. Christopher M Gentle Mailing Address 10131 Roulette Dr City Hagerstown FEC ID number of contributing federal political committee. Name of Employee	State Zip Code MD 21740-1492	Date of Receipt 05 14 2014 Transaction ID : C2738499 Amount of Each Receipt this Period 500.00
Name of Employer Christopher M Gentle, MD, FACEP Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) James E George Mailing Address 307 S Evergreen Ave Emer Phys Assoc City Woodbury FEC ID number of contributing federal political committee. Name of Employer Team Health Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 08096-2739 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 06 25 2014 Transaction ID : C2762346 Amount of Each Receipt this Period 1000.00
	per only)	1600.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 70 OF

	EIVIIZED RECEIPIS		Detailed Summary Page		(11a		11b	11c		12	
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	y information copied from such Reports and for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Donald E Gibbons III				Date of	f Re	eceipt				
	Mailing Address 6451 Ellsworth Ave				м м 04	1	09			2014	Y
	City Dallas	State TX	Zip Code 75214-2723					C27124			
	FEC ID number of contributing federal political committee.	C	13214-2123		Amoun	t of	Each F	Receipt 1	this F	Period 250	.00
	Name of Employer	Occupation									
	Questcare Medical Services	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
в.	Full Name (Last, First, Middle Initial) David Andrew Goldman				Date of	f Re	eceipt				
	Mailing Address 428 Raccoon St				м м 05	/	22		y y 20	014	Y
	City	State	Zip Code		Trans	acti	on ID :	C27424	129		
	Lake Mary	FL	32746-3802	_	Amoun	t of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					,			1000.	.00
	Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	1000.00	4							
с.	Full Name (Last, First, Middle Initial) Jeffrey Michael Goodloe				Date of	f Re	eceipt				
	Mailing Address 3720 E 99th PI				м м 04	/	16			014	Y
	City Tulsa	State OK	Zip Code 74137-5231					: C2716 Receipt 1		Period	
	FEC ID number of contributing federal political committee.	С					,	. ,		250	.00
	Name of Employer	Occupation	1								
	Jeffrey Michael Goodloe, MD, FACEP	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.00	11							
	Other (specify)		500.00								
s	UBTOTAL of Receipts This Page (optional)						,			1500.	00
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PAGE 71 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Louis G Graff Mailing Address 130 Oakridge			Date of Receipt
	City	State	Zip Code	06 05 2014 Transaction ID : C2754804
	Unionville	СТ	06085-1480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Louis G Graff, MD, FACEP	Occupation Emergency		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
— В.	Full Name (Last, First, Middle Initial) Ronald Eugene Graham			Date of Receipt
	Mailing Address 2104 Pell St			06 27 2014
	City	State	Zip Code	Transaction ID : C2764762
	Scottsboro	AL	35769-3940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Southern Medical Group	Occupation Emergency		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
с.	Full Name (Last, First, Middle Initial) Stephen A D Grant			Date of Receipt
	Mailing Address 1 Cherry Hills Dr			04 16 Y Y Y Y 2014
	City Aiken	State SC	Zip Code 29803-5688	Transaction ID : C2716041 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer	Occupation	1	
	Stephen A D Grant, MD, FACEP	Emergency	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.04	
s	UBTOTAL of Receipts This Page (optional)			1183.34
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 72 OF

•••			Detailed Summary Page		11a 13		11b 14	1 ¹	1c		12 16		7
	y information copied from such Reports and for commercial purposes, other than using t				for the		pose o	f solic	citing of		ntribut	ions	<u>,</u>
	NAME OF COMMITTEE (In Full) National Emergency Medicine												
A .	Full Name (Last, First, Middle Initial) Stephen A D Grant				Date of	Re	ceipt						
	Mailing Address 1 Cherry Hills Dr	Ctoto	Zin Code		05	'	16	;	Y	20)14	Y	
	City Aiken	State SC	Zip Code 29803-5688		Amount		i on ID : Each F				eriod		
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	Name of Employer	Occupation											
	Stephen A D Grant, MD, FACEP	Emergency	Physician	_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04										
в.	Full Name (Last, First, Middle Initial) Stephen A D Grant				Date of	Re	ceipt						
	Mailing Address 1 Cherry Hills Dr				м м 06	/	D 16		Y	ү 20	ү 14	Y	
	City	State	Zip Code				on ID :						
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	Name of Employer Stephen A D Grant, MD, FACEP	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04										
с.	Full Name (Last, First, Middle Initial) Rachelle Ann Greenman				Date of	Re	ceipt						
	Mailing Address 122 Renaissance Dr				м м 05	/	D 16		Y	ү 20	ү 14	Y	
	City Cherry Hill	State NJ	Zip Code 08003-5102		Trans Amount		i <mark>on ID</mark> Each F				eriod		
	FEC ID number of contributing federal political committee.	С					,		7		1000	.00	
	Name of Employer	Occupation											
	Rachelle Ann Greenman, MD, FACEP	Emergency	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1000.00										
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PAGE 73 OF

	EMIZED RECEIPIS		Detailed Summary Page				11b	11c		12	
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	y information copied from such Reports and for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
\square	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Owen Grossman				Date of	Re	ceipt				
	Mailing Address 169 Lake Penchant Ct				м м 06	1	30	/ Y		ү 014	Y
	City	State	Zip Code		Trans	act	ion ID :	C27672	03		
	Houma	LA	70360-8322	_	Amount	t of	Each R	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7	7		250	.00
	Name of Employer	Occupation									
	EmCare Incorporated	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00								
	Other (specify)		7 7 7								
В.	Full Name (Last, First, Middle Initial) Michael Gary Guttenberg	1			Date of	Re	ceipt				
	Mailing Address 11 Glen Hill Ln				M M	/	D D	/ Y	Y	Y	Y
		-			04		16	JL	20	014	
	City	State	Zip Code					C271603			
	Tarrytown	NY	10591-5055	_	Amount	t of	Each R	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					9	,		250.	.00
	Name of Employer	Occupation									
	North Shore Forest Hills Emergency Phy	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.00	1							
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,								
<u>с</u> .	Full Name (Last, First, Middle Initial) Thomas E Gutwein	·			Date of	Re	ceipt				
	Mailing Address 2429 Lake Ridge Dr				м м 05	/	02	/ Y		у 014	Y
	City	State	Zip Code		Trans	act	ion ID :	C27296	27		
	Fort Wayne	IN	46804-3822		Amount	t of	Each R	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С						- 7		1000	.00
	Name of Employer	Occupation									
	Professional Emergency Physicians Inco	Emergency	Physician								
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	Primary General		1000.00	1							
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PAGE 74 OF

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\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Timothy James Hall				Date of	f Re	ceipt				
	Mailing Address 1380 Woodhurst Dr				м м 04	/	D 18	Y / C		ү 014	Y
	City	State	Zip Code		Trans	acti	on ID :	C27193	34		
	Rock Hill	SC	29732-2082	_	Amount	t of	Each F	Receipt t	his F	'eriod	
	FEC ID number of contributing federal political committee.	С					7			83	.33
	Name of Employer	Occupation	I								
	Piedmont Emergency Medical Associates	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		499.98								
В.	Full Name (Last, First, Middle Initial) Timothy James Hall	I			Date of	f Re	ceipt				
	Mailing Address 1380 Woodhurst Dr				м м 05	/	22) / Y		у 014	Y
	City	State	Zip Code		Trans	acti	on ID :	C27424	30		
	Rock Hill	SC	29732-2082	_	Amount	t of	Each F	Receipt t	his F	'eriod	
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	Name of Employer	Occupation									
	Piedmont Emergency Medical Associates	Emergency	Physician								
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С.	Full Name (Last, First, Middle Initial) Timothy James Hall	I			Date of	f Re	ceipt				
	Mailing Address 1380 Woodhurst Dr				м м 06	/	D 18) 014	Y
	City Book Hill	State SC	Zip Code					C27623			
	Rock Hill	30	29732-2082	_	Amount	t of	Each F	Receipt t	his F	'eriod	
	FEC ID number of contributing federal political committee.	С					7		_	83	.33
	Name of Employer	Occupation									
	Piedmont Emergency Medical Associates	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		499.98								
	Other (specify)		435.30								
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,			249.	99
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PAGE 75 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Robert Jason Hallock				Date of	f Re	eceipt				
Mailing Address 2124 Bay Front Ter				м м 06	1	25	/ Y	уу 2014		1
City Annapolis	State MD	Zip Code 21409-5705		Trans		ion ID :	C276211 eceipt th	0		_
FEC ID number of contributing federal political committee.	С					7	J	100	00.00)
Name of Employer Medical Emergency Professional LLC	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
Full Name (Last, First, Middle Initial) Allison Leigh Harvey Mailing Address 532 Water Garden Ct				Date of		eceipt	/ Y	YY	Y	1
City	State	Zip Code		06 Trans	acti	03 ion ID : 1	C275481	2014 0	-	
Irmo	SC	29063-9785					eceipt th		d	
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Name of Employer Carolina Care	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
Full Name (Last, First, Middle Initial) C. Jonathan Heidt				Date of	f Re	eceipt				
Mailing Address One Hospital Dr University Hosp Dept of EM	21.1			м м 04	/	16	/ Y	2014	Y]
City Columbia	State MO	Zip Code 65203					C271601 eceipt th		d	
FEC ID number of contributing federal political committee.	С					,			33.33	3
Name of Employer	Occupation									
Jonathan Heidt, MD	Emergency	Physician								
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PAGE 76 OF

	TEMIZED RECEIPTS				eck only	y on	e)				-
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	ME OF COMMITTEE (In Full)										
) Na	ational Emergency Medicine F	Political A	ction Committee								
	Name (Last, First, Middle Initial) nathan Heidt				Date of	Red	ceipt				
Mai	ling Address One Hospital Dr				M M	/	DD	/ Y	Y Y		1
	University Hosp Dept of EM	Ctata	Zin Code	_	05	١.,	16		2014		L
City Co	lumbia	State MO	Zip Code 65203	_				C273635 eceipt th		d	
	C ID number of contributing eral political committee.	С					,	,	8	33.33	;
Nar	ne of Employer	Occupation									
Jon	athan Heidt, MD	Emergency	Physician								
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	nathan Heidt				Date of	Red	ceipt				
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	ne of Employer athan Heidt, MD	Occupation Emergency									
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	Primary General Other (specify) ▼		499.98								
	Name (Last, First, Middle Initial) arlton E Heine				Date of	Red	ceipt				
	ling Address 2986 Foster Ave				м м 06		13	/ Y	2014	Y	1
City	,	State	Zip Code		Trans	acti	on ID : (C275435			
Jur	neau	AK	99801-1956		Amount	of	Each Re	eceipt th	is Perio	d	
	C ID number of contributing eral political committee.	С					, .		25	50.00)
Nar	ne of Employer	Occupation	1								
JEN	A Physicians Services LLC	Emergency	Physician								
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PAGE 77 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11		11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pos	se of s	solicitin		ntribu	tions
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Marilyn Joan Heine				Date o	f Re	ecei	pt				
	Mailing Address 900 Twining Rd	State	Zip Code	_	04		L	13	27193	20	ү 014	Y
	Dresher	PA	19025-1726		Amoun						Period	
	FEC ID number of contributing federal political committee.	С					7				500	.00
	Name of Employer Marilyn Joan Heine, MD, FACEP	Occupation Emergency										
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify)		500.00									
в.	Full Name (Last, First, Middle Initial) Gary Thomas Hemann				Date o	f Re	ecei	pt				
	Mailing Address 1650 S Sky Ridge Dr				04	/		16	/ Y	Y 20) 14	Y
	City	State	Zip Code						27160			
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	Name of Employer Mercy Professional Practice Associates	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65									
<u>с</u> .	Full Name (Last, First, Middle Initial) Gary Thomas Hemann				Date o	f Re	ecei	pt				
	Mailing Address 1650 S Sky Ridge Dr				05	/		16	/ Y		ү 014	Y
	City Wdm	State IA	Zip Code 50266-3812		Tran Amoun				227363 eceipt t		Period	
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	Name of Employer	Occupation										
	Mercy Professional Practice Associates	Emergency	Physician									
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PAGE 78 OF

		Detailed Summary Page		-		11b		11c		12		
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or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and a	ddress of any political committee	to so	licit cor	ntrib	utions	fron	n such		nmitte	ee.	
National Emergency Medicine	Political A	ction Committee										
Full Name (Last, First, Middle Initial) A. Justin P Hensley			[Date of	Re	ceipt						
Mailing Address 5121 Ocean Dr				м м 04	/	16		/ Y	Y 20)14	Y	
City	State	Zip Code		Trans	acti	on ID	: C2	71603				
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Justin P Hensley, MD	Emergency	Physician										
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Name of Employer Justin P Hensley, MD	Occupation Emergency											
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Name of Employer	Occupation	1	_									
Justin P Hensley, MD	Emergency	Physician										
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PAGE 79 OF

		Detailed Summary Page		11a 13	\vdash	11b 14		11c 15		12 16	17	
	y information copied from such Reports and for commercial purposes, other than using th											
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Dennis A Hernandez Mailing Address 3278 Tala Loop				Date of	_	eceipt	D	/ Y	Y	Y	Y
	City Longwood	State FL	Zip Code 32779-3128		05 Trans Amount		22 ion ID Each	: C27		2	014 Period	
	FEC ID number of contributing federal political committee.	С					7				1000.	00
	Name of Employer Florida Emergency Physicians Kang & As Receipt For:	Occupation Emergency										
	Primary General Other (specify) ▼		1000.00]								
B.	Full Name (Last, First, Middle Initial) George Z Hevesy				Date of	Re	eceipt					
	Mailing Address 1177 N Byerly Hills Dr	State	Zip Code		м м 04	/	D 17	7	/ Y	20)14	Y
	East Peoria	IL	61611-1283		Trans Amount		ion ID : Fach I				Period	
	FEC ID number of contributing federal political committee.	С					,		, pr un		250.	00
	Name of Employer George Z Hevesy, MD, FACEP	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
с.	Full Name (Last, First, Middle Initial) Keia Hewitt				Date of	Re	eceipt					
	Mailing Address 3321 Luke Crossing Dr				м м 04	/	D 18		/ Y		ү)14	Y
	City Charlotte	State NC	Zip Code 28226-3359		Trans Amount		ion ID Each I				Period	
	FEC ID number of contributing federal political committee.	С					7		7		83	33
	Name of Employer	Occupation	1									
	Emergency Medicine Physicians	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	1								
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PAGE 80 OF

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		Detailed Summary Page		13	14	H	15	16	17	
	y information copied from such Reports and St for commercial purposes, other than using the									
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A.	Full Name (Last, First, Middle Initial) Keia Hewitt			[Date of	Recei	ipt			
	Mailing Address 3321 Luke Crossing Dr				м м 05	/	22) / Y	у у 2014	Y
	City	State NC	Zip Code					C274243		
	Charlotte	NC	28226-3359	/	Amount	of Ea	ch R	leceipt th	is Perio	k
	FEC ID number of contributing federal political committee.	C					_		8	3.33
	Name of Employer	Occupation	1							
	Emergency Medicine Physicians	Emergency	Physician							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		499.98							
В.	Full Name (Last, First, Middle Initial) Keia Hewitt				Date of	Recei	ipt			
	Mailing Address 3321 Luke Crossing Dr				M M	/	D D	/ Y	Y Y	Y
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	City Charlotte	State NC	Zip Code 28226-3359					C276237		
			20220-3339	-	Amount	of Ea	cn R	leceipt th	is Period	3
	FEC ID number of contributing federal political committee.	С				J.	_		8;	3.33
	Name of Employer Emergency Medicine Physicians	Occupation Emergency								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98							
С.	Full Name (Last, First, Middle Initial)				Date of	Recei	ipt			
	Mailing Address 6770 Ridgeview Dr				м м 06	/	08) / Y	2014	Y
	City	State	Zip Code		Trans	action	ID :	C275093	6	
	Morrison	CO	80465-2720	/	Amount	of Ea	.ch R	leceipt th	is Perio	k
	FEC ID number of contributing federal political committee.	С					_	7	100	0.00
	Name of Employer	Occupation	1							
	Douglas M Hill, DO, FACEP	Emergency	Physician							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		1000.00	11						
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PAGE 81 OF

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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
A .	Full Name (Last, First, Middle Initial) Jon Mark Hirshon			D	ate of						
	Mailing Address 1062 River Bay Rd				м м 04	1	16	/ Y	2014		
	City Annapolis	State MD	Zip Code 21409-4830					C27160: eceipt th		iod	_
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	Jon Mark Hirshon, MD, MPH, PhD, FACEP	Emergency	Physician								
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в.	Full Name (Last, First, Middle Initial) Larry Allen Hobbs			D	ate of	f Re	eceipt				
	Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med	l Ctr			м м 04	/	D D D 26	/ Y	2014	. – .	
	City Fort Myers	State Zip Code FL 33908-1809						C272156 eceipt th		iod	
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PAGE 82 OF

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PAGE 83 OF

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\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
A .	Full Name (Last, First, Middle Initial) Lisa Dianne Hrutkay Mailing Address 1464 Stoolfire Rd				ate o		eceipt		Y	VV	
	City	State	Zip Code	41	05		22	C27424	2014		
	Valley Grove	WV	26060-7934					eceipt th		od	
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	Name of Employer	Occupation									
	Emergency Medicine Physician Managemen	Emergency	Physician								
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<u> </u>	Full Name (Last, First, Middle Initial) Lisa Dianne Hrutkay				ate o	f Re	ceipt				
	Mailing Address 1464 Stoolfire Rd				м м 06		18	/ Y	2014		1
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	Primary General Other (specify) ▼		499.98								
с.	Full Name (Last, First, Middle Initial) Vivian Hwang				ate o	f Re	eceipt				
	Mailing Address 6449 Rock Hollow Ln				м м 04	/	15	/ Y	2014		1
	City Clifton	State VA	Zip Code 20124-2473					C27192 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7			250.0	0
	Name of Employer	Occupation									
	Vivian Hwang, MD, FACEP	Emergency	Physician								
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	Other (specify)		250.00								
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PAGE 84 OF

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$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political A	ction Committee										
A .	Full Name (Last, First, Middle Initial) Raymond Iannaccone Mailing Address 25 Oakwood Rd				Date of	Re	eceipt		V	V	Y	V	
	City	State	Zip Code		04	acti	07 ion ID :	,	0315	20)14	T	
	Allendale FEC ID number of contributing federal political committee.	NJ	07401-2100	/	Amount	of	Each F	Recei	ipt thi	s P	eriod 83.	33	
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	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98										
	Full Name (Last, First, Middle Initial) Raymond Iannaccone				Date of	Re	eceipt						
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	Full Name (Last, First, Middle Initial) Raymond lannaccone				Date of	Re	eceipt						
	Mailing Address 25 Oakwood Rd				м м 06	/	D 07		Y		ү 14	Y	
	City Allendale	State NJ	Zip Code 07401-2100				ion ID : Each F				eriod		
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PAGE 85 OF

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$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee									
A .	Full Name (Last, First, Middle Initial) Jesse J Irwin Mailing Address 3220 Worthington St NW				Date of	_	eceipt	D	/ Y		Y	Y
	City Washington	State DC	Zip Code 20015-2337					: C2	2742171 ceipt this	1	014 Period	
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	Mailing Address 44 Central Ave	State	Zip Code		05	1	22	2	/ Y	20)14	Y
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	Name of Employer Thomas J Isenovski, DO, FACEP	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
с.	Full Name (Last, First, Middle Initial) Peter J Jacoby				Date of	f Re	ceipt					
	Mailing Address 167 Sprain Brook Rd				м м 05	/	22		/ Y)14	Y
	City Woodbury	State CT	Zip Code 06798-1914						274243 ceipt this		eriod	
	FEC ID number of contributing federal political committee.	С					,				1000	.00
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	Franklin Medical Group	Emergency	Physician									
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PAGE 86 OF

			Detailed Summary Page		11a 13		11b 14		1c		12 16	<u> </u>	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f soli	citing		ntribut	ions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Julian AJ Jakubowski Mailing Address 667 Lewis Pointe Dr				Date of		D		Y	Y	Y	Y	
	City Vincent	State OH	Zip Code 45784-9114				12 ion ID : Each F	: C27		5	014 Period		
	FEC ID number of contributing federal political committee.	С					7				225	00]
	Name of Employer Julian AJ Jakubowski, DO Receipt For:	Occupation Emergency	Physician										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]									
В.	Full Name (Last, First, Middle Initial) Andrew David Jenis Mailing Address 115 Cayuga Heights Rd				Date of	f Re	D		Y	Y	Y	Y	
	City Ithaca	State NY	Zip Code 14850-2102				18 ion ID : Each F	: C27	19337				
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	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98]									
C.	Full Name (Last, First, Middle Initial) Andrew David Jenis				Date of	f Re	eceipt						
	Mailing Address 115 Cayuga Heights Rd	Ctoto	Zin Code		^M 05		22	2	Y	20)14	Y	
	City Ithaca	State NY	Zip Code 14850-2102				ion ID Each F				eriod		
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PAGE 87 OF

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	Mailing Address 115 Cayuga Heights Rd				м м 06	/	D 18			о́14	Y
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В.	Full Name (Last, First, Middle Initial) Milan Jockovich				Date of	Re	ceipt				
	Mailing Address 460 Riggs Ave				м м 06	1	30			у 014	Y
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	Melbourne Bch	FL	32951-3221		Amount					Period	
	FEC ID number of contributing federal political committee.	С					7			300.	00
	Name of Employer Brevard Emergency Services	Occupation Emergency									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼	, iggi egate	300.00								
<u></u>	Full Name (Last, First, Middle Initial) David Peter John				Date of	Re	ceipt				
	Mailing Address 20 Hartley St				04	1	30			ү 014	Y
	City	State	Zip Code		Trans	act	ion ID :	: C2725	444		
	North Haven	СТ	06473-4409	_	Amount	t of	Each F	Receipt	this F	^v eriod	
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	Northeast Emergency Medicine Specialis	Emergency	Physician								
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PAGE 88 OF

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A.	Full Name (Last, First, Middle Initial) David Peter John			Da	ite of	Rec	eipt				
	Mailing Address 20 Hartley St			N	05	/	D D D	/ Y	2014		1
	City North Haven	State CT	Zip Code 06473-4409					C27449 eceipt th	17		
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	Name of Employer	Occupation	1								
	Northeast Emergency Medicine Specialis	Emergency	Physician								
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в.	Full Name (Last, First, Middle Initial) David Peter John			Da	ite of	Rec	eipt				
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	City North Haven	State CT	Zip Code 06473-4409					276486 eceipt th	67		
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	Name of Employer Northeast Emergency Medicine Specialis	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98]							
С.	Full Name (Last, First, Middle Initial) Christopher Johnson			Da	ite of	Rec	eipt				
	Mailing Address 307 Ridgewood Ave			Ň	05	/	D D 22	/ Y	2014	Y	1
	City Minneapolis	State MN	Zip Code 55403-3587					C274230 eceipt th		bd	
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	Name of Employer	Occupation	I								
	Christopher Johnson, MD	Emergency	Physician								
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PAGE 89 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicin	e Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Timothy James Johnson				Date of	f Re	ceipt				
Mailing Address 580 Sunny Shadows				м м 05	1	D D D 22	/ Y	у у 2014	Y	
City Excelsior	State MN	Zip Code 55331-8658	A	Trans		ion ID :	C274236 eceipt th	64	d	
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Name of Employer	Occupation									
Timothy James Johnson, MD, FACEP Receipt For:	Emergency									
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Full Name (Last, First, Middle Initial) B. Steven B Kailes			[Date of	f Re	ceipt				
Mailing Address 3780 Waterside Dr				м м 04	/	D D 21	/ Y	у у 2014	Y	
City Orange Park	State FL	Zip Code 32073-6982					C271963		4	
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Name of Employer Steven B Kailes, MD, FACEP	Occupation Emergency									
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Full Name (Last, First, Middle Initial) C. Amit S Kalaria				Date of	f Be	ceint				
Mailing Address 17804 Cricket Hill Dr				м м 04		08	/ Y	2014	Y	
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PAGE 90 OF

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Full Name (Last, First, Middle Initial) A. Amit S Kalaria				ate of	f Re	eceipt				
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Name of Employer Medical Emergency Professional LLC	Occupation Emergency									
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Full Name (Last, First, Middle Initial) C. Amit S Kalaria				Date of	f Re	eceipt				
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Medical Emergency Professional LLC Receipt For:	Emergency		_							
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PAGE 91 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Achyut B Kamat Mailing Address 19 Everett Ave City Providence FEC ID number of contributing federal political committee. Name of Employer Achyut B Kamat, MD, FACEP Receipt For: Primary General Other (specify) ▼	State Zip Code RI 02906-3321 C Occupation Description Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 06 23 2014 Transaction ID : C2759218 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) B. Christopher S Kang Mailing Address 2184 Bobs Hollow Ln City Dupont FEC ID number of contributing federal political committee. Name of Employer Madigan Army Medical Center Faculty Receipt For: Primary General Other (specify) ▼	State Zip Code WA 98327-7747 C Occupation Doccupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 23 2014 Transaction ID : C2721381 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) C. Jay A Kaplan Mailing Address 300 Oak Ave City San Anselmo FEC ID number of contributing federal political committee. Name of Employer CEP America Receipt For: Primary General Other (specify) ▼	State Zip Code CA 94960-2703 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 04 16 2014 Transaction ID : C2716015 Amount of Each Receipt this Period 250.00
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PAGE 92 OF

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	City Dublin	State OH	Zip Code 43016-8531					C27426 Receipt t	68 his Perio	d	
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	Name of Employer	Occupation									
	Gary R Katz, MD, MBA, FACEP Receipt For:	Emergency	Physician								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Myles K Kawamura			1	Date of	f Re	ceipt				
	Mailing Address 1111 6th Ave Mercy Medical Center-ED	Ctoto	Zin Code		м м 05	1	30		2014	Y]
	City Des Moines	State IA	Zip Code 50314-2610					C27452	07 his Perio	d	
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	Name of Employer Myles K Kawamura, DO, FACEP	Occupation Emergency									
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с.	Full Name (Last, First, Middle Initial) Vipul M Kella				Date of	f Re	ceipt				
	Mailing Address 11808 Woodthrush Ln				м м 05	1	13		2014	Y]
	City Potomac	State MD	Zip Code 20854-1444					C27308	16 his Perio	d	
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	Medical Emergency Professional LLC	Emergency	Physician								
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PAGE 93 OF

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Α.	Full Name (Last, First, Middle Initial) Noah L Keller Mailing Address 10119 Easterday Ct			Date o		ceipt	/ Y	Y Y	- Y
	City Hagerstown	State MD	Zip Code 21742-9791				C27350 eceipt th	2014 64 nis Perioo	d
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	Name of Employer Medical Emergency Professional LLC Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate							
В.	Full Name (Last, First, Middle Initial) Brian M Kelley Mailing Address 128 Mellen Rd			Date o		·			
	City New Bern FEC ID number of contributing federal political committee.	State NC	Zip Code 28562-8771		sactio		2271934 eceipt th	nis Perioo	d 3.33
	Brian M Kelley, DO Receipt For: Primary General Other (specify) ▼	Emergency Aggregate	Physician Year-to-Date ▼ 499.98						
C.	Full Name (Last, First, Middle Initial) Brian M Kelley Mailing Address 128 Mellen Rd			Date o	M /	D D	/ Y	YY	Y
	City New Bern	State NC	Zip Code 28562-8771		sactio		C27424 eceipt th	2014 38 nis Period	d
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	Name of Employer Brian M Kelley, DO Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate							
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PAGE 94 OF

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Full Name (Last, First, Middle Initial) A. Brian M Kelley			D	ate of	Rec	eipt			
Mailing Address 128 Mellen Rd				м м 06	/	D D	/ Y	үүү 2014	Y
City	State NC	Zip Code					C276237		
New Bern	NC	28562-8771	A	mount	of E	ach R	eceipt th	is Period	
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Name of Employer Brian M Kelley, DO	Occupation Emergency								
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Full Name (Last, First, Middle Initial) B. Michael Anthony Kelly			D	ate of	Rec	eipt			
Mailing Address 1 Pavilion Dr				м м 06	/	D D D 06	/ Y	y y 2014	Y
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Daniels	WV	25832-9705	A	mount	of E	ach R	eceipt th	is Period	
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Name of Employer Kelly Medical Corporation	Occupation Emergency								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
Full Name (Last, First, Middle Initial) C. Michael J Keyes Jr			D	ate of	Rec	eipt			
Mailing Address 216 Canterbury Rd				м м 04	/	D D 18	/ Y	y y 2014	Y
City	State	Zip Code		Trans	actic	on ID :	C272174	18	
Rochester	NY	14607-3434	A	mount	of E	ach R	eceipt th	is Period	
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Michael J Keyes, Jr, MD	Emergency								
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PAGE 95 OF

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Α.	Full Name (Last, First, Middle Initial) Zaki Khebzou Mailing Address 104 Sterling Dr			_	e of	Receip	ot D	/ Y	Ŷ	Y	Y
	City Galloway	State NJ	Zip Code 08205-9541	Tr				C27423 eceipt th			
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	Name of Employer Zaki Khebzou, MD Receipt For:	Occupation Emergency									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Rami R Khoury			Dat	e of	Receip	ot				
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	City Northville	State MI	Zip Code 48168-8674					C27423 eceipt th		riod	
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	Name of Employer Rami R Khoury, MD, FACEP	Occupation Emergency	Physician								
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<u>с.</u>	Full Name (Last, First, Middle Initial) Benjamin Kitagawa			Dat	e of	Receip	ot				
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	City North Platte	State NE	Zip Code 69101-4255					C27549 eceipt th		riod	
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	Name of Employer	Occupation									
	Benjamin Kitagawa, DO, FACEP	Emergency	Physician								
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PAGE 96 OF

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Α.	Full Name (Last, First, Middle Initial) Paul Daniel Kivela				Date of	Re	ceipt				
	Mailing Address 1370 Trancas St				м м 04	1	16) / Y) 014	Y
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	Name of Employer	Occupation	l								
	Napa Valley Emergency Medical Group	Emergency	Physician								
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	Primary General Other (specify) ▼		500.04]							
в.	Full Name (Last, First, Middle Initial) Paul Daniel Kivela				Date of	Re	ceipt				
	Mailing Address 1370 Trancas St				M M	/	DD	7 / Y	Y	Y	Y
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	Napa Valley Emergency Medical Group	Emergency	Physician								
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C.	Full Name (Last, First, Middle Initial) Paul Daniel Kivela				Date of	Re	ceipt				
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	Napa Valley Emergency Medical Group	Emergency	Physician								
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PAGE 97 OF

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Α.	Full Name (Last, First, Middle Initial) David N Klein				Date of	f Re	ceipt						
	Mailing Address 12410 Milestone Center Dr				M M	/	D		/ Y		Y	Y	
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в.	Full Name (Last, First, Middle Initial) Terry Kowalenko				Date of	f Re	ceipt						_
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PAGE 98 OF

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PAGE 99 OF

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PAGE 100 OF

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PAGE 101 OF

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PAGE 102 OF

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PAGE 103 OF

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PAGE 104 OF

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в.	Full Name (Last, First, Middle Initial) Gretchen K Lipke			Dat	e of I	Receipt				
	Mailing Address 600 Ponte Vedra Blvd)6	/ D 10		y 2014	ү ү 1	
	City Ponte Vedra	State FL	Zip Code 32082-4709				: C27549		·I	
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	Mailing Address 2286 Picket Post Ln				™ 04	/ D 18		2014		
	City Columbus	State OH	Zip Code 43220-2918				: C27193 Receipt tl		iod	
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PAGE 105 OF

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Name of Employer Emergency Medicine Physicians of Frank	Occupation Emergency									
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Full Name (Last, First, Middle Initial) C. Bruce M Lo				Date o	f Re	eceipt				
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PAGE 106 OF

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PAGE 107 OF

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City Greenwich	State CT	Zip Code 06830-5710	Trar	nsact	ion ID : (1				
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City Greenwich	State CT	Zip Code 06830-5710			action ID : C2742444							
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Full Name (Last, First, Middle C. Donald Lombino	Initial)		Date	of Re	eceipt							
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PAGE 108 OF

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	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Jorge Lopez-Ferrer Mailing Address 322 E Central Blvd			[Date o		D - C	р / Y	Ý		1
	City Orlando	State FL	Zip Code 32801-4355					C27424 Receipt t			-
	FEC ID number of contributing federal political committee.	С					7		1	000.0	0
	Name of Employer Florida Emergency Physicians Kang & As Receipt For: Primary General Other (specify)	Occupation Emergency Aggregate									
В.	Full Name (Last, First, Middle Initial) Ralph K Losey Mailing Address 207 S Prospect St		g g]	Date o		D . D) / Y	Ý		1
	City Galena FEC ID number of contributing	State IL	Zip Code 61036-2119					C27192 Receipt t	his Per	riod	-
	federal political committee. Name of Employer Ralph K Losey, MD, FACEP Receipt For: Primary General Other (specify) ▼	C Occupation Emergency Aggregate								250.0	D
c.	Full Name (Last, First, Middle Initial) Seth A Lotterman Mailing Address 7 Willow Ln				Date o		D . [Y 901		1
	City West Hartford FEC ID number of contributing federal political committee.	State CT	Zip Code 06107-1149	/				C27215 Receipt t	his Per		0
	Name of Employer Fremont Emergency Medical Group Receipt For: Primary General Other (specify)	Occupation Emergency					<u></u>				
	UBTOTAL of Receipts This Page (optional)						<u> </u>		15	500.00	

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PAGE 109 OF

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NAME OF COMMITTEE (In Full)									
National Emergency Medicir	ne Political A	ction Committee							
Full Name (Last, First, Middle Initial) A. Katia M Lugo Enriquez				Date of	Ree	ceipt			
Mailing Address 65 Starlight Ct	01-1-	7. 0.1		м м 05	/	22		у у 2014	Y
City Oviedo	State FL	Zip Code 32765-9692	_				C274244		
		02100 0002	- 1	Amount	of I	Each F	Receipt th	is Period	
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Name of Employer	Occupation Emergency								
Florida Emergency Physicians Kang & As Receipt For:									
Primary General	Aggregate	Year-to-Date ▼	_						
Other (specify)		1000.00							
Full Name (Last, First, Middle Initial) B. John L Lyman				Date of	Red	ceipt			
Mailing Address 332 Congress Park Dr Premier Hlth Care				м м 04	/	01) / Y	y y 2014	Y
City	State	Zip Code		Trans	actio	on ID :	C271323		
Dayton	OH	45459-4133		Amount	of	Each F	Receipt th	is Period	
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Name of Employer Premier Physician Services	Occupation Emergency								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00]						
Full Name (Last, First, Middle Initial) C. John L Lyman				Date of	Ree	ceipt			
Mailing Address 332 Congress Park Dr Premier Hlth Care				м м 04	/	D 17		y y 2014	Y
City Dayton	State OH	Zip Code 45459-4133					C271655 Receipt th		
FEC ID number of contributing federal political committee.	С					7			0.00
Name of Employer	Occupation	1							
Premier Physician Services	Emergency	Physician							
Receipt For:	Aggregate	Year-to-Date ▼							
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PAGE 110 OF

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	y information copied from such Reports and S for commercial purposes, other than using the							soliciting		
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee							
Α.	Full Name (Last, First, Middle Initial) John L Lyman Mailing Address 332 Congress Park Dr			[Date of		eceipt) / V	y v	Y
	City Dayton	State OH	Zip Code 45459-4133		05 Trans	act	02 ion ID :	C27298		
	FEC ID number of contributing federal political committee.	С		/	Amount	t of	Each F	Receipt th		0.00
	Name of Employer Premier Physician Services Receipt For:	Occupation Emergency	Physician							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 380.00							
B.	Full Name (Last, First, Middle Initial) John L Lyman				Date of	f Re	eceipt			
	Mailing Address 332 Congress Park Dr Premier Hlth Care	Stata	Zin Code		м м 05	1	17		2014	Y
	City Dayton	State OH	Zip Code 45459-4133					C273873 Receipt th		d
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C.	Full Name (Last, First, Middle Initial) John L Lyman				Date of	Re	eceipt			
	Mailing Address 332 Congress Park Dr Premier Hlth Care	Olata	7. 0.4		м м 06	/	D 17		2014	Y
	City Dayton	State OH	Zip Code 45459-4133	-				C275578 Receipt th		d
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	Premier Physician Services Receipt For:	Emergency	Physician	_						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 380.00							
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PAGE 111 OF

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	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Merci G Madar				Date of	f Re	eceipt				
	Mailing Address 7805 Valderrama Way				м м 04	/	18	/ Y	Y 201	Y 14	Y
	City Lakewood Rch	State FL	Zip Code 34202-5651				ion ID :	C27193 leceipt th	92		
	FEC ID number of contributing federal political committee.	С					7	7	_	83.3	33
	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency	Physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98								
в.	Full Name (Last, First, Middle Initial) Merci G Madar				Date of	f Re	eceipt				
	Mailing Address 7805 Valderrama Way	_			05	/	22	/ Y	, 201		ŕ
	City Lakewood Rch	State FL	Zip Code 34202-5651					C274244 leceipt th		riod	
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	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency	Physician								
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<u></u> с.	Full Name (Last, First, Middle Initial) Merci G Madar				Date of	f Re	eceipt				
	Mailing Address 7805 Valderrama Way				м м 06	/	18	/ Y	y 201		Y
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	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 499.98								
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PAGE 112 OF

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\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Ned Alan Magen				Date o	f Re	ceipt				
	Mailing Address 969 Keystone Dr				м м 05	/	D D D	/ Y	2014]
	City Soldotna	State AK	Zip Code 99669-8064					C27350 eceipt th		bd	
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	Name of Employer	Occupation									
	Ned Alan Magen, DO, FACEP Receipt For:	Emergency		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00								
В.	Full Name (Last, First, Middle Initial) Steven Maher				Date o	f Re	ceipt				
	Mailing Address 9733 E Cochise Dr				м м 05	/	16	/ Y	2014	Y]
	City	State	Zip Code					C273847			
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	FEC ID number of contributing federal political committee.	С					7		100	00.00	
	Name of Employer Steven Maher, MD, FACEP	Occupation Emergency									
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<u>с.</u>	Full Name (Last, First, Middle Initial) Robert T Malinowski				Date o	f Re	ceipt				
	Mailing Address 660 Norborne Ave				м м 04	/	D D 25	/ Y	y y 2014	Y]
	City Dearborn Hts	State MI	Zip Code 48127-3707					C27215			_
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	Medical Center Emergency Services	Emergency	Physician								
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PAGE 113 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
A. Full Name (Last, First, Middle Initial) Mailing Address 15 E Mason Ave City Alexandria	State Zip Code VA 22301-1907	Date of Receipt 06 Transaction ID : C2762354 Amount of Fach Preciat this Pariod
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Kevin Maloy, MD, FACEP Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Arun Manikumar Mailing Address 104 Baynes Ct City	State Zip Code	Date of Receipt
Chapel Hill FEC ID number of contributing federal political committee.	NC 27517-9526	Amount of Each Receipt this Period
Name of Employer Fremont Emergency Medical Group Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Catherine Anna Marco Mailing Address 569 Calumet Pl		Date of Receipt
City Beavercreek FEC ID number of contributing federal political committee. Name of Employer South Jersey Health System Emergency P Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45434 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1001.00	Ort 22 2014 Transaction ID : C2720286 Amount of Each Receipt this Period 1000.00
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PAGE 114 OF

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$\left \right\rangle$	National Emergency Medicine F	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Scott P Marquis				Date of	Re	eceipt						
	Mailing Address 1407 E Rockwood Blvd				м м 04	/	09			ү 014	Y		
	City	State WA	Zip Code					C27125					
	Spokane	VVA	99203-3841	Amount of Each Receipt this Period									
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	Name of Employer	Occupation											
	Scott P Marquis, MD	Emergency	Physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		500.00										
	Full Name (Last, First, Middle Initial) H Lynn Massingale				Date of	Re	eceipt						
	Mailing Address 265 Brookview Centre Way Team Health				м м 06	1	30	/ Y	2(у 014	Y		
	City	State	Zip Code		Trans	acti	ion ID :	C27701	41				
	Knoxville	TN	37919-4052		Amount	of	Each R	eceipt t	his F	Period			
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	Name of Employer	Occupation											
	Team Health	Emergency	Physician										
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	Full Name (Last, First, Middle Initial)			-									
C.	Jaime Massucci				Date of	Re	eceipt						
	Mailing Address 804 Mount Vernon St				м м 05	/	22) 14	Y		
	City	State FL	Zip Code		Trans	act	ion ID :	C27424	48				
	Orlando	FL	32803-5308		Amount	of	Each R	eceipt t	his F	Period			
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	Name of Employer	Occupation											
	Florida Emergency Physicians Kang & As	Emergency	Physician										
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PAGE 115 OF

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	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee						
Α.	Full Name (Last, First, Middle Initial) Alexander Matolcsy Mailing Address 70 Washington St			Date o	of Receip	ot	Y	Y = Y =	Y
	Emer Educl Svcs PC City Haverhill	State MA	Zip Code 01832-5752		saction		35072		
	FEC ID number of contributing federal political committee.	С					<u></u>	250	.00
	Name of Employer Alexander Matolcsy, MD, FACEP Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate							
В.	Full Name (Last, First, Middle Initial) Angela F Mattke Mailing Address 1080 Pebblebrook Rd SE			M	of Receip	D /	Y	YY	Ŷ
	City Mableton	State GA	Zip Code 30126-5612		saction		19383	2014 Period	
	FEC ID number of contributing federal political committee.	С					7	100.	.00
	Name of Employer Angela F Mattke, MD, FACEP	Occupation Emergency							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00						
<u></u> с.	Full Name (Last, First, Middle Initial) Angela F Mattke			Date of	of Receip	ot			
	Mailing Address 1080 Pebblebrook Rd SE			04	M / D	16 /		2014	Y
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	FEC ID number of contributing federal political committee.	С					7	75	.00
	Name of Employer	Occupation	I	_					
	Angela F Mattke, MD, FACEP Receipt For:	Emergency		_					
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PAGE 116 OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) A. Angela F Mattke Malling Address 1080 Pebblebrook Rd SE City State Mableton GA State Zip Code Matte, MD, FACEP Cocupation Receipt For: Occupation Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ State Zip Code Mableton GA State Zip Code Mattke, MD, FACEP Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State State Zip Code GA 30128-5612 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt Tansaction ID : C2754633 Mableton GA 30128-5612 Full Name (Last, First, Middle Initial) Bate of Receipt Mattke, MD, FACEP Mableton GA 30128-5612				Detailed Summary Page		11a 13		11b 14	11c		12 16	17
National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) A. Angela F Mattke Date of Receipt City State PEC ID number of contributing federal political committee. Polit Name (Last, First, Middle Initial) B. Angela F Mattke Maling Address 1080 Pebblebrook Rd SE City Primary General Other (specify) ▼ B. Angela F Mattke Maling Address 1080 Pebblebrook Rd SE City State City State Maling Address 1080 Pebblebrook Rd SE City State City State Name of Employer Occupation Angela F Mattke Date of Receipt Maling Address 1080 Pebblebrook Rd SE City City State Zip Code Maling Address 2090 Nawyne Stames Dr Occupation FeC ID number of contributing federal political committee. C Primary General Occupation Primary General Occupation Full Name (Last, First, Middle Initial) C <tr< td=""><td></td><td></td><td></td><td></td><td></td><td>for the</td><td></td><td>pose of</td><td>soliciting</td><td></td><td>ntribut</td><td>ions</td></tr<>						for the		pose of	soliciting		ntribut	ions
A. Angela F Mattke Date of Receipt Mailing Address 1080 Pebblebrook Rd SE City City State Zip Code Mableton GA 30124-5612 FEC ID rumber of contributing federal political committee. Occupation Preceipt For: Aggregate Year-to-Date ▼ 75.00 Put Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt B. Angela F Mattke, MD, FACEP Emergency Physician Receipt For: City Ga 30126-5612 FEC ID number of contributing federal political committee. C 75.00 Receipt For: Aggregate Year-to-Date ▼ 75.00 FEC ID number of contributing federal political committee. C 75.00 Receipt For: Aggregate Year-to-Date ▼ 75.00 Name of Employer Aggregate Year-to-Date ▼ 75.00 Name of Employer Aggregate Year-to-Date ▼ 75.00 Name of Employer Aggregate Year-to-Date ▼ 0 Name of Employer Aggregate Year-to-Date ▼ 0 City State Zip Code 30126-5612 FEC ID number of contributing C	$\left\langle \right\rangle$		Political A	ction Committee								
City State Zp Code Transaction ID : 62736364 Mableton GA 30126-5612 Amount of Each Receipt his Period FEC ID number of contributing tederal political committee. Occupation Emergency Physician Transaction ID : 62736364 Race IF Matke, MD, FACEP Emergency Physician Emergency Physician Transaction ID : 6274256 Receipt For: Occupation Aggregate Year-to-Date ▼ Date of Receipt Mableton GA 30126-5612 Transaction ID : 627264633 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt Receipt For: Cocupation Emergency Physician Transaction ID : 627264633 FEC ID number of contributing tederal political committee. Cocupation Emergency Physician Amount of Each Receipt this Period Receipt For: Occupation Emergency Physician Transaction ID : 627426512 Transaction ID : 62742651 Full Name (Last, First, Middle Initial) C State Zp Code Transaction ID : 62742256 Mailing Address goog Dewyne Starmes Dr C Mount of Each Receipt this Period Date of Receipt Transaction ID : 62742256 Name of Employer Occupation C Transaction ID : 62742256	Α.	Angela F Mattke				M M	_	D D	/ Y			Y
FEC ID number of contributing federal political committee. C 75.00 Name of Employer Angela F Mattke, MD, FACEP Receipt For:		-				Trans		ion ID :		64		
Angela F Mattke, MD, FACEP Emergency Physician Receipt For: Aggregate Year-to-Date ▼ B. Angela F Mattke Maling Address 1080 Pebblebrook Rd SE Date of Receipt City State Zip Code GA 30126-5612 FEC ID number of contributing C If ederal political committee. Occupation Receipt For: Occupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Receipt For: Occupation Primary General Other (specify) ▼ State FEC ID number of contributing Emergency Physician Receipt For: Occupation Primary General Other (specify) ▼ State City State Maling Address 6209 Dwayne Starnes Dr C City State Zip Code Hickory Receipt For: Occupation Fie C ID number of contributing C Feric E Maur, MD, FACEP		•	С					7				00
Primary General Other (specify) ▼ 550.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 1080 Pebblebrook Rd SE 06 City State Zip Code Mableton GA 30126-5612 FEC ID number of contributing federal political committee. C Transaction ID: C2754633 Angela F Mattke, MD, FACEP Cocupation 75.00 Receipt For: Occupation 75.00 Pull Name (Last, First, Middle Initial) C 75.00 C: Erric E Maur Aggregate Year-to-Date ▼ 05 Maing Address 6209 Dwayne Starnes Dr 05 20 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /		Angela F Mattke, MD, FACEP	Emergency	Physician								
B. Angela F Mattke Date of Receipt Mailing Address 1080 Pebblebrook Rd SE C City State Zip Code Mableton GA 30126-5612 FEC ID number of contributing federal political committee. C 75.00 Name of Employer Angela F Mattke, MD, FACEP Emergency Physician Aggregate Year-to-Date ▼ B. Angela Address 6209 Dwayne Starnes Dr C 2014 75.00 C. Eric E Maur Mailing Address 6209 Dwayne Starnes Dr 005 2014 100.00 FEC ID number of contributing federal political committee. C 28602-8959 Date of Receipt City State Zip Code 75.00 2014 1000.00 Mailing Address 6209 Dwayne Starnes Dr C 2014 1000.00 1000.00 FEC ID number of contributing federal political committee. C 1000.00 1000.00 1000.00 Fire E Maur, MD, FACEP Emergency Physician Emergency Physician 1166.68 1150.00 SUBTOTAL of Receipt This Page (optional)												
City State Zip Code Transaction ID : C2754633 Mableton GA 30126-5612 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 75.00 Name of Employer Angela F Mattke, MD, FACEP Occupation Emergency Physician 75.00 Receipt For: Occupation (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Ctity State Zip Code Zip Code Hickory NC 28602-8959 Date of Receipt FEC ID number of contributing federal political committee. C 2014 Transaction ID : C2742228 Maunut of Each Receipt Hickory NC 28602-8959 Amount of Each Receipt 05 2014 FEC ID number of contributing federal political committee. C 0 1000.00 1000.00 1000.00 Name of Employer Occupation Emergency Physician Aggregate Year-to-Date ▼ 1166.68 1000.00 1150.00 SUBTOTAL of Receipts This Page (optional)	в.	Angela F Mattke				M M	f Re	D D	/ Y	Y		Y
federal political committee. V 75.00 Name of Employer Angela F Mattke, MD, FACEP Emergency Physician Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Ctiv State Zip Code Name of Employer NC 28602-8959 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Eric E Maur, MD, FACEP Emergency Physician Receipt For: Primary General Other (specify) ▼ Occupation Eric E Maur, MD, FACEP Emergency Physician Receipt For: Primary General Other (specify) ▼ Occupation SUBTOTAL of Receipts This Page (optional)						Trans		ion ID :		33		
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Primary General Other (specify) ▼		Angela F Mattke, MD, FACEP										
C. Eric E Maur Date of Receipt Mailing Address 6209 Dwayne Starnes Dr 05 25 2014 City State Zip Code Hickory NC 28602-8959 FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Occupation 1000.00 Eric E Maur, MD, FACEP Emergency Physician 1000.00 Receipt For: Aggregate Year-to-Date ▼ 1166.68 SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate]							
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PAGE 117 OF

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с.	Full Name (Last, First, Middle Initial) John McCourt				Date o	f Re	eceipt	t				
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с.	Full Name (Last, First, Middle Initial) Michael McCrea				Date o	of Re	eceipt				
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<u> </u>	Full Name (Last, First, Middle Initial) Robert McCurren IV				Date o	f Re	ceipt			
	Mailing Address 2000 Green Rd EPMG				м м 04		18	/ Y	у у 2014	Y
	City Ann Arbor	State MI	Zip Code 48105-1575					C27217	22 nis Period	4
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	Emergency Physician Medical Group PC	Emergency	Physician							
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Α.	Full Name (Last, First, Middle Initial) Edward McCutcheon MHA			(Date o	f Re	ceipt						
	Mailing Address 605 McDonald Ave				м м 04	/	18		/ Y		ү 014	Y	
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Full Name (Last, First, Middle Initial) A. Dennis Lucas McGill			[Date of	f Re	eceipt				
Mailing Address 19 Camden Rd				м м 04	/	30	/ Y	2014		
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Α.	Full Name (Last, First, Middle Initial) Mark A McLean			_	ate of		· ·				
	Mailing Address 613 Stonewater Blvd				м м 06	/	10	/ Y	201		
	City Franklin	State TN	Zip Code 37064-4890					C275484 eceipt th		iod	
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	Mark A McLean, MD, FACEP	Emergency	Physician								
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	City Tacoma	State WA	Zip Code 98422-2293		Trans		on ID : (C27296: eceipt th	53		
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	Mailing Address 103 Hidden Hills Dr			_	04		16	/ Y	۲ 2014		
	City Greenville	State NC	Zip Code 27858-8635					C27160 eceipt th		iod	
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	East Carolina University	Emergency	Physician								
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	Mailing Address 16 Elton St				м – м 06	/	Ľ	14	/ Y	۲ 202		Y
	City Providence	State RI	Zip Code 02906-4106						275456			
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в.	Full Name (Last, First, Middle Initial) Thomas R Mitchell				Date o	f Re	ecei	pt				
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PAGE 126 OF

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Α.	Full Name (Last, First, Middle Initial) Craig B Mittleman Mailing Address 25 Equestrian Rdg			[Date of		ceipt	ץ / כ	/ Y		
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	FEC ID number of contributing federal political committee.	С					7			90.0	0
	Name of Employer Medical Emergency Professional LLC	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00								
с.	Full Name (Last, First, Middle Initial) Nathan Mjos				Date of	f Re	ceipt				
	Mailing Address 5550 Wilshire Blvd	Ctoto	Zin Code		м м 05		08	_ L	2014		
	City Los Angeles	State CA	Zip Code 90036-4862	/				C27296 Receipt t		riod	
	FEC ID number of contributing federal political committee.	С					7	7		250.0	00
	Name of Employer	Occupation									
	Nathan Mjos, DO	Emergency	Physician	_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.20								
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PAGE 127 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicin	e Political A	ction Committee	
Full Name (Last, First, Middle Initial) Nathan Mjos Mailing Address 5550 Wilshire Blvd City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Nathan Mjos, DO Receipt For: Primary General Other (specify) ▼	State CA C Occupation Emergency Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. Kevin Monfette Mailing Address 2954 Island Point Dr City Metamora FEC ID number of contributing federal political committee. Name of Employer Kevin Monfette, MD, FACEP Receipt For: Primary General Other (specify) ▼	State MI C Occupation Emergency Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Karolyn K Moody Mailing Address 760 Boozy Creek Rd City Blountville FEC ID number of contributing federal political committee. Name of Employer ECI Receipt For: Primary General Other (specify) ▼	State TN C Occupation Emergency Aggregate		Date of Receipt
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PAGE 128 OF

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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Karolyn K Moody				Date o	f Re	ceipt				
	Mailing Address 760 Boozy Creek Rd				м м 05	/	05	/ Y	2014		1
	City Blountville	State TN	Zip Code 37617-6609					C27260	55		
	FEC ID number of contributing federal political committee.	С					y	- 7	1	100.0	0
	Name of Employer	Occupation									
	ECI	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
— B.	Full Name (Last, First, Middle Initial) Karolyn K Moody				Date o	f Re	ceipt				
	Mailing Address 760 Boozy Creek Rd				м м 06		05	/ Y	y 2014		1
	City	State	Zip Code					C27499			
	Blountville FEC ID number of contributing		37617-6609	/	Amoun	t of	Each R	eceipt th		iod 00.00)
	federal political committee.						7	7	-		
	Name of Employer ECI	Occupation Emergency									
	Receipt For:		Year-to-Date ▼	_							
	Primary General Other (specify) ▼		, 600.00								
<u> </u>	Full Name (Last, First, Middle Initial) John C Moorhead				Date o	f Re	ceipt				
	Mailing Address 4138 SW Hamilton Ter				м м 04	/	25	/ Y	2014		
	City Portland	State OR	Zip Code 97239-4110					C27215			
	FEC ID number of contributing federal political committee.	С			Amoun	τοτ	Each R	eceipt th		10a 000.0	0
	Name of Employer	Occupation		_							
	Ohio State University Medical Group -	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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PAGE 129 OF

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	y information copied from such Reports and for commercial purposes, other than using th											
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee									
A.	Full Name (Last, First, Middle Initial) Joshua B Moskovitz				Date of	f Re	eceipt					
	Mailing Address 435 E 79th St				м м 04	/	3	D 0	/ Y		ү 014	Y
	City	State NY	Zip Code 10075-1076				-		C27254			
	New York FEC ID number of contributing federal political committee.	C			Amount	t of	Each	Re	eceipt tl	his F		.33
	Name of Employer North Shore University Hospital Emerge	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
в.	Full Name (Last, First, Middle Initial) Joshua B Moskovitz	1			Date of	f Re	eceipt					
	Mailing Address 435 E 79th St				м м 05	/	3	D 0	/ Y		у 014	Y
	City New York	State NY	Zip Code 10075-1076	-					C27449		Donie d	
	FEC ID number of contributing federal political committee.	С			Amount	l OT	⊨acn	He	eceipt ti	nis F	83	33
	Name of Employer North Shore University Hospital Emerge	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
с.	Full Name (Last, First, Middle Initial) Joshua B Moskovitz	I			Date of	f Re	eceipt					
	Mailing Address 435 E 79th St				м м 06	/	3	D 80	/ Y		у 014	Y
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	FEC ID number of contributing federal political committee.	C					7				83	.33
	Name of Employer	Occupation	1	\neg								
	North Shore University Hospital Emerge	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
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PAGE 130 OF

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$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) James B Mullen III Mailing Address 28 Foggs Point Rd City Freeport FEC ID number of contributing	State ME	Zip Code 04032-6010			/ act	eceipt 17 ion ID : Each F	C2716	562		
	federal political committee. Name of Employer BlueWater Emergency Partners Receipt For: Primary General Other (specify) ▼	C Occupation Emergency Aggregate						7		83.	34
В.	Full Name (Last, First, Middle Initial) James B Mullen III Mailing Address 28 Foggs Point Rd City	State	Zip Code		Date of 05 Trans	/	eceipt 17 ion ID :	11		2014	Y
	Freeport FEC ID number of contributing federal political committee. Name of Employer BlueWater Emergency Partners	ME C Occupation			Amount	: of	Each F	Receipt	this I	Period 83.	34
	Receipt For: Primary General Other (specify) ▼	Aggregate	Physician Year-to-Date ▼ 500.04]							
C.	Full Name (Last, First, Middle Initial) James B Mullen III Mailing Address 28 Foggs Point Rd City	State	Zip Code		Date of	/	eceipt 17 ion ID :	11	2	2014	Ŷ
	Freeport FEC ID number of contributing federal political committee. Name of Employer BlueWater Emergency Partners Receipt For: Primary General Other (specify) ▼	ME C Occupation Emergency	04032-6010				Each F				.34
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _

FOR LINE NUMBER:

PAGE 131 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee					
Full Name (Last, First, Middle Initial) A. Carla Elizabeth Murphy Mailing Address 1196 Preserve Cir			Date o	f Receipt	D / Y	YYY	Ŷ
City	State CO	Zip Code 80401-7045		16 saction ID	: C27160		
Golden FEC ID number of contributing federal political committee.	C	00401-7040	Amoun	t of Each F	Receipt th		1 3.33
Name of Employer Emergency Service Physicians PC Receipt For: Primary General	Occupation Emergency Aggregate						
Other (specify)		499.98					
Full Name (Last, First, Middle Initial) B. Carla Elizabeth Murphy Mailing Address 1196 Preserve Cir			M M			- Y - Y	Y
City Golden	State CO	Zip Code 80401-7045		16 saction ID : t of Each F	C273637		i
FEC ID number of contributing federal political committee.	С					83	3.33
Name of Employer Emergency Service Physicians PC Receipt For:	Occupation Emergency	Physician					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98					
Full Name (Last, First, Middle Initial) C. Carla Elizabeth Murphy			Date o	f Receipt			
Mailing Address 1196 Preserve Cir	State	Zip Code	06	16	6	2014	Υ
Golden	CO	80401-7045		saction ID t of Each F			1
FEC ID number of contributing federal political committee.	С					8;	3.33
Name of Employer	Occupation						
Emergency Service Physicians PC	Emergency	Physician	_				
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 499.98					
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\backslash	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine I	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) J Brent Myers				Date of	f Rec	eipt					
	Mailing Address 2105 Glenwood Ave				м м 06	/	D 12) / Y)14	Y	
	City	State	Zip Code		Trans	actic	on ID :	C275573	0			
	Raleigh	NC	27608-1441		Amount	t of E	ach R	Receipt thi	is P	eriod		
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	Name of Employer	Occupation	1									
	Wake Emergency Physicians PA	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Steven Nazario				Date of	f Rec	eipt					
	Mailing Address 7597 Saint Stephens Ct				M M	/	DD) / Y	Y	Y	Y	
	01	01-1-1	7. 0. 1.		05		22		20	14	_	
	City Orlando	State FL	Zip Code 32835-6526	-				C274245		· .		
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	Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency										
	Receipt For:		Year-to-Date ▼									
	Primary General			- 1								
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С.	Full Name (Last, First, Middle Initial) Patricia Nichols				Date of	f Rec	eipt					
	Mailing Address 13401 Bellaria Cir				м м 05	1	D 22			ү 14	Y	
	City	State FL	Zip Code					C274245				
	Windermere	FL.	34786-7403		Amount	t of E	Each R	Receipt th	is P	eriod		
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	Name of Employer	Occupation	1									
	Florida Emergency Physicians Kang & As	Emergency	Physician									
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PAGE 133 OF

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A.	· · · · · · · · · · · · · · · · · · ·			D	ate o	f Re	eceipt					
	Mailing Address 2300 N Black Oak Dr				м м 04	/	08		2014		1	
	City Angola	State IN	Zip Code 46703-8195					C27037 Receipt tl		iod		
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	Name of Employer	Occupation										
	Professional Emergency Physicians Inco	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00									
в.	Full Name (Last, First, Middle Initial) Jeffrey R Nickel	1		Di	ate o	f Re	eceipt					
	Mailing Address 2300 N Black Oak Dr				и м 05	/	08		2014	Y Y	1	
	City Angola	StateZip CodeIN46703-8195						C27294 Receipt tl		od		
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	Name of Employer Professional Emergency Physicians Inco	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00									
	Full Name (Last, First, Middle Initial) Jeffrey R Nickel			Di	ate o	f Re	eceipt					
•	Mailing Address 2300 N Black Oak Dr			_	м м 06		08		2014		1	
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	Professional Emergency Physicians Inco	Emergency	Physician									
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PAGE 134 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee									
Full Name (Last, First, Middle Initial) A. Charles Niziol			Da	ate of	Re	ceipt					
Mailing Address 2815 Kings Forest Dr				и м 05	1	13) / Y	201-		1	
City Kingwood	State TX	Zip Code 77339-2450		Frans		on ID :	C27350 Receipt th	74		-	
FEC ID number of contributing federal political committee.	С					7		1(0.00	0	
Name of Employer	Occupation										
EMCARE	Emergency	Physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1001.00									
Full Name (Last, First, Middle Initial) B. Charles Niziol	L		Da	ate of	Re	ceipt					
Mailing Address 2815 Kings Forest Dr				06	/	10		2014]	
City	State	Zip Code					C277012				
Kingwood FEC ID number of contributing federal political committee.	umber of contributing				OT	Each F	Receipt th	iis Per	1.0	0	
Name of Employer EMCARE	Occupation Emergency										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1001.00									
Full Name (Last, First, Middle Initial) C. Brian Nobie		7 7 7		ate of	Ro	ceint					
Mailing Address 9712 Lake Hugh Dr				05	/	22		2014		1	
City Gotha	State FL	Zip Code 34734-4629					C27424		I		
FEC ID number of contributing federal political committee.	С			nount	OT	Each F	Receipt th		000.0	0	
Name of Employer	Occupation		_								
Florida Emergency Physicians Kang & As	Emergency	Physician									
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PAGE 135 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Jason T Nomura			[Date o	f Re	eceipt				
Mailing Address 1014 Old Forge Rd				м м 04	/	22	/ Y	2014		1
City New Castle	State DE	Zip Code 19720-5422		Trans		ion ID :	C272028 eceipt th	37		
FEC ID number of contributing federal political committee.	С					7		100	00.00)
Name of Employer Doctors Emergency Services Delaware	Occupation Emergency									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1							
Full Name (Last, First, Middle Initial) B. Ashley Booth Norse			[Date o	f Re	eceipt				
Mailing Address 655 W 8th St Shands Jacksonville Educ				м м 04	/	16	/ Y	2014	Y]
City Jacksonville							C271602 eceipt th		bd	
FEC ID number of contributing federal political committee.	С					7			50.00)
Name of Employer University of Florida Jacksonville	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) C. Andrew Sean Nugent				Date o	f Re	eceipt				
Mailing Address 200 Hawkins Dr Univ of IA Hosp & Clinics	-			м м 04	/	30	/ Y	ү ү 2014	Y]
City Iowa City	State IA	Zip Code 52242-1009	ŀ				C27254		bd	
FEC ID number of contributing federal political committee.	C					5			83.34	4
Name of Employer	Occupation									
Andrew Sean Nugent, MD, FACEP Receipt For:	Emergency		_							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04								
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PAGE 136 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Andrew Sean Nugent Mailing Address 200 Hawkins Dr Univ of IA Hosp & Clinics City Iowa City FEC ID number of contributing federal political committee. Name of Employer	State Zip Code IA 52242-1009	Date of Receipt 05 30 2014 Transaction ID : C2744914 Amount of Each Receipt this Period 83.34
Andrew Sean Nugent, MD, FACEP Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 500.04]
Full Name (Last, First, Middle Initial) Andrew Sean Nugent Mailing Address 200 Hawkins Dr Univ of IA Hosp & Clinics City Iowa City FEC ID number of contributing	State Zip Code IA 52242-1009	Date of Receipt 06 30 2014 Transaction ID : C2764864 Amount of Each Receipt this Period
federal political committee. Name of Employer Andrew Sean Nugent, MD, FACEP Receipt For: Primary General Other (specify) ▼	C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.04	83.34
Full Name (Last, First, Middle Initial) Ramon Nunez Mailing Address 7926 Saint Giles PI City Orlando FEC ID number of contributing federal political committee. Name of Employer Florida Emergency Physicians Kang & As Receipt For: Primary General Other (specify) ▼	State Zip Code FL 32835-7909 C Occupation Description Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 05 22 2014 Transaction ID : C2742455 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		1166.68

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PAGE 137 OF

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$\overline{\}$	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Paul Blake O'Brien				Date of	Re	ceipt							
	Mailing Address 500 Winderley Pl FI Emer Phys				м м 05	/	22) / Y	уу 2014		1			
	City Maitland	State FL	Zip Code 32751-7406				ion ID :	C27424	56					
	FEC ID number of contributing federal political committee.	С					7		100	00.00	D			
	Name of Employer	Occupation												
	Florida Emergency Physicians Kang & As	Emergency	Physician											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		1000.00											
в.	Full Name (Last, First, Middle Initial) Robert E O'Connor				Date of	Re	ceipt							
	Mailing Address 515 Foxdale Ln			04 16 2014										
	City	State VA				-	C271602							
	Charlottesvle		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			L.		7	- 7	25	50.00)			
	Name of Employer University of Virginia Physicians Grou	Occupation Emergency												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		, 500.00	1										
<u> </u>	Full Name (Last, First, Middle Initial) Kathleen T O'Donnell				Date of	Re	ceipt							
	Mailing Address 434 Euclid Ter NE				м м 06	1	27		2014	Y	1			
	City	State	Zip Code		Trans	act	ion ID :	C277014	45					
	Atlanta	GA	30307-2042	_	Amount	t of	Each R	Receipt th	is Peric	bd				
	FEC ID number of contributing federal political committee.	С							2	50.00	0			
	Name of Employer	Occupation												
	Emory Department of Emergency Medicine Receipt For:	Emergency												
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PAGE 138 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political A	ction Committee															
Full Name (Last, First, Middle Initial) A. Lisa Marie O'Grady				Date of	f Re	ceipt											
Mailing Address 1320 Webster St				м м 05	1	22	/ Y	2014	Y								
City Orlando	State FL	Zip Code 32804-2855		Trans		ion ID :	C274245 eceipt th	57	d								
FEC ID number of contributing federal political committee.	С					,	7	100	0.00								
Name of Employer Florida Emergency Physicians Kang & As Receipt For:	Occupation Emergency	Physician															
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1														
Full Name (Last, First, Middle Initial) B. Susan A O'Malley				Date of	f Re	ceipt											
Mailing Address 6 Prospect Dr	dress 6 Prospect Dr State Zip Code						04 / D D / Y Y Y Y Y Y 2014										
City Brentwood	State	Zip Code 11717-2352					C271939 eceipt th		d								
FEC ID number of contributing federal political committee.	С					5			3.33								
Name of Employer Emergency Medicine Physicians	Occupation Emergency																
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98]														
Full Name (Last, First, Middle Initial) C. Susan A O'Malley				Date of	f Re	ceipt											
Mailing Address 6 Prospect Dr				м м 05	/	22	/ Y	2014	Y								
City Brentwood	State NY	Zip Code 11717-2352					C27424		d								
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Name of Employer	Occupation																
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SUBTOTAL of Receipts This Page (optional)						7		1160	6.66								

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PAGE 139 OF

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federal political committee				-	7	_	7	-	83.	33	
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Full Name (Last, First, Mid B. Anna Marie Olson	ddle Initial)		Dat	e of	Rece	eipt					
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PAGE 140 OF

••			Detailed Summary Page		11a 13		11b 14	11c 15	12 16	17						
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	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee													
Α.	Full Name (Last, First, Middle Initial) Michael B Osmundson Mailing Address 62 East Dr				Date of	_	D D	/ Y	Y Y	Y						
	City Hartville	State OH	Zip Code 44632-8890					C274245 eceipt thi								
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	Name of Employer Michael B Osmundson, MD, FACEP	Occupation Emergency														
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в.	Full Name (Last, First, Middle Initial) Michael B Osmundson Mailing Address 62 East Dr				Date of	_	D D	/ Y	2014	Ŷ						
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	Mailing Address 22 Turtle Bay Dr				04		D D D 14		2014	Ŷ						
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	Jorge E Otero, MD, MSc, RDMS Receipt For:	Emergency	•													
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PAGE 141 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) National Emergency Medicine F		
Full Name (Last, First, Middle Initial) Jorge E Otero Mailing Address 22 Turtle Bay Dr City Branford FEC ID number of contributing federal political committee. Name of Employer Jorge E Otero, MD, MSc, RDMS Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06405-4970 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) B. Jorge E Otero Mailing Address 22 Turtle Bay Dr City Branford FEC ID number of contributing federal political committee. Name of Employer Jorge E Otero, MD, MSc, RDMS Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06405-4970 C Occupation Emergency Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 500.04	Date of Receipt
Full Name (Last, First, Middle Initial) David T Overton Mailing Address 1000 Oakland Dr WMU School of Medicine City Kalamazoo FEC ID number of contributing federal political committee. Name of Employer David T Overton, MD, FACEP Receipt For: Primary General Other (specify) ▼	State Zip Code MI 49008-1282 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 06 26 2014 Transaction ID : C2764016 Amount of Each Receipt this Period 1000.00
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PAGE 142 OF

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	Windermere	FL	34786-5411		Amount	t of I	Each R	eceipt th	nis Perio	od					
	FEC ID number of contributing federal political committee.	С					7		10	00.00					
	Name of Employer	Occupation													
	Florida Emergency Physicians Kang & As Receipt For:	Emergency		_											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00												
	Full Name (Last, First, Middle Initial) Ketan Pandya				Date of	Red	ceipt								
	Mailing Address 13049 Water Point Blvd Florida Hospital Kissimmee				^M M	/	D D D 22	/ Y	2014	Y					
	City Windermere	State FL	Zip Code 34786-5818		Transaction ID : C2742461 Amount of Each Receipt this Period										
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	Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00												
	Full Name (Last, First, Middle Initial) Orlee Israeli Panitch				Date of	Red	ceipt								
	Mailing Address 11753 Gainsborough Rd				05	/	D D 12	/ Y	۲ ۲ 2014	Y					
	City Potomac	State MD	Zip Code 20854-3247					C27305 eceipt th		bd					
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	Name of Employer	Occupation	l	_											
	Medical Emergency Professional LLC	Emergency	Physician												
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PAGE 143 OF

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\setminus	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine I	Political A	ction Committee												
A.	Full Name (Last, First, Middle Initial) Anar Patel				Date of	Re	ceipt								
	Mailing Address 255 Patroon Creek Blvd				M M	/		/ Y		Y					
	City	State	Zip Code		04 Trans	acti	18 on ID :	C271940	201)0	4					
	Albany	NY	12206-5046	_	Amount	of	Each R	eceipt th	nis Per	riod					
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	Name of Employer	Occupation													
	Albany Medical Center Emergency Physic	Emergency	•												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		499.98												
в.	Full Name (Last, First, Middle Initial) Anar Patel				Date of	Re	ceipt								
	Mailing Address 255 Patroon Creek Blvd			05 / 22 2014											
	City	State	Zip Code 12206-5046				-	C274246	-						
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	Name of Employer Albany Medical Center Emergency Physic	Occupation	Dhuaisian												
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C.	Full Name (Last, First, Middle Initial) Anar Patel				Date of	Re	ceipt								
	Mailing Address 255 Patroon Creek Blvd				м м 06	/	D D 18	/ Y	201						
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PAGE 144 OF

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\backslash	NAME OF COMMITTEE (In Full)	_										
	National Emergency Medicine	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Sanjay Pattani				Date of	f Re	ceipt					
	Mailing Address 13124 Bellaria Cir				м м 05	1	22) / Y		Y 14	Y	
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В.	Full Name (Last, First, Middle Initial) Charles F Pattavina	I			Date of	f Re	ceipt					
	Mailing Address 360 Broadway St Joseph Hosp				м м 04	/	17) / Y		14	Y	
	City	State	Zip Code				-	C27165				
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	Name of Employer St Joseph Hospital Bangor Maine	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00									
С.	Full Name (Last, First, Middle Initial) Charles F Pattavina	·			Date of	f Re	ceipt					
	Mailing Address 360 Broadway St Joseph Hosp				м м 05	/	D 17) 14	Y	
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	Name of Employer	Occupation	1	\neg								
	St Joseph Hospital Bangor Maine	Emergency	Physician									
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PAGE 145 OF

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Any information copied from such Reports or for commercial purposes, other than usi				or the		pose of	soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) National Emergency Medic	-								
Full Name (Last, First, Middle Initial) A. Charles F Pattavina				Date o	f Re	eceipt			
Mailing Address 360 Broadway St Joseph Hosp				м м	/	17) / Y	2014	Y
City Bangor	State ME	Zip Code 04401-3979	A				C275578 Receipt th	87 nis Period	
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Name of Employer St Joseph Hospital Bangor Maine	Occupation Emergency								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00]						
Full Name (Last, First, Middle Initial) B. Lee E Payne				Date o	f Re	eceipt			
Mailing Address 6323 Wilmington Dr				м м 04	/	09	/ Y	2014	Y
City Burke	State VA	Zip Code 22015-4070					C270450	01 nis Period	
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Name of Employer Lee E Payne, MD, FACEP	Occupation Emergency								
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Full Name (Last, First, Middle Initial) C. Lee E Payne				Date o	f Re	eceipt			
Mailing Address 6323 Wilmington Dr				м м 05	/	09		2014	Y
City Burke	State VA	Zip Code 22015-4070	A				C27299	45 his Period	
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Name of Employer	Occupation	1							
Lee E Payne, MD, FACEP Receipt For:	Emergency	/ Physician							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98							
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PAGE 146 OF

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NAME OF COMMITTEE (In Full)										
> National Emergency Medicin	e Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Lee E Payne				Date of	Rec	ceipt				
Mailing Address 6323 Wilmington Dr				м м 06	/	09	/ Y	ү ү 2014	Y	1
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Full Name (Last, First, Middle Initial) B. Mark D Pearlmutter				Date of	Rec	ceipt				
Mailing Address 440 Boylston St				05	/	22	/ Y	2014	Y	1
City	State	Zip Code			actic		C274237			
Brookline	MA	02445-6005		Amount	of E	Each Re	eceipt th	is Perio	d	
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Full Name (Last, First, Middle Initial) C. Nathan Phillip Peimann				Date of	Rec	ceipt				
Mailing Address PO Box 20150				м м 06	/	02	/ Y	2014	Y	1
City	State	Zip Code		Trans	actio	on ID :	C275472	29		
Juneau	AK	99802-0150	_	Amount	of E	Each Re	eceipt th	is Perio	d	
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Nathan Phillip Peimann, MD, FACEP	Emergency	Physician								
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PAGE 147 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Vanessa C Peluso			C	Date o	f Re	eceipt				
Mailing Address 1768 Elizabeths Walk				м м	/	22) / Y	2014	Y	
City Winter Park	State FL	Zip Code 32789-5948	A	Trans		ion ID :	C274240 Receipt th	63	d	
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Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency	Physician								
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Full Name (Last, First, Middle Initial) B. Debra G Perina				Date o	f Re	eceipt				
Mailing Address 200 Welsh Run Rd				м м 05	/	22) / Y	у у 2014	Y	
City Ruckersville	State VA	Zip Code 22968-2737					C274237 Receipt th		d	
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Name of Employer University of Virginia Physicians Grou	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
Full Name (Last, First, Middle Initial) C. Ari M Perkins				Date o	f Re	eceipt				
Mailing Address 31 Mayhew Ave				м м		10		2014	Y	
City Larchmont	State NY	Zip Code 10538-2740				-	C275494 Receipt th		d	
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Norwalk Hospital Emergency Physicians Receipt For:	Emergency		_							
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PAGE 148 OF

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\	AME OF COMMITTEE (In Full) Vational Emergency Medicine F	Political A	ction Committee								
A [ull Name (Last, First, Middle Initial) David J Pillow Jr				Date of	f Re	eceipt				
Μ	lailing Address 5332 Wateka Dr				м м 04	1	30	/ Y	2014		1
	ity Dallas	State TX	Zip Code 75209-5512		Trans		ion ID :	C272558 eceipt th	83		
	EC ID number of contributing deral political committee.	С					7		5	500.0	0
D	ame of Employer avid J Pillow, Jr, MD, FACEP	Occupation Emergency	Physician								
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
в. <u>L</u>	ull Name (Last, First, Middle Initial) _aura Pimentel				Date of	f Re	eceipt				
_	lailing Address 908 Dennisford Ct	Ctoto	Zin Code		M M 06	/	10		2014		
	ity Cockeysville	State MD	Zip Code 21030-1629					C275494 eceipt th		iod	
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	ame of Employer pper Chesapeake Health Emergency Medi	Occupation Emergency									
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00								
	ull Name (Last, First, Middle Initial) Jayson Scott Podber				Date of	f Re	eceipt				
M	ailing Address 221 Weaver St				04	/	18	/ Y	2014		1
	ity Greenwich	State CT	Zip Code 06831-4254				-	C27194 [,] eceipt th	-	iod	
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N	ame of Employer	Occupation									
	airfield Emergency Physicians Incorpo eceipt For:	Emergency		_							
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PAGE 149 OF

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\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Jayson Scott Podber				Date of	f Re	eceipt				
	Mailing Address 221 Weaver St				м м 05	/	22			2014	Y
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	Name of Employer	Occupation	l								
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B	Full Name (Last, First, Middle Initial) Jayson Scott Podber				Date of	f Re	eceipt				
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	Name of Employer	Occupation	1	_							
	Fairfield Emergency Physicians Incorpo	Emergency	Physician								
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	Primary General			11.							
	Other (specify)		499.98	4							
<u></u>	Full Name (Last, First, Middle Initial) W Randall Poole	1			Date of	f Re	eceipt				
	Mailing Address 1110 SW Ivanhoe Blvd				м м 05	/	22			014	Y
	City	State	Zip Code		Trans	sact	ion ID :	C2742	466		
	Orlando	FL	32804-6370	_	Amoun	t of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					,		_	1000	.00
	Name of Employer	Occupation	1	_							
	Florida Emergency Physicians Kang & As	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
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PAGE 150 OF

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	y information copied from such Reports and S for commercial purposes, other than using the						of soli		, con			
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 384 Spring Haven Dr				Date o		D		Y		Y	Y
	City	State	Zip Code		04 Trans	sact	10 ion ID		71604	20 1 0	14	
	Lancaster	PA	17601-5193	_	Amoun						əriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	100	.00
	Name of Employer	Occupation	l									
	Ericka Powell, MD, FACEP	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00									
<u> </u>	Full Name (Last, First, Middle Initial) Ericka Powell				Date o	f Re	eceipt					
	Mailing Address 384 Spring Haven Dr				м м 05	/	D 1		Y	y 201	ү 14	Y
	City	State	Zip Code		Trans	sacti	ion ID	: C27	3635	9		
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	FEC ID number of contributing federal political committee.	С					y		7	_	100.	.00
	Name of Employer Ericka Powell, MD, FACEP	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00									
с.	Full Name (Last, First, Middle Initial) Ericka Powell				Date o	f Re	eceipt					
	Mailing Address 384 Spring Haven Dr				^M 06	/	D 1	D /	Y	201	ү 14	Y
	City Lancaster	State PA	Zip Code 17601-5193		Trans Amoun		ion ID Fach				eriod	
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	Name of Employer	Occupation	1	-								
	Ericka Powell, MD, FACEP	Emergency	Physician									
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	Other (specify)		600.00									
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PAGE 151 OF

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Α.	Full Name (Last, First, Middle Initial) John T Powell				Date of	Rece	eipt				
	Mailing Address 1 Deer Run Dr				м м 05	1 ′	D D D	/ Y	y 201	Y Y 4	Y
	City	State	Zip Code			actior		C274237		-	
	Greenville	DE	19807-2403	_	Amount	of Ea	ach Re	eceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С								500.0	00
	Name of Employer	Occupation									
	Doctors Emergency Services Delaware	Emergency	Physician								
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	Primary General Other (specify) ▼		500.00								
B	Full Name (Last, First, Middle Initial) Sanjay K Premakumar				Date of	Rece	eint				
υ.	Mailing Address 1406 Shepherd St				06	/	12	/ Y	2014	Y	ſ
	City	State	Zip Code			actior		275573		4	
	Durham	NC	27707-1649		Amount	of Ea	ach Re	eceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С						7		50.0	00
	Name of Employer	Occupation									
	Wake Emergency Physicians PA	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Other (specify) V		, 250.00								
c.	Full Name (Last, First, Middle Initial) John Hannon Proctor				Date of	Rece	eipt				
	Mailing Address 5004 Bentgrass Ct				м м 06	/	D D 11	/ Y	201		Y
	City	State	Zip Code			actio		C275392			
	Franklin	TN	37069-7254		Amount	of Ea	ach Re	eceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С				. ,		7	1	000.0	00
	Name of Employer	Occupation									
	John Hannon Proctor, MD, MBA, FACEP	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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PAGE 152 OF

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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
A .	Full Name (Last, First, Middle Initial) Floriano Putigna				Date o	f Re	eceipt				
	Mailing Address 405 Macchi Ave				м м 05	/	22) / Y	2014		1
	City Oakland	State FL	Zip Code 34787-3059					C27424 Receipt th		iod	_
	FEC ID number of contributing federal political committee.	С					,		10	0.00	0
	Name of Employer	Occupation									
	Florida Emergency Physicians Kang & As Receipt For:	Emergency									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00								
в.	Full Name (Last, First, Middle Initial) Russell D Radtke				Date o	of Re	eceipt				
	Mailing Address 3917 W Swann Ave				м м 05	/	22		y 2014		1
	City Tampa	State FL	Zip Code 33609-4432					C274237		: e . el	
	FEC ID number of contributing federal political committee.	С			Amoun		,	Receipt th		500.0	0
	Name of Employer Emergency Medical Associates of Tampa	Occupation Emergency		_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	Full Name (Last, First, Middle Initial) R Lynn Rea		7		Date o	f Re	eceint				
0.	Mailing Address 7618 Tanglecrest Dr				M M 04		D D D 30		y 2014		1
	City Dallas	State TX	Zip Code 75254-8021					C27254		· l	
	FEC ID number of contributing federal political committee.	С			Amoun	it of	Each R	Receipt th		100 250.0	0
	Name of Employer	Occupation									
	R Lynn Rea, MD, FACEP	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
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PAGE 153 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine Po		
Receipt For: Primary General Other (specify) ▼	State Zip Code TX 79707-4013 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. William E Reisinger III Mailing Address 2624 Macnaughten St NW City North Canton FEC ID number of contributing federal political committee. Name of Employer Pomerene Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code OH 44720-9545 C C Occupation C Emergency Physician Aggregate Year-to-Date ▼ 1000.00 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Jessica Resnick Mailing Address 21112 Byron Rd City Shaker Hts FEC ID number of contributing federal political committee. Name of Employer Jessica Resnick, MD, FACEP Receipt For: Primary General Other (specify) ▼	State Zip Code OH 44122-2917 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 05 02 2014 Transaction ID : C2729642 Amount of Each Receipt this Period 500.00
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PAGE 154 OF

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\backslash	NAME OF COMMITTEE (In Full)										
$\Big)$	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) James M Rhorer				Date of	Re	eceipt				
	Mailing Address 601 University Walk				м м 06	/	D 16			014	Y
	City	State	Zip Code		Trans	act	ion ID :	C27557	44		
	Baton Rouge	LA	70802-5362	_	Amount	t of	Each F	Receipt t	his F	'eriod	
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	James M Rhorer, MD Receipt For:	Emergency		_							
	Primary General	Aggregate	Year-to-Date ▼								
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в.	Full Name (Last, First, Middle Initial) Laura C Richey				Date of	Re	eceipt				
	Mailing Address 1737 Chevelle Dr				05	/	27		2(014	Y
	City	State	Zip Code			acti		C27425			
	Baton Rouge	LA	70806-8411		Amount	t of	Each F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					,	7	_	250.	00
	Name of Employer Louisiana Emergency & Trauma Speciali	Occupation Emergency									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
<u>с.</u>	Full Name (Last, First, Middle Initial) Laura C Richey				Date of	Re	eceipt				
	Mailing Address 1737 Chevelle Dr				м м 06	/	27			ү 014	Y
	City	State	Zip Code		Trans	act	ion ID :	: C27640	24		
	Baton Rouge	LA	70806-8411	_	Amount	t of	Each F	Receipt t	his F	^v eriod	
	FEC ID number of contributing federal political committee.	С					, .	7	_	250	.00
	Name of Employer	Occupation	l	_							
	Louisiana Emergency & Trauma Speciali	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11							
	Other (specify)		500.00								
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PAGE 155 OF

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		formation copied from such Reports and Statements may not be sold or used by ar commercial purposes, other than using the name and address of any political comm									
	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Julio E Rios				Date of	Re	ceipt				
	Mailing Address 3101 Marler Rd				м м 04	/	03	D /	ү ү 2	2014	Y
	City	State	Zip Code		Trans	acti	on ID :	C2671	735		
	Pike Road	AL	36064-3337		Amount	t of	Each F	Receipt	this I	Period	
	FEC ID number of contributing federal political committee.	С					,			100	.00
	Name of Employer	Occupation	l								
	Julio E Rios, MD, FACEP	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		600.00								
в.	Full Name (Last, First, Middle Initial) Julio E Rios	1			Date of	Re	ceipt				
	Mailing Address 3101 Marler Rd				м м 05	/	03		Y Y 2	014	Y
	City	State	Zip Code		Trans	acti	on ID :	C2726			
	Pike Road	AL	36064-3337	4	Amount	t of	Each F	Receipt	this I	Period	
	FEC ID number of contributing federal political committee.	С					7			100	.00
	Name of Employer Julio E Rios, MD, FACEP	Occupation Emergency		_							
	Receipt For:	1	Year-to-Date ▼								
	Primary General Other (specify)		600.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Julio E Rios				Date of	Re	ceipt				
	Mailing Address 3101 Marler Rd				м м 06	1	03			014	Y
	City Dite Deed	State AL	Zip Code				ion ID :				
	Pike Road	AL	36064-3337	- 1	Amount	t of	Each F	Receipt	this I	Period	
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	Julio E Rios, MD, FACEP	Emergency	^y Physician								
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PAGE 156 OF

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NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Laura M Robinson				Date o	f Re	eceipt				
Mailing Address 67 Cache River Cir				м м	/	24	/ Y	201-		
City Sacramento	State CA	Zip Code 95831-3758	A	Trans		ion ID :	C276278 eceipt th	85		_
FEC ID number of contributing federal political committee.	С					,	7		86.2	20
Name of Employer Laura M Robinson, MD	Occupation Emergency	Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 286.20								
Full Name (Last, First, Middle Initial) B. Richard Dean Robinson				Date o	f Re	eceipt				
Mailing Address 501 Samuels Ave	State	Zip Code		м м 06 Тгара		13	C276227	2014		
Fort Worth	ТΧ	76102-8642	A				eceipt th	-	iod	
FEC ID number of contributing federal political committee.	С					л. I.			0.00	0
Name of Employer Richard Dean Robinson, MD, FACEP	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
Full Name (Last, First, Middle Initial) C. Maritza Rodriguez				Date o	f Re	eceipt				
Mailing Address 2336 Kettle Dr				м м 05	/	22	/ Y	۲ 2014		
City Orlando	State FL	Zip Code 32835-8129					C274240 eceipt th		riod	_
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Name of Employer	Occupation									
Florida Emergency Physicians Kang & As	Emergency	Physician								
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PAGE 157 OF

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	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine P	olitical A	ction Committee								
	Full Name (Last, First, Middle Initial) John J Rogers				Date of	Rec	eipt				
ľ	Mailing Address 10673 Estes Rd				ММ	1		/ Y		Y	
(City	State	Zip Code		05 Trans	actio	14 on ID : (C273144	201 48	4	
_	Macon	GA	31210-5135	_	Amount	t of E	Each Re	eceipt th	nis Per	riod	
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	John J Rogers, MD, FACEP	Emergency	Physician								
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	Full Name (Last, First, Middle Initial) Alexander Max Rosenau				Date of	Rec	eipt				
-	Mailing Address PO Box 689 LVH-CC JDMCC # 214	Otata	7in Oode		м м 04	/	D D D	/ Y	2014	4	
	City Allentown	State PA	Zip Code 18105-1556					<u>C271602</u> eceipt th		riod	
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	Lehigh Valley Physicians Group	Emergency	•								
ł	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
	Full Name (Last, First, Middle Initial) David William Ross				Date of	Rec	eipt				
ſ	Mailing Address 15340 Raton Rd				м м 04	/	16	/ Y	2014		
	City	State CO	Zip Code					C271602			
-	Colorado Spgs	00	80921-2140	_	Amount	t of E	Each Re	eceipt th	iis Per	riod	
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_	David William Ross, DO, FACEP Receipt For:	Emergency	-	_							
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PAGE 158 OF

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
A .					Date of		eceipt				
	Mailing Address 299 Bay Ave 	State	Zip Code		06	Ŀ	30		2	014	Y
	Halesite	NY	11743-1136					Receipt t		Period	
	FEC ID number of contributing federal political committee.	С					, .	7	_	500.	00
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	North Shore University Hospital Emerge Receipt For:	Emergency		_							
	Primary General Other (specify)	Year-to-Date ▼ 500.00									
в.	Full Name (Last, First, Middle Initial) Rebecca Ruiz			Date of	Re	eceipt					
	Mailing Address 13210 La Quinta St				м м 04	1	09		2(ү 014	Y
	City	State CA	Zip Code					C27125			
		CA	90638-3434	- '	Amount	tof	Each F	Receipt t	nis F	Period	
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	Name of Employer Rebecca Ruiz, MD	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.20								
с.	Full Name (Last, First, Middle Initial) Rebecca Ruiz	1			Date of	Re	eceipt				
	Mailing Address 13210 La Quinta St				м м 06	/	D 24			ү 014	Y
	City La Mirada	State CA	Zip Code 90638-3434					C27628 Receipt t		Period	
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	Name of Employer	Occupation	1	_							
	Rebecca Ruiz, MD	Emergency	Physician								
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PAGE 159 OF

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\backslash	NAME OF COMMITTEE (In Full)										
\backslash	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Michael A Russell				Date of	Re	eceipt				
	Mailing Address 4571 N Banta Rd				м м 04	/	09			ү 014	Y
	City	State	Zip Code		Trans	acti	ion ID :	C27125	16		
	Bargersville	IN	46106-8820		Amount	t of	Each F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					7	7		250	.00
	Name of Employer	Occupation									
	Emergency Physicians of Indianapolis	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
	Full Name (Last, First, Middle Initial) Francis Sabatino	1			Date of	Re	eceipt				
	Mailing Address 2 Richards Way				04	/	02) 014	Y
	City	State	Zip Code			acti		C26716			
	Holmdel	NJ	07733-1739		Amount	t of	Each F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					,			84	00
	Name of Employer North Shore University Hospital Emerge	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Francis Sabatino				Date of	Re	eceipt				
	Mailing Address 2 Richards Way				м м 05	/	02			у 014	Y
	City	State	Zip Code		Trans	act	ion ID :	C27259	72		
	Holmdel	NJ	07733-1739		Amount	t of	Each F	Receipt t	his F	Period	
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	North Shore University Hospital Emerge	Emergency	Physician								
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PAGE 160 OF

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	y information copied from such Reports and s for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Francis Sabatino				Date of	Re	eceipt				
	Mailing Address 2 Richards Way				м м 06	/	02	 / Y		ү 014	Y
	City Holmdel	State NJ	Zip Code 07733-1739	_	Trans Amount		-	 274542 ceipt th	-	'eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	84	.00
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	Uther (specify) ▼ Full Name (Last, First, Middle Initial)	L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
в.	Mailing Address 7965 S Park Pl				Date of	f Re	D .	 / Y		Y	Y
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	Orlando	FL	32819-4885		Amount					eriod	
	FEC ID number of contributing federal political committee.	С					,	7		1000.	00
	Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
с.	Full Name (Last, First, Middle Initial) David D Sarkarati				Date of	Re	eceipt				
	Mailing Address 1048 Howell Branch Rd				м м 05	1	D 22	 / Y		ү)14	Y
	City Winter Park	State FL	Zip Code 32789-1004		Trans Amount			274247 ceipt th		eriod	
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	Name of Employer	Occupation	1								
	Florida Emergency Physicians Kang & As	Emergency	Physician								
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PAGE 161 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(che	ck onl	y or	ne)				
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	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Lawrence J Satkowiak				Date o	f Re	ceipt				
	Mailing Address 2807 W Decatur Ave				м м 04	1	18) / Y	2014		
	City Fresno	State CA	Zip Code 93711-0356	A				C27194 Receipt th		od	_
	FEC ID number of contributing federal political committee.	С					,		Ę	33.33	
	Name of Employer	Occupation									
	Emergency Medicine Physicians	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		499.98								
в.	Full Name (Last, First, Middle Initial) Lawrence J Satkowiak			[Date o	f Re	ceipt				
	Mailing Address 2807 W Decatur Ave				м м 05	1	22	/ Y	2014	Y	
	City	State CA	Zip Code					C274247			
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<u>с.</u>	Full Name (Last, First, Middle Initial) Lawrence J Satkowiak				Date o	f Re	ceipt				
	Mailing Address 2807 W Decatur Ave				м м 06	/	18		2014	Y	
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	Name of Employer	Occupation									
	Emergency Medicine Physicians Receipt For:	Emergency		_							
	Primary General	Aggregate	Year-to-Date ▼								
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PAGE 162 OF

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	NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Mark Scheatzle				Date of	f Re	eceipt				
	Mailing Address 1012 Summerset Dr				м м 06	1	25	/ Y	2014		
	City Pittsburgh	State PA	Zip Code 15217-2537	A			ion ID :	C27614	53		
	FEC ID number of contributing federal political committee.	С					,		25	50.00	
	Name of Employer	Occupation									
	Mark Scheatzle, MD, FACEP	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
— В.	Full Name (Last, First, Middle Initial) Steven J Schepper				Date of	f Re	eceipt				
	Mailing Address 8223 Paradise Lagoon Dr				м м 05	/	30	/ Y	2014	Y	
	City	State CA	Zip Code					C274520			_
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	federal political committee.	0				-	7	J			<u> </u>
	Name of Employer Steven J Schepper, MD, FACEP	Occupation									
	Receipt For:	Emergency	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Frederick M Schiavone				Date of	f Re	eceipt				
	Mailing Address 31 Pagnotta Dr				м м 04	1	18	/ Y	ү ү 2014	Y	
	City Port Jeff Sta	State NY	Zip Code 11776-4454					C27217		d	
	FEC ID number of contributing federal political committee.	С			Amoun		J	eceipt th		00.00)
	Name of Employer	Occupation									
	Stony Brook Emergency Physicians	Emergency	Physician								
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	Other (specify)		500.00								
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PAGE 163 OF

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NAME OF COMMITTEE (In Full)										
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Full Name (Last, First, Middle Initial) A. Nathaniel R Schlicher				Date of	Re	ceipt				
Mailing Address 4615 77th Ave NW				м м 06	/	10) / Y)14	Y
City	State	Zip Code		Trans	acti	on ID :	C275578	83		
Gig Harbor	WA	98335-6532	<u>'</u>	Amount	of	Each R	Receipt th	nis Pe	eriod	
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Name of Employer	Occupation	1								
Nathaniel R Schlicher, MD, JD, FACEP	Emergency	Physician								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		416.70								
Full Name (Last, First, Middle Initial) B. Nathaniel R Schlicher				Date of	Re	ceipt				
Mailing Address 4615 77th Ave NW				м м	/	17	/ Y	_201	14	Y
City	State	Zip Code		Trans	acti	on ID :	C275579			
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Name of Employer Nathaniel R Schlicher, MD, JD, FACEP	Occupation Emergency									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		416.70								
Full Name (Last, First, Middle Initial) C. Jeffrey Schultz				Date of	Re	ceipt				
Mailing Address 10031 N 38th St				м м 06	/	10		201	ү 14	Y
City	State	Zip Code					C27549			
Phoenix	AZ	85028-4011		Amount	of	Each R	Receipt th	nis Pe	eriod	
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Name of Employer	Occupation	1	-							
Jeffrey Schultz, MD	Emergency	Physician								
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Other (specify)		250.00								
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PAGE 164 OF

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	National Emergency Medicine F	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Regan Andre Schwartz				Date o	f Re	ceipt	t					
	Mailing Address 2446 Westminster Ter		7. 0. 1		м м 05			22	J L	20	ү 014	Y	
	City Oviedo	State FL	Zip Code 32765-7503	-			-		C27424	-			
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	Primary General Other (specify)		1000.00										
в.	Full Name (Last, First, Middle Initial) Evan Schwarz				Date o	f Re	ceipt	t					
	Mailing Address 2604 Cecelia Ave				м м 05	/	D	20	/ Y)14	Y	
	City	State	Zip Code			acti			C27406				
	Saint Louis	MO	63144-2517		Amoun	t of	Each	ו R	eceipt tl	nis P	Period		
	FEC ID number of contributing federal political committee.	С					7			_	250	.00	
	Name of Employer Washington University - Missouri	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
<u>с.</u>	Full Name (Last, First, Middle Initial) David L Scott				Date o	f Re	ceipt	t					
	Mailing Address 4733 N Ridge Dr				м м 04	/		D 18	/ Y)14	Y	
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	Name of Employer	Occupation		-									
	Emergency Medicine Physician Managemen	Emergency	Physician										
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PAGE 165 OF

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\rangle	National Emergency Medicine F	Political A	ction Committee									
A.	Full Name (Last, First, Middle Initial) David L Scott				Date of	Re	eceipt					
	Mailing Address 4733 N Ridge Dr				м м 05	/	22		Y) 14	Y
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в.	Full Name (Last, First, Middle Initial) David L Scott			Date of	Re	eceipt						
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c.	Full Name (Last, First, Middle Initial) Julia M Scott				Date of	Re	eceipt					
	Mailing Address 4517 Nicklaus Dr				м м 05	/	D 14		Y	ү 20	ү 14	Y
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	Name of Employer	Occupation		_								
	Julia M Scott, MD	Emergency	Physician									
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PAGE 166 OF

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\backslash	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine F	olitical A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) William P Scruggs				Date o	f Re	eceipt						
	Mailing Address 1445 Akiikii Pl				м – м 06	/	2	D 27	/ Y		ү 014	Y	
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	Hawaii Emergency Physicians Associates	Emergency	Physician										
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в.	Full Name (Last, First, Middle Initial) David Charles Seaberg				Date o	f Re	ceipt						
	Mailing Address 960 E 3rd St				M M	/	D	D	/ 7	Y	Y	Y	
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	City	State TN	Zip Code						C27545				
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	Name of Employer	Occupation											
	David Charles Seaberg, MD, CPE, FACEP	Emergency	Physician										
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	Primary General		750.00										
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C.	Full Name (Last, First, Middle Initial) Victoria Hutto Selley			[Date o	f Re	eceipt						
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PAGE 167 OF

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A.	Full Name (Last, First, Middle Initial) Victoria Hutto Selley				Date of		· ·				
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	City Morehead City	State NC	Zip Code 28557-2578					C274243 eceipt th		Period	
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в.	Full Name (Last, First, Middle Initial) Victoria Hutto Selley				Date of	f Re	eceipt				
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	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency									
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C.	Full Name (Last, First, Middle Initial) Gregory L Shangold				Date of	f Re	eceipt				
	Mailing Address 66 Beacon Hill Dr				м м 06	/	D D 18	/ Y) 014	Y
	City Storrs Manfld	State CT	Zip Code 06268-2756	-				C276234 eceipt th		Period	_
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	Name of Employer	Occupation	1								
	Northeast Emergency Medicine Specialis	Emergency	Physician								
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PAGE 168 OF

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Α.	Full Name (Last, First, Middle Initial) Paul M Sheehan Mailing Address 4923 Elm St				Date of	_	D	t 19	/ Y		у 014	Y
	City Bellaire	State TX	Zip Code 77401-2810		Trans		ion II	D : C	276358 ceipt th	39		
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	Name of Employer Paul M Sheehan, MD Receipt For:	Occupation Emergency	Physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
В.	Full Name (Last, First, Middle Initial) Henry F Showah Mailing Address 7148 Estrella De Mar Rd				Date of	f Re		t	/ Y	Y	Y	V
	City	State	Zip Code	_	05	acti	2	22	274237)14	
	Carlsbad FEC ID number of contributing federal political committee.	CA	92009-6710		Amount	t of	Each	ı Re	ceipt th	is P	Period 250.	00
	Name of Employer Tri City Emergency Medical Group	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
C.	Full Name (Last, First, Middle Initial) Julia Shuleshko				Date of	f Re	eceipt	t				
	Mailing Address 6589 Springpath Ln				м м 06	/		D 24	/ Y		ү)14	Y
	City San Jose	State CA	Zip Code 95120-4550						276286 ceipt th		eriod	
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	Name of Employer	Occupation	1									
	Julia Shuleshko, DO, FACEP	Emergency	^y Physician									
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PAGE 169 OF

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Jeremy Wendell Simonsen				Date of	Recei	pt				
	Mailing Address 400 N Church St				м м 04	/ [18	D / Y	ү ү 2014	Y	
	City	State	Zip Code		Trans	action	ID :	C271941	8		
	Charlotte	NC	28202-2190		Amount	of Ea	ch F	Receipt th	is Period	b	
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	Emergency Medicine Physician Managemen Receipt For:	Emergency	Physician	_							
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В.	Full Name (Last, First, Middle Initial) Jeremy Wendell Simonsen				Date of	Recei	pt				
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	City	State	Zip Code		Trans	action	ID :	C274247			
	Charlotte	NC	28202-2190		Amount	of Ea	ch F	Receipt th	is Perior	b	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]							
<u> </u>	Full Name (Last, First, Middle Initial) Jeremy Wendell Simonsen				Date of	Recei	pt				
	Mailing Address 400 N Church St				м м 06	/	18		2014	Y	1
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	Charlotte	NC	28202-2190		Amount	of Ea	ch F	Receipt th	is Period	b	
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	Emergency Medicine Physician Managemen	Emergency	Physician								
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PAGE 170 OF

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	Receipt For:	1 .	· ·	-							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
В.	Full Name (Last, First, Middle Initial) Siva Sivanesan	I			Date of	Re	eceipt				
	Mailing Address 765 Bear Creek Cir				м м 05	1	22) / Y	20 ⁻	ү 14	Y
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	Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency									
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с.	Full Name (Last, First, Middle Initial) David P Sklar	·			Date of	Re	eceipt				
	Mailing Address 1805 Newton PI NE				м м 04	1	D 24		ү 20	ү 14	Y
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PAGE 171 OF

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PAGE 172 OF

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	Mount Vernon	WA	98274-4126					C276452 eceipt th		d	
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в.	Full Name (Last, First, Middle Initial) Joy Felicia Slade				Date of	Red	ceipt				
	Mailing Address PO Box 14246				05	/	17	/ Y	2014	Y	1
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PAGE 173 OF

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PAGE 174 OF

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$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee										
A .	Full Name (Last, First, Middle Initial) Samuel C Slimmer Jr Mailing Address 1722 Breckenridge Rd				Date of	F Re	eceipt	D	/ Y	Y	Y	Y	
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PAGE 175 OF

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PAGE 176 OF

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PAGE 177 OF

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	Mailing Address 9925 Silver Brook Dr				м м 05	1	D 12			014	Y
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PAGE 178 OF

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Α.	Full Name (Last, First, Middle Initial) Robert C Solomon				Date of	f Re	eceipt					
	Mailing Address 108 Saddle Ridge Dr				м м 05	/	29		/ Y	Y 20) 014	Y
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	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 333.36									
<u>с.</u>	Full Name (Last, First, Middle Initial) Mary Louise Sparkes	l			Date of	f Re	eceipt					
	Mailing Address 27 Hickory Grove Way				м м 05	/	D 1	D 5	/ Y)14	Y
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PAGE 179 OF

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Α.	Full Name (Last, First, Middle Initial) Cindy Joan Spier				Date o	f Re	eceipt					
	Mailing Address 1116 Iron Springs Ct				м м 05			8	/ Y	20	о 14	Y
	City Indianapolis	State IN	Zip Code 46240-2662	-			-		272965	-		
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В.	Full Name (Last, First, Middle Initial) Jennifer L'Hommedieu Stankus				Date o	f Re	eceipt					
	Mailing Address 3110 Judson St				м м 04	/	D 1	6	/ Y)14	Y
	City	State	Zip Code		Trans	acti	ion ID	: C	271601			
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
<u>с</u> .	Full Name (Last, First, Middle Initial) Jennifer L'Hommedieu Stankus				Date o	f Re	eceipt					
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PAGE 180 OF

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\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Jennifer L'Hommedieu Stankus				Date of	Red	ceipt				
	Mailing Address 3110 Judson St				м м 06	1	25) / Y		ү 014	Y
	City	State	Zip Code		Trans	actio	on ID :	C27850	37		
	Gig Harbor	WA	98335	_	Amount	t of I	Each R	leceipt th	is P	'eriod	
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	Name of Employer	Occupation	1								
	Jennifer L'Hommedieu Stankus, MD, JD	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		499.98]							
в.	Full Name (Last, First, Middle Initial) Gary C Starr				Date of	Red	ceipt				
	Mailing Address 5012 Russell Ave S				04	/	21	/ Y)14	Y
	City	State	Zip Code		Trans	actio	on ID :	C271963	30		
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	Gary C Starr, MD, FACEP	Emergency	Physician								
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с.	Full Name (Last, First, Middle Initial) Gary C Starr				Date of	Red	ceipt				
	Mailing Address 5012 Russell Ave S				^M 05	/	D []) / Y		ү)14	Y
	City	State MN	Zip Code					C27427			
	Minneapolis	IVIIN	55410-2209	_	Amount	t of I	Each R	Receipt th	is P	'eriod	
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	Name of Employer	Occupation	1								
	Gary C Starr, MD, FACEP	Emergency	/ Physician								
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PAGE 181 OF

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	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Gary C Starr			Date of Receipt
	Mailing Address 5012 Russell Ave S	State	Zip Code	06 27 2014
	Minneapolis	MN	55410-2209	Transaction ID : C2764025 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer Gary C Starr, MD, FACEP	Occupation Emergency		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify)		500.04	
в.	Full Name (Last, First, Middle Initial) Peter Cornell Stich			Date of Receipt
	Mailing Address 1906 SE Lewellyn Ave			04 09 2014
	City	State	Zip Code	Transaction ID : C2712524
	Troutdale	OR	97060-2365	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Emergency Medical Associates SW Washin	Occupation Emergency		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u></u>	Full Name (Last, First, Middle Initial) Victor Stiebel			Date of Receipt
	Mailing Address 6350 Phillips Ave			04 18 2014
	City Pittsburgh	State PA	Zip Code 15217-1808	Transaction ID : C2721739 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	
	Emergency Resource Management Incorpor	Emergency	Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		250.00	1
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PAGE 182 OF

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	y information copied from such Reports and for commercial purposes, other than using th				for the		pose of	soliciting		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Lawrence M Stock Mailing Address 20540 Pacific Coast Hwy				Date of	f Re	eceipt) / Y	Y	Y	Y
	City	State	Zip Code		05 Trans	act	22 ion ID :	C274238		014	
	Malibu FEC ID number of contributing	CA	90265-5402		Amount	t of	Each F	Receipt th	nis F		_
	federal political committee.	С			L.	-	7	7	-	1000.	00
	Name of Employer Antelope Valley Emergency Medicine Ass	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
в.	Full Name (Last, First, Middle Initial) Michael Stratemeier				Date of	Re	eceipt				
	Mailing Address 7 Mulberry Ct				05	/	08		2() 014	Y
	City Holtsville	State NY	Zip Code 11742-2526					C272965 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7			500.	00
	Name of Employer Michael Stratemeier, MD, FACEP	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
с.	Full Name (Last, First, Middle Initial) David FE StuhImiller	1			Date of	Re	eceipt				
	Mailing Address 2 Hillside Ave				м м 06	/	30			ү 014	Y
	City Madison	State NJ	Zip Code 07940-2527					C277007 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7			1000	00
	Name of Employer	Occupation	I								
	David FE Stuhlmiller, MD, FACEP	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1							
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PAGE 183 OF

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	National Emergency Medicine P	olitical A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Richard Clark Stuntz Jr				Date of	Re	ceipt				
	Mailing Address 4 Courageous St				м м 05	/	08			2014	Y
	City	State	Zip Code			acti		C27296		014	
	Clover	SC	29710-9281	_	Amount	of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					,			250	.00
	Name of Employer	Occupation									
	Emergency Medicine Physician Managemen	Emergency	Physician								
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	Full Name (Last, First, Middle Initial)										
В.	Thomas Jerome Sugarman				Date of	Re	ceipt				
	Mailing Address 1563 Solano Ave				^M M	/	22		2(014	Y
	City	State CA	Zip Code					C27423			
	Berkeley	CA	94707-2116	_	Amount	of	Each F	Receipt 1	ihis F	² eriod	
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	Receipt For:	Aggregate	Year-to-Date ▼	_							
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C.	Full Name (Last, First, Middle Initial) Thomas Jerome Sugarman				Date of	Re	ceipt				
	Mailing Address 1563 Solano Ave				м м 06	/	24			014	Υ
	City	State	Zip Code		Trans	act	ion ID :	C27628	393		
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	Name of Employer	Occupation									
	Thomas Jerome Sugarman, MD, FACEP	Emergency	Physician								
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PAGE 184 OF

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	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political A	ction Committee								
<u>к</u>	Full Name (Last, First, Middle Initial) Robert Eduard Suter				Date of	Re	ceipt				
	Mailing Address PO Box 670785				^M M	/	22) / Y) 14	Y
	City	State	Zip Code		Trans	acti	on ID :	C27424	81		
	Dallas	ТХ	75367-0785	_	Amount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	7		_	1000	.00
	Name of Employer	Occupation									
	Texas Emergency Physicians PA	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
в.	Full Name (Last, First, Middle Initial) Brian Sutton				Date of	Re	ceipt				
	Mailing Address 47 Stephanie Ln				м м 05	/	04	/ Y) 14	Y
	City	State	Zip Code		Trans	acti	on ID :	C272602	29		
	Westfield	MA	01085-1484	_	Amount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	250.	00
	Name of Employer Westfield Emergency Physicians	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
с.	Full Name (Last, First, Middle Initial) Robert Louis Sweeney				Date of	Re	ceipt				
	Mailing Address 1945 State Route 33 Jersey Shore Med Ctr				м м 05	/	22) / Y)14	Y
	City Neptune	State NJ	Zip Code 07753-4859					C27423		eriod	
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	Name of Employer	Occupation	I								
	Jersey Shore Medical Center	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
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PAGE 185 OF

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	for commercial purposes, other than using th											
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	National Emergency Medicine	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Terence J Sweeney				Date of	f Re	eceipt					
	Mailing Address 925 Carolyn Ave				м м 06	/	2	24	/ Y	2 [/]	014	Y
	City	State	Zip Code		Trans	acti	ion ID):(27628	98		
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	CEP America	Emergency	Physician									
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	Primary General Other (specify) ▼		211.20									
	Full Name (Last, First, Middle Initial) Douglas N Tannas	1			Date of	f Re	eceipt					
	Mailing Address 6339 Red Fox Rd				м м	/		0	/ Y	Y 2() 014	Y
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	Pendleton	IN	46064-8732	A					eceipt th		Period	
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	Name of Employer	Occupation		_								
	Indiana University Health Physicians	Emergency	Physician									
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	Primary General		1000.00									
	Other (specify)		1000.00									
	Full Name (Last, First, Middle Initial) Craig S Thomas				Date of	f Re	eceipt					
	Mailing Address 356 Kaelepulu Dr				м м 05	/		D 2	/ Y) 014	Y
	City	State	Zip Code		Trans	act	ion IC):(27296	43		
	Kailua	HI	96734-3305	A	moun	t of	Each	Re	eceipt th	nis P	'eriod	
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	Name of Employer	Occupation	I	\neg								
	Hawaii Emergency Physicians Associates	Emergency	Physician									
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SCHEDULE A (FEC Form 3X)

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PAGE 186 OF

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A.	Full Name (Last, First, Middle Initial) Bryce Tiller				Date o	f Re	ceipt				
	Mailing Address 917 1st St N				м м 05	/	30) / Y	2014		
	City Jax Bch	State FL	Zip Code 32250-9106	_				C27452 Receipt th		iod	
	FEC ID number of contributing federal political committee.	С					7		2	250.0	0
	Name of Employer	Occupation									
	Bryce Tiller, MD, FACEP Receipt For:	Emergency	•	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	250.00								
в.	Full Name (Last, First, Middle Initial) Alfredo Tirado-Gonzalez				Date o	f Re	ceipt				
	Mailing Address 4432 Twinview Ln				м м 05	/	22	/ Y	y 2014	Y Y	
	City Orlando	State FL	Zip Code 32814-6055					C27424		·1	
	FEC ID number of contributing federal political committee.	С	32014-0033		Amoun	τοτ	Each H	leceipt th		100 000.0	0
	Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency									
	Receipt For:		Year-to-Date ▼								
	Other (specify)		1000.00								
С.	Full Name (Last, First, Middle Initial) Kevin James Torres				Date o	f Re	ceipt				
	Mailing Address 20 Croft Ct				м м 04	/	18		2014		
	City Pawcatuck	State CT	Zip Code 06379-1233	_				C27194		iad	
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	Name of Employer	Occupation		_							
	Emergency Medicine Physician Managemen	Emergency	Physician								
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PAGE 187 OF

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A.	Full Name (Last, First, Middle Initial) Kevin James Torres				Date of	Re	ceipt					
	Mailing Address 20 Croft Ct				м м 05	/	D 2	D 2	/ Y		ү 014	Y
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	FEC ID number of contributing federal political committee.	С			Amount		Each	Re			83.	.33
	Name of Employer Emergency Medicine Physician Managemen Receipt For:	Occupation Emergency	Physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
	Full Name (Last, First, Middle Initial) Kevin James Torres				Date of	Re	ceipt					
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	Pawcatuck FEC ID number of contributing federal political committee.	C			Amount	t of	Each	Re	eceipt t	nis F	eriod 83.	33
	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
	Full Name (Last, First, Middle Initial) Gerad A Troutman				Date of	Re	ceipt					
	Mailing Address 7202 109th St				м м 06	/	D 2	D 25	/ Y		у 014	Y
	City Lubbock	State TX	Zip Code 79424-3700		Trans Amount				C27698 eceipt t		eriod	
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	Name of Employer	Occupation										
	Gerad A Troutman, MD	Emergency	Physician									
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PAGE 188 OF

	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	
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\backslash	NAME OF COMMITTEE (In Full)	- · ·									
	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Robert J Tubbs				Date of	f Re	ceipt	_	_		_
	Mailing Address 7 Weston Ave				м м 04	1	18) / Y		y 014	Y
	City	State	Zip Code			acti		C27217		, 1 4	
	Foxboro	MA	02035-1863					Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7			1000	.00
	Name of Employer	Occupation									
	University Emergency Medicine Foundati	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00								
в.	Full Name (Last, First, Middle Initial) Jeremy David Tucker	1			Date of	f Re	ceipt				
	Mailing Address 23959 Meredith Ct				M M	/	23	/ Y)14	Y
	City	State	Zip Code			acti		C27203			
	Hollywood	MD	20636-2172	/	Amount	t of	Each F	Receipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7			1600.	00
	Name of Employer Medical Emergency Professional LLC	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1600.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Joseph Adrian Tyndall	1			Date of	f Re	ceipt				
	Mailing Address PO Box 10186 Univ of FL - Dept of EM				м м 04	/	D 16)14	Y
	City Gainesville	State FL	Zip Code 32610-0001					C27160 Receipt th		eriod	
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	Name of Employer	Occupation	1	\neg							
	UF Department of Emergency Medicine Gr	Emergency	Physician								
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SCHEDULE A (FEC Form 3X) ...

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PAGE 189 OF

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	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Joseph Adrian Tyndall				Date of	Re	ceipt				
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	City Gainesville	FL	32610-0001	_				C27363 Receipt th		riod	
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	Name of Employer	Occupation									
	UF Department of Emergency Medicine Gr	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
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	Other (specify)		500.04								
B R	Full Name (Last, First, Middle Initial) Joseph Adrian Tyndall				Date of	Ro	ceint				
Ъ.	Mailing Address PO Box 10186								v	Y	<i>r</i>
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	Gainesville	FL	Amount	t of	Each F	Receipt th	nis Pe	riod			
	FEC ID number of contributing federal political committee.	С					,	7		83.3	34
	Name of Employer UF Department of Emergency Medicine Gr	Occupation Emergency									
	Receipt For:		Year-to-Date ▼								
	Primary General	Ayyreyale		11							
	Other (specify)		500.04								
<u>с</u> .	Full Name (Last, First, Middle Initial) Travis Ulmer				Date of	Re	ceipt				
	Mailing Address 1210 Oakland Ave				м м 04	/	18		201		Ŷ
	City	State	Zip Code		Trans	act	ion ID :	C27194	25		
	Columbus	OH	43212-3317		Amount	t of	Each F	Receipt th	nis Pe	riod	
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	Name of Employer	Occupation									
	Emergency Medicine Physician Managemen	Emergency	Physician								
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PAGE 190 OF

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\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine I	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Travis Ulmer				Date of	f Re	eceipt				
	Mailing Address 1210 Oakland Ave				м м 05	/	22			ү 014	Y
	City	State	Zip Code		Trans	acti	ion ID :	C27424	84		
	Columbus	OH	43212-3317		Amoun	t of	Each F	Receipt t	his F	'eriod	
	FEC ID number of contributing federal political committee.	С					,			83	.33
	Name of Employer	Occupation									
	Emergency Medicine Physician Managemen Receipt For:	Emergency	· ·	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		499.98								
в.	Full Name (Last, First, Middle Initial) Travis Ulmer				Date of	f Re	eceipt				
	Mailing Address 1210 Oakland Ave				м м 06	/	18	о / ч) 14	Y
	City	State	Zip Code			acti		C27623			
	Columbus	OH	43212-3317		Amoun	t of	Each F	Receipt t	his F	'eriod	
	FEC ID number of contributing federal political committee.	С					<u>л</u>		_	83.	.33
	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency									
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 499.98								
С.	Full Name (Last, First, Middle Initial) Bradley J Uren				Date of	f Re	eceipt				
	Mailing Address 8115 Pettysville Rd				м м 04	/	16) 014	Y
	City	State	Zip Code		Trans	act	ion ID :	C27160			
	Pinckney	MI	48169-8281		Amoun	t of	Each F	Receipt t	his F	'eriod	
	FEC ID number of contributing federal political committee.	С					,		_	83	.33
	Name of Employer	Occupation		_							
	Bradley J Uren, MD, FACEP	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	00 0									
	Other (specify)		416.65								
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PAGE 191 OF

ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using th		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial) Bradley J Uren Mailing Address 8115 Pettysville Rd City Pinckney FEC ID number of contributing federal political committee. Name of Employer Bradley J Uren, MD, FACEP Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48169-8281 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 416.65	Date of Receipt
Full Name (Last, First, Middle Initial) Bradley J Uren Mailing Address 8115 Pettysville Rd City Pinckney FEC ID number of contributing federal political committee.	State Zip Code MI 48169-8281	Date of Receipt 06 16 2014 Transaction ID : C2754637 Amount of Each Receipt this Period 83.33
Name of Employer Bradley J Uren, MD, FACEP Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 416.65]
Full Name (Last, First, Middle Initial) Vincent G Valente Mailing Address 2220 Via Tuscany City Winter Park FEC ID number of contributing federal political committee. Name of Employer Florida Emergency Physicians Kang & As Receipt For: Primary General Other (specify)	State Zip Code FL 32789-1239 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
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SCHEDULE A (FEC Form 3X)

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PAGE 192 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check of X 11a 13	·	ne) 11b 14	11c	12	17
	ny information copied from such Reports and S for commercial purposes, other than using the						soliciting		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee						
Α.	Mailing Address 180 Greyfriars Rd	Choice	7in Code	04	4	18		у у у 2014	Y
	City Mooresville	State NC	Zip Code 28117-7333				C27194: leceipt th	32 nis Perioc	d
	FEC ID number of contributing federal political committee.	С		C		7			3.33
	Name of Employer	Occupation							
	Piedmont Emergency Medical Associates Receipt For:	Emergency	-						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98						
B.	Full Name (Last, First, Middle Initial) Allin Cornelius Vesa Mailing Address 180 Greyfriars Rd			Date		eceipt	/ Y	2014	Ŷ
	City Mooresville	State NC	Zip Code 28117-7333				C274248		
	FEC ID number of contributing federal political committee.	C	20117-7333		unt of	Each H	eceipt tr	nis Perioo 83	3.33
	Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98						
<u>с</u> .	Full Name (Last, First, Middle Initial) Allin Cornelius Vesa			Date	of Re	eceipt			
	Mailing Address 180 Greyfriars Rd			00		D 18) / Y	ү ү 2014	Y
	City Mooresville	State NC	Zip Code 28117-7333				C27624		
	FEC ID number of contributing federal political committee.	С			unt of	Each H	eceipt tr	nis Perioo 8	3.33
	Name of Employer	Occupation							
	Piedmont Emergency Medical Associates	Emergency	Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98						
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PAGE 193 OF

			Detailed Summary Page		〈 11a		11b	11c		12	
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	y information copied from such Reports and S for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	olitical A	ction Committee								
/											
Α.	Full Name (Last, First, Middle Initial) Richard J Wadas				Date of	Re	eceipt				
	Mailing Address 1003 Amy Pl				м м 04	1	D 18) / Y		014	Y
	City Gibsonia	State PA	Zip Code 15044-8074	_				C27182			
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each F	Receipt th	nis F	² eriod 500.	00
	Name of Employer	Occupation		_							
	Emergency Resource Management Incorpor	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		500.00								
в.	Full Name (Last, First, Middle Initial) Mary Jo Wagner				Date of	Re	eceipt				
	Mailing Address 5425 Nottingham Dr N				м м 06	1	10) / Y	20)14	Y
	City	State	Zip Code		Trans	acti	on ID :	C275494	45		
	Saginaw	MI	48603-2821		Amount	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					,			1000.	00
	Name of Employer Covenant Health Care	Occupation Emergency									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) v		1000.00								
<u></u>	Full Name (Last, First, Middle Initial) Bradford L Walters				Date of	Re	eceipt				
	Mailing Address 6033 Orchard Woods Dr				04	/	23)14	Y
	City W Bloomfield	State MI	Zip Code 48324-3281					C27213			
		IVII	40524-5201	_	Amount	tof	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	C					7			500	.00
	Name of Employer	Occupation									
	Bradford L Walters, MD, FACEP	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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PAGE 194 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Bradford L Walters Mailing Address 6033 Orchard Woods Dr City W Bloomfield FEC ID number of contributing federal political committee.	State MI	Zip Code 48324-3281	Date of Receipt 05 22 2014 Transaction ID : C2742386 Amount of Each Receipt this Period 1000.00
	Name of Employer Bradford L Walters, MD, FACEP Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate		
B.	Full Name (Last, First, Middle Initial) Neil Wang Mailing Address 255 N Sierra St	State	Zip Code	Date of Receipt
	City Reno FEC ID number of contributing federal political committee.	NV C	89501-1368	Transaction ID : C2770076 Amount of Each Receipt this Period 500.00
	Name of Employer Neil Wang, DO Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate		
C.	Full Name (Last, First, Middle Initial) William Alfred Watkins Mailing Address 2975 Pinnacle Ct City Decatur	State GA	Zip Code 30034-3500	Date of Receipt 06 30 2014 Transaction ID : C2767211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer EmergiNet Receipt For:	C Occupation Emergency Aggregate		250.00
s	UBTOTAL of Receipts This Page (optional)		······ •	1750.00
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PAGE 195 OF

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	y information copied from such Reports and for commercial purposes, other than using th				or the		pose of	soliciting		ontribut	ions
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Bradley Alan Watling				Date of	Re	eceipt				
	Mailing Address 109 Viewpoint Ln				м м 04	/	18	D / Y	2 2	2014	Y
	City Mooresville	State NC	Zip Code 28117-7558					C27194 Receipt th		Period	
	FEC ID number of contributing federal political committee.	C					7	7		83.	33
	Name of Employer	Occupation									
	Piedmont Emergency Medical Associates Receipt For:	Emergency		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
в.	Full Name (Last, First, Middle Initial) Bradley Alan Watling	1			Date of	Re	eceipt				
	Mailing Address 109 Viewpoint Ln				м м 05	/	22		2 [,]	014	Y
	City	State	Zip Code		Trans	acti	ion ID :	C27424	<u>87</u>		
	Mooresville	NC	28117-7558	/	Amount	of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	83.	33
	Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
с.	Full Name (Last, First, Middle Initial) Bradley Alan Watling	1			Date of	Re	eceipt				
	Mailing Address 109 Viewpoint Ln				м м 06	/	18			014	Y
	City Mooresville	State NC	Zip Code 28117-7558					C27624 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7			83	.33
	Name of Employer	Occupation	1								
	Piedmont Emergency Medical Associates	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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PAGE 196 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12	
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\backslash	NAME OF COMMITTEE (In Full)		<i>i</i> : 0 <i>iu</i>								
/	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Michael L Weaver				Date o	f Re	ceipt				
	Mailing Address 4505 Headwood Dr				м м 04	/	09			ү 014	Y
	City Kapaga City	State MO	Zip Code 64111-3439	-			-	C27125	-		
	Kansas City	WIO	04111-5455	- 1	Amoun	t of	Each I	Receipt t	his P	'eriod	
	FEC ID number of contributing federal political committee.	С			L		,		_	500	.00
	Name of Employer	Occupation		-							
	Metropolitan Emergency Physicians LLC	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
в.	Full Name (Last, First, Middle Initial) Daniel R Wehner	1			Date o	f Re	ceipt				
	Mailing Address 355 Bliss St				0 <u>4</u>	/	22	D / Y)14	Y
	City	State	Zip Code		Trans	acti	on ID :	C27202	88		
	Johnstown	PA	15905-2755		Amoun	t of	Each I	Receipt t	his P	'eriod	
	FEC ID number of contributing federal political committee.	С					,			500	.00
	Name of Employer	Occupation		-							
	Daniel R Wehner, MD, MBA, FACEP	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Richard Preston Wendell			+	Date o	f Re	ceipt				
	Mailing Address 211 Haddrell St				м м 05	/	D 05) 14	Y
	City	State	Zip Code		Trans	sact	ion ID	: C27299	13		
	Mt Pleasant	SC	29464		Amoun	t of	Each I	Receipt t	his P	'eriod	
	FEC ID number of contributing federal political committee.	С					,		_	500	.00
	Name of Employer	Occupation		-							
	Trident Emergency Physicians	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		500.00	11							
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PAGE 197 OF

			Detailed Summary Page		4		11b		11c		12	
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	NAME OF COMMITTEE (In Full) National Emergency Medicine P											
A.	Full Name (Last, First, Middle Initial) Paula Jo Whiteman				Date of	f Re	eceip	t				
	Mailing Address 11663 Dona Alicia Pl				м м 05	/		D 20	/ Y	۲ 2	ү 014	Y
	City Studio City	State CA	Zip Code 91604-4231	A					ceipt th		Period	
	FEC ID number of contributing federal political committee.	С					3		7	_	250	.00
	Name of Employer Emergent Medical Associates	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
Β.	Full Name (Last, First, Middle Initial) David E Wilcox				Date of	f Re	eceip	t				
	Mailing Address 8 Aspen Dr				м м 05	1		22	/ Y	20	ү 014	Y
	City S Glastonbury	State CT	Zip Code 06073-2938	A					274238 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					7		7	_	1000	.00
	Name of Employer David E Wilcox, MD, FACEP	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
	Full Name (Last, First, Middle Initial) Dean Wilkerson				Date of	f Re	eceip	t				
	Mailing Address 538 Rolling Hills Rd				м м 04	/		D 18	/ Y		у 014	Y
	City Coppell	State TX	Zip Code 75019-4049	A					227194 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					3			_	1000	.00
	Name of Employer	Occupation		_								
	Dean Wilkerson, JD, MBA, CAE	Emergency	Physician	_								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		1000.00									
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PAGE 198 OF

ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Adetunji B Williams Mailing Address 17325 Moss Side Ln City Olney FEC ID number of contributing federal political committee. Name of Employer Adetunji B Williams, MD Receipt For:	State Zip Code MD 20832-2917 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt 06 27 2014 Transaction ID : C2769949 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mildred J Willy	250.00	Date of Receipt
Mailing Address 5576 Hickory Ln City Bay City FEC ID number of contributing federal political committee.	State Zip Code MI 48706-9722	M M 7 D D 7 Y
Name of Employer Timberline Emergency Physicians PC Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mark E Winther Mailing Address 219 Bibik Rd City Richfld Spgs FEC ID number of contributing federal political committee. Name of Employer Bassett Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code NY 13439-4541 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00 1000.00	Date of Receipt 06 / 03 / 2014 Transaction ID : C2754900 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		2250.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 199 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check	,	one)				
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	y information copied from such Reports and S for commercial purposes, other than using the			erson for t	he pu	irpose o	f soliciting	g contrib		าร
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee							
Α.	Full Name (Last, First, Middle Initial) David Wirtz Mailing Address 1 Highgate NE			_		Receipt		- Y - Y		
				0	4	/ 18		2014		
	City Ithaca	State NY	Zip Code 14850-1483				: C27194 Receipt tl		od	
	FEC ID number of contributing federal political committee.	С				9		8	33.33	5
	Name of Employer	Occupation								
	Emergency Medicine Physician Managemen Receipt For:	Emergency	-							
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 499.98							
R	Full Name (Last, First, Middle Initial) David Wirtz			Date	of F	Receipt				
	Mailing Address 1 Highgate NE			М		/ 22		_2014	Y	1
	City	State NY	Zip Code				: C27424	88		
	Ithaca FEC ID number of contributing federal political committee.	С	14850-1483	Amo	unt o	if Each I	Receipt tl		od 33.33	
	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency		_						
	Receipt For:		Year-to-Date ▼	_						
	Primary General Other (specify) v		499.98							
С.	Full Name (Last, First, Middle Initial) David Wirtz			Date	e of F	Receipt				
	Mailing Address 1 Highgate NE				6	/ 18		2014	Y	1
	City Ithaca	State NY	Zip Code 14850-1483				: C27624	02		
	FEC ID number of contributing federal political committee.	С			uni o	n Each i	Receipt tl		83.33	3
	Name of Employer	Occupation								
	Emergency Medicine Physician Managemen	Emergency	Physician	_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98							
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PAGE 200 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and for commercial purposes, other than using				for the		pose of	solicitir		ontribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine										
Α.	Full Name (Last, First, Middle Initial) Richard W Wolfe Mailing Address 33214 Old Post Rd				Date of		D . [Y Y	Y	Ŷ
	City Niles	State MI	Zip Code 49120-7773					C27423 Receipt 1	390	Period	
	FEC ID number of contributing federal political committee.	С					7		_	250	.00
	Name of Employer Richard W Wolfe, DO Receipt For:	Occupation Emergency	Physician								
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00	1							
в.	Full Name (Last, First, Middle Initial) Stephanie K Wood				Date of	f Re	eceipt				
	Mailing Address 343 N Roscoe Blvd	State	Zip Code		04	'	09	_ L		014	Y
	Ponte Vedra	FL	32082-2145					C27125 Receipt 1		Period	
	FEC ID number of contributing federal political committee.	С					,	10001011		1000.	00
	Name of Employer Stephanie K Wood, MD, FACEP	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
C.	Full Name (Last, First, Middle Initial) Thomas E Wyatt				Date of	f Re	eceipt				
	Mailing Address 3925 Drew Ave S				м м 04	/	D 16			014	Y
	City Minneapolis	State MN	Zip Code 55410-1049					C27160		Period	
	FEC ID number of contributing federal political committee.	С					7			250	.00
	Name of Employer	Occupation									
	Mercy Hospital Emergency Physicians	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00	1							
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PAGE 201 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	110	H	12 16	17
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NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Adam M Yates Mailing Address 333 Log Cabin Rd City Tarentum FEC ID number of contributing federal political committee. Name of Employer University Pittsburgh Emergency Physic Receipt For: Primary General	State PA C Occupation Emergency Aggregate				/ sact	08 ion ID :	: C272	9662	2014 Period 250.	й 00
City Other (specify) ▼ Other (specify) ▼ Full Name (Last, First, Middle Initial) Liam Yore Mailing Address 15350 162nd Ave NE City	State	250.00 Zip Code		Date o	/	eceipt 16 ion ID :			y y 2014	Y
Woodinville FEC ID number of contributing federal political committee. Name of Employer North Sound Emergency Medicine Receipt For: Primary General Other (specify) ▼	WA C Occupation Emergency Aggregate								Period	00
Full Name (Last, First, Middle Initial) Gary David Zimmer Mailing Address 419 Boxwood Rd City Bryn Mawr FEC ID number of contributing federal political committee. Name of Employer Gary David Zimmer, MD, FACEP Receipt For: Primary General Other (specify)	State PA C Occupation Emergency Aggregate				/ sact	27	: C276	4761	Y Y 2014 Period 1000	
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PAGE 202 OF

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	for commercial purposes, other than using th											
\backslash	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Andrew R Zinkel				Date of	f Re	eceipt					
	Mailing Address 5215 Beard Ave S				м м 04	/	30		/ Y	ү 201	Y 14	Y
	City	State	Zip Code		Trans	act	ion ID	: C2	725443			
	Minneapolis	MN	55410-2117	A	moun	t of	Each I	Rece	eipt this	s Pe	riod	
	FEC ID number of contributing federal political committee.	С					7		7		83.	34
	Name of Employer	Occupation	1									
	Regions Medical Center	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		500.04									
			7									
в.	Full Name (Last, First, Middle Initial) Andrew R Zinkel	I			Date of	f Re	eceipt					
	Mailing Address 5215 Beard Ave S				M M	/	D	D	/ Y	Y	Y	Y
				41	05		30)		201	4	
	City	State MN	Zip Code						744916			
	Minneapolis	IVIIN	55410-2117	A	moun	t of	Each I	Rece	eipt this	; Pe	riod	
	FEC ID number of contributing federal political committee.	С					7	_	7	_	83.	34
	Name of Employer	Occupation	I									
	Regions Medical Center	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		500.04									
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с.	Full Name (Last, First, Middle Initial) Andrew R Zinkel				Date of	f Re	eceipt					
	Mailing Address 5215 Beard Ave S				м м 06	/	30		/ Y	ү 201	Y 14	Y
	City	State	Zip Code		Trans	act	ion ID	: C2	764866	;		
	Minneapolis	MN	55410-2117	A	moun	t of	Each I	Rece	eipt this	; Pe	riod	
	FEC ID number of contributing federal political committee.	С			_		,		7		83.	34
	Name of Employer	Occupation	1									
	Regions Medical Center	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		500.04	11								
	Other (specify)			1								
s	UBTOTAL of Receipts This Page (optional)					_	7	_		_	250.0	02
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SCHEDULE A (FEC Form 3X) DEAEI

FOR LINE NUMBER:

PAGE 203 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	-
		for each category of the Detailed Summary Page	X 11a 11b 11c 12	_
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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and a	ay not be sold or used by any paddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.	S
NAME OF COMMITTEE (In Full)				
> National Emergency Medicin	e Political A	ction Committee		
Full Name (Last, First, Middle Initial) A. Michael D Zwank			Date of Receipt	
Mailing Address 2131 Pinehurst Ave			M = M / D = D / Y = Y = Y = Y 04 24 2014	
City	State	Zip Code	Transaction ID : C2721743	
Saint Paul	MN	55116-1318	Amount of Each Receipt this Period	
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Name of Employer	Occupation	1		
Regions Medical Center	Emergency	Physician		
	Aggregate	Year-to-Date ▼		
Primary General Other (specify)		1000.00	1	
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FEC ID number of contributing federal political committee.	C			
Name of Employer	Occupation	1		
Receipt For:	Aggregate	Year-to-Date ▼	—	
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Other (specify)		<u> </u>		
Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address				
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FEC ID number of contributing federal political committee.	С			
Name of Employer	Occupation	1		
Receipt For:	Aggregate	Year-to-Date ▼	-	
Primary General			1	
Other (specify)		y	1	
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	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			LINE k only		MBER	:			PAC	ΞE	204 (OF 256
11	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b		22 28a		23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
\setminus	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Act	ion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank NA						I	Date o	f Di	sburse	eme	ent			
	Mailing Address 1717 Main Street 3rd Floor							^M 04	/	3	BO	/ Y		014	Y
		State TX	Zip Code 75201					Trans	act	ion ID) : C	015832	5		
	Purpose of Disbursement BANK FEES APR14			C	001		/	Amoun	t of	Each	Dis	sbursen	nent	t this	Period
	Candidate Name			Cate T	ego ype					,				328	3.48
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼												
	State: District:														
В.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank NA						I	Date o	f Di			ent			
	Mailing Address 1717 Main Street 3rd Floor							м м 05	<i>'</i>		02	/ Y		014	Y
	Dallas	State TX	Zip Code 75201					Trans	sact	ion ID) : C	D15984	0		
	Purpose of Disbursement BANK FEES MAY2014			(001			Amoun	t of	Each	Dis	sbursen	nent	t this	Period
	Candidate Name			Cate	ego ype				1	7			1	95 [.]	1.81
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼												
	State: District:														
C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank NA						I	Date o	f Di			ent			_
	Mailing Address 1717 Main Street 3rd Floor							^M 06	<i>'</i>		25	/ Y		014	Y
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	Candidate Name			Cate	-		,	Amoun		Lacii	Di	sbuisen		1571	
	Senate President	ment For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>					,					
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s	UBTOTAL of Disbursements This Page (optional)					• ▶				7		,		2851	.29
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S	CHEDULE B (FEC Form 3X)			F	OR	LIN	E NI	JMBER	:			PA	GE	205 (DF 256
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	- I	hec	k or	ly o	ne)							
			Summary Page		×	21k 27	' -	22 28a		23 28b		24 28c	-	25 29	26 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam														
\backslash	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Polit	ical Act	ion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) The Cannon Group							Date c							
	Mailing Address The Cannon Group 1301 K Street, NW, Suite 1050 Eas	st						06		2	25	Y		014	Ţ
	Washington	State DC	Zip Code 20005					Tran	sact	ion ID	: VD	1593	02		
	Purpose of Disbursement PAC fundraising expenses			C	001			Amour	nt of	Each	Disb	urser	nent	t this	Period
	Candidate Name			Cat T	egoi ype	ry/				7		7		360	0.00
	President	nent For: Primary Other (spe	General cify) ▼												
	State: District: Full Name (Last, First, Middle Initial)														
В.								Date c					V	Y	V
	Mailing Address											Y	- 1	- 1	Ť
	City S	State	Zip Code												
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	Candidate Name			Cate T	egoi ype	ry/				,		7			
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C.	Full Name (Last, First, Middle Initial)							Date o	_	sburse				Y	V
	Mailing Address								Í			Ľ			
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		nent For: Primary Other (spe	General cify) ▼							,		,			
Г									-	-	_	-	-	-	_
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 206 OF 256
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	v one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or us name and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine F	Political Action Committ	ee	
Full Name (Last, First, Middle Initial)			
A. Alaskans for Begich			Date of Disbursement
Mailing Address PO Box 240287			04 29 2014
City	State Zip Code		Transaction ID : D157769
Anchorage Purpose of Disbursement	AK 99524		
Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Mark Peter Begich		Туре	1500.00
Öffice Sought: House Disbu	rsement For: 2014 X Primary General Other (specify) ▼		
State: AK District:			
Full Name (Last, First, Middle Initial)			
B. Alaskans for Begich			Date of Disbursement
Mailing Address PO Box 240287			06 25 2014
City Anchorage	State Zip Code AK 99524		Transaction ID : D159340
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Mark Peter Begich		Туре	1000.00
Senate President	rsement For: 2014		
State: AK District: Full Name (Last, First, Middle Initial)			
c. Alexander for Senate 2014 Inc			Date of Disbursement
Mailing Address 228 S Washington Street Suite	9 115		04 09 2014
City Alexandria	StateZip CodeVA22314		Transaction ID : D157264
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Lamar Alexander		Туре	2500.00
Senate President	Primary General Other (specify) ▼		
State: TN District:			
SUBTOTAL of Disbursements This Page (option	al)	····· ►	5000.00
TOTAL This Period (last page this line number of	only)	••••••	

			te schedule(s)				NUMB	ER:				PA	GE	207 (OF 256
ITE	EMIZED DISBURSEMENTS	for each cat	tegory of the mmary Page	(c	hec	k only 21b 27	2	2 Ba	X	23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
\square	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Action	n Committe	ee											
-	Full Name (Last, First, Middle Initial) Alexander for Senate 2014 Inc						Dat	e of	Dis	burse	eme	ent			
	Mailing Address 228 S Washington Street Suite 115	5					М)4	/	D 2		/		014	Y
	City Silver Silv		Zip Code 22314				Tr	ansa	acti	on ID	: C	015776	6		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Am	ount	of	Each	Dis	sburse	ment	t this	Period
	Candidate Name			Cate		ry/								2500	00
	Lamar Alexander		Ty	ype			-	_	7		7		2300		
	Office Sought: House Disburser X Senate President	ment For: 201 Primary Other (specify	General												
	State: TN District:		, •												
	Full Name (Last, First, Middle Initial) Ami Bera for Congress						Dat	e of	Dis	burse	eme	ent			
	Mailing Address PO Box 582496							05	/		р 4			014	Y
	City Elk Grove		Zip Code 95758				Тг	ans	acti	on ID) : C	015820	68		
	Purpose of Disbursement Contributions for Federal Candidates			C)11		Am	ount	of	Each	Dis	sburse	ment	t this	Period
	Candidate Name			Cate		ry/								100	0.00
	Ameriash B. Bera Office Sought: Senate President State: CA District: 07	ment For: 201 Primary [Other (specify	X General	Ty	/pe					,		- 7			
	Full Name (Last, First, Middle Initial)						Dat	e of	Dis	burse	eme	ent			
	Mailing Address 503 N Division St)5	/		D 4	/		014	Y
	City Carson City		Zip Code 39703				Tr	ansa	acti	on ID	: C	01582	59		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Am	ount	of	Each	Dis	sburse	ment	t this	Period
	Candidate Name Mark E. Amodei			Cate Ty	egor /pe	ry/				, ,				2500	0.00
	Office Sought: House Disburser Senate President State: NV District: 02	ment For: 201 Primary [Other (specify	General												
	UBTOTAL of Disbursements This Page (optional)							_		y		- 7	-	6000	.00

S	CHEDULE B (FEC Form 3X)		F	DR I	INE N	UMBER:	:		P	AGE	208 C)F 256
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck	only o	one)		00				
		Detailed Summary Page			21b 27	22 28a	•••	23 28b	24		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan											
$\left[\right]$	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Poli	tical Action Commit	tee									
Α.	Full Name (Last, First, Middle Initial) Andy Harris for Congress					Date of	f Dis					
	Mailing Address PO Box 604					04		0			014	Ŷ
	Bel Air	StateZip CodeMD21014				Trans	actio	on ID	: D1572	262		
	Purpose of Disbursement Contributions for Federal Candidates		0	11		Amount	t of F	=ach	Disburs	ement	this F	Period
	Candidate Name		1.00	gory	/							
	Andrew P. Harris			/pe			-	,			2500	.00
	Office Sought: X House Disburser Senate President	ment For: 2014 Primary X General Other (specify) ▼										
	State: MD District: 01											
в.	Full Name (Last, First, Middle Initial) Benishek for Congress, Inc.					Date of	f Dis					
	Mailing Address PO Box 108					05	/	0			014	Ŷ
	Gladstone	State Zip Code MI 49837-0108				Trans	sactio	on ID	: D158′	105		
	Purpose of Disbursement Contributions for Federal Candidates		C	11	٦Ŀ	Amount	t of E	Each	Disburs	ement	this F	Period
	Candidate Name		Cate	gory	/						1500	00
	Daniel J. Benishek Office Sought: X House Disburser	ment For: 2014	Ty	/pe			-	,			1300	.00
	Senate President	Primary X General Other (specify)										
_	State: MI District: 01 Full Name (Last, First, Middle Initial)											
C.	Benishek for Congress, Inc.					Date of	f Dis	burse		VV	Y	Y
	Mailing Address PO Box 108					06		1()14	
	Gladstone	State Zip Code MI 49837-0108				Trans	actio	on ID	: D1588	369		
	Purpose of Disbursement Contributions for Federal Candidates		0	11	1	Amount	t of E	Each	Disburs	ement	this F	Period
	Candidate Name Daniel J. Benishek			egory /pe	/						1500	.00
		ment For: 2014 Primary X General Other (specify) ▼		/pe				7	7			
	State: MI District: 01											
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IT	EMIZED DISBURSEMENTS		parate schedule(s) h category of the	(C	hec	k only		0] 00	Г			7.05		06
			d Summary Page		-	21b 27		2 8a	×	23 28b	┝	24 28c	-	25 29	$\left - \right $	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the nat															
$\left \right\rangle$	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine Pol	itical Ac	tion Commit	tee												
٨	Full Name (Last, First, Middle Initial)						Da		f Dia	sburse	om	ont				
А.	Bennet for Colorado						Da			DUIS				(Y	V	
	Mailing Address PO Box 3078						M	06	ĺ		25			014	· ·	
	City	State	Zip Code				т	rans	acti	ion ID) -	D15934	13			
	Denver	CO	80201					ane				21000				
	Purpose of Disbursement Contributions for Federal Candidates			()11		Am	oun	t of	Each	D	isburse	men	t this	Perio	d
	Candidate Name			Cat	egoi	ry/	E	1						1000	00	٦.
	Michael F. Bennet			ype					7	-			1000	5.00		
		ment For:														
	Senate President	Primary Other (sp	General													
	State: CO District:	Other (sp	(cony)													
_	Full Name (Last, First, Middle Initial)															
В.	Bilirakis for Congress						Da	te of	f Dis	sburse	em	ient				
							М	M	/	D				(Y	
	Mailing Address PO Box 606							04			02		2	2014		
	City Tarpon Springs	State FL	Zip Code 34688-0606				т	rans	sact	ion IE):	D1557	78			
	Purpose of Disbursement		0000-000+0	_	_											
	Contributions for Federal Candidates			(011		Am	oun	t of	Each	D	isburse	men	t this	Perio	d
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	Gus Michael Bilirakis				ype			-	-	7	-		-	2500	5.00	
		ment For:	-													
	Senate X	Primary Other (sp	ecify)													
	State: FL District: 12		((), (), (), (), (), (), (), (), (), (),													
	Full Name (Last, First, Middle Initial)															
C.	Bilirakis for Congress						Da	te of	f Dis	sburse	em	ient				
							M	M	/		D	/		04.4	Y	
	Mailing Address PO Box 606							04		2	23	1 1	2	014		
	City	State	Zip Code			-+	Ŧ	rona	ant	ion IF	<u>.</u>	D15767	71			
	Tarpon Springs	FL	34688-0606				1	alls	aut			010/0	, ,			
	Purpose of Disbursement Contributions for Federal Candidates)11						-				_	
	Candidate Name						Am	oun	t of	⊦ach	D	isburse	men	t this	Perio	d
	Gus Michael Bilirakis			Cat T	egoi ype									1500	0.00	
		ment For:	2014							7		- 7				
	Senate	Primary	General													
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_	State: FL District: 12															
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S	CHEDULE B (FEC Form 3X)			FOR	LINE N	IUMBER:			Р	AGE 21	0 OF 256
IT	EMIZED DISBURSEMENTS	Use separate schedule for each category of the		(checl	k only (21b	one) 22		23	24	2	5 🗖 26
		Detailed Summary Pa			210	28a	×	23 28b	24		
	y information copied from such Reports and Stater for commercial purposes, other than using the nar										
\square	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine Poli	tical Action Comr	nittee	e							
Α.	Full Name (Last, First, Middle Initial) Bill Flores for Congress					Date of	Dis	burse	ment		
	Mailing Address PO Box 6207					06	/	0		2014	
	City Bryan	State Zip Code TX 77805				Trans	actio	on ID	: D1587	710	
	Purpose of Disbursement Contributions for Federal Candidates			011		Amount	ofl	Each	Disburs	ement th	is Period
	Candidate Name William H. Flores		(Categor	ry/					1(000.00
		ment For: 2014		Туре				,			
	Senate President	Primary X General Other (specify)	al								
_	State: TX District: 17										
Р	Full Name (Last, First, Middle Initial)					Data of					
р.	Bill Shuster for Congress					Date of	Dis	Durse		Y Y	Y Y
	Mailing Address PO Box 27					04	ĺ	0		2014	
	Hollidaysburg	State Zip Code PA 16648				Trans	acti	on ID	: D1572	260	
	Purpose of Disbursement Contributions for Federal Candidates			011		Amount	ofl	Each	Disburs	ement th	is Period
	Candidate Name William F. Shuster		(Categor Type	ry/					2	500.00
		ment For: 2014		туре				,	,		
	Senate X President	Primary Genera Other (specify)	al								
_	State: PA District: 09										
C.	Full Name (Last, First, Middle Initial) Bill Shuster for Congress					Date of	Dis	burse	ment		
	Mailing Address PO Box 27					05	/	D 14	D / 4	2014	
	City Hollidaysburg	State Zip Code PA 16648				Trans	acti	on ID	: D1582	257	
	Purpose of Disbursement Contributions for Federal Candidates			011							
	Candidate Name			011 Categor	21/	Amount	ofl	Each	Disburs		is Period
	William F. Shuster			Туре	<i>y</i> ,			7		2	500.00
	Senate President	ment For: 2014 Primary Gener Other (specify) ▼	al								
_	State: PA District: 09										
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	y information copied from such Reports and Stater for commercial purposes, other than using the nam												
\square	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Act	ion Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Billy Long for Congress						Date o	f Dis	sburse	ment			
	Mailing Address 3246 E. Ridgeview Street						04	/	2			014	Y
	Springfield	State MO	Zip Code 65804				Trans	sacti	on ID	: D1576	68		
	Purpose of Disbursement Contributions for Federal Candidates			0)11		Amoun	t of	Each	Disburs	emen	t this I	Period
	Candidate Name William H. Long II			Cate T	egor ype	ry/			,			1000	0.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	X General										
	State: MO District: 07 Full Name (Last, First, Middle Initial)												
В.	Blumenauer for Congress						Date o		sburse	_	Y	(Y	Y
	Mailing Address 830 NE Holladay, #105						04		0		2	2014	
	City Sector Sect	State OR	Zip Code 97232				Tran	sacti	ion ID	: D1572	252		
	Purpose of Disbursement Contributions for Federal Candidates			C	011		Amoun	t of	Each	Disburs	emen	t this I	Period
	Candidate Name Earl Blumenauer			Cate T	egor ype	ry/			,	,		1500	0.00
		ment For: Primary Other (spe	General										
с.	Full Name (Last, First, Middle Initial) Bonamici for Congress						Date o	f Dis	sburse	ment			
	Mailing Address 3321 SE 20th Ave						04	/	0	9		014	Y
	City Sector Sect	State OR	Zip Code 97202				Trans	sacti	ion ID	: D1572	253		
	Purpose of Disbursement Contributions for Federal Candidates			0)11		Amour	t of	Fach	Disburs	emen	t this I	Period
	Candidate Name Suzanne Bonamici			Cate	egor ype	ry/						1000	
	Office Sought: House Disburser Senate President State: OR District: 01	ment For: Primary Other (spe	General						·				
s	UBTOTAL of Disbursements This Page (optional)								7			3500	.00
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S	CHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 212 OF 256
IT	EMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page		y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
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$\left[\right]$	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Poli	itical Action Comm	ittee	
Α.	Full Name (Last, First, Middle Initial) Candice Miller for Congress			Date of Disbursement
	Mailing Address PO Box 182152			06 10 2014
	Shelby Township	StateZip CodeMI48318-2152		Transaction ID : D158867
	Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name Candice S. Miller		Category/ Type	1000.00
		ment For: 2014 Primary General Other (specify) ▼		
в.	State: MI District: 10 Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers for Cong	Iress		Date of Disbursement
	Mailing Address Box 137			06 / D D / Y Y Y Y 25 2014
	Spokane	State Zip Code WA 99210-0137		Transaction ID : D159298
	Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name Cathy McMorris Rodgers		Category/	2500.00
	Office Sought: X House Disburse	ment For: 2014 Primary General Other (specify) v	Туре	
C.	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md for Cong	ress, Inc.		Date of Disbursement
	Mailing Address PO Box 80126			05 07 2014
	Lafayette	State Zip Code LA 70598-0126		Transaction ID : D158095
	Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name Charles W. Boustany Jr.		Category/ Type	2500.00
	Office Sought: House Disburse Senate President District: 03	ment For: 2014 Primary X General Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (optional)		•••••	6000.00
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Citatles J. Fleischindtin ivpe Office Sought: House Senate President President Other (specify) State: TN District: 03 Full Name (Last, First, Middle Initial) Other (specify) C. Citizens To Elect Rick Larsen Date of Disbursement Mailing Address PO Box 326 Other % City State Zip Code Everett WA 98206 Purpose of Disbursement Onther % Other % Candidate Name Other % Other % Rick Larsen Disbursement For: 2014 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2014 Amount of Each Disbursement this Period State: WA Disbursement For: 2014 General Other (specify) State: WA District: 02 State State State Subtottal of Disbursements This Page (optional) State of Disbursements This page (optional) State of Disbursements This page (optional) State of Disbursements This page (optional)												1			150	0.00
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\backslash	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Action C	ommitte	e									
Α.	Full Name (Last, First, Middle Initial) Cmr Political Action Committee						Date o	_					
	Mailing Address PO Box 2485						04	/	0			014	Y
	Springfield	State Zip C VA 2215	ode 2-0485				Trans	acti	ion ID	: D1557	780		
	Purpose of Disbursement Contributions for Federal PACs/Committees			0	11		Amoun	t of	Each	Disburs	emen	t this	Period
	Candidate Name Cmr Political Action Committee			Cate		y/						2500	0.00
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в.	Full Name (Last, First, Middle Initial) Cmr Political Action Committee						Date o	_					
	Mailing Address PO Box 2485						04	/	2	3		2014	Y
	Springfield	State Zip C VA 2215	ode 2-0485				Trans	sacti	ion ID	: D157	672		
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	Mailing Address PO Box 2485						06		3	0	2	014	
	Springfield	State Zip C VA 22152	ode 2-0485				Trans	sacti	ion ID	: D159	731		
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\setminus	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Poli	tical Action Commit	tee	
Δ	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Coffman for Congress			
	Mailing Address 9249 South Broadway #200-501			06 25 2014
	City Highlands Ranch	State Zip Code CO 80129		Transaction ID : D159296
	Purpose of Disbursement	80129	_	
	Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name Mike Coffman		Category/ Type	1000.00
		ment For: 2014	туре	
	Senate	Primary K General		
	State: CO District: 06	Other (specify)		
	Full Name (Last, First, Middle Initial)			
В.	Come Back Political Action Comm	ittee		Date of Disbursement
	Mailing Address PO Box 2485			05 14 2014
	Intaining Address PO Box 2465			00 14 2014
	Springfield	State Zip Code VA 22152-0485		Transaction ID : D158272
	Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	2500.00
	Come Back Political Action Comm Office Sought: House Disburse	nent For: 2014	Туре	2000.00
	Senate Sought.	Primary General		
	President	Other (specify)		
	State: District:	Contribution		
C.	Full Name (Last, First, Middle Initial) Committee for Hispanic Causes/Building Our Leade	ership Diversity PAC (CHC BC	LD PAC)	Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address PO Box 70980			06 30 2014
	-	State Zip Code		Transaction ID : D159728
	Washington Purpose of Disbursement	DC 20024		
	Voided Check		011	Amount of Each Disbursement this Period
	Candidate Name Committee for Hispanic Causes/Building Our Leadership Divers	ity PAC (CHC BOLD PAC)	Category/	-1000.00
		ment For: 2014	Туре	
	Senate	Primary General		
	State: District:	Other (specify) Contribution		
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\square	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Ac	tion Commit	ee											
Α.	Full Name (Last, First, Middle Initial) Conservative Oppurtunity Leadership ar	nd Enter	prise PAC (CO	LE P	AC	C)		Date of	f Dis	sburse			YY	Ŷ	Y
	Mailing Address 12176 Chancery Station Circle							04		C	9		_ 20	014	
	Reston	State VA	Zip Code 20190					Trans	acti	ion ID):	D1572	54		
	Purpose of Disbursement Contributions for Federal PACs/Committees			C)11			Amoun	t of	Each	D	isburse	ment	this I	Period
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	State: District: Full Name (Last, First, Middle Initial)		Contribution												
В.	Dave Camp for Congress							Date of	f Dis	sburse			Y Y	Y	Y
	Mailing Address 5915 Eastman Avenue Suite 100							04			29			014	
	Midland	State MI	Zip Code 48640-6824					Trans	sacti	ion ID):	D1598	51		
	Purpose of Disbursement Contributions for Federal Candidates			(011			Amoun	t of	Each	D	isburse	ment	this	Period
	Candidate Name David Lee Camp			Cat										-3500	0.00
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	State: MI District: 04 Full Name (Last, First, Middle Initial)						_								
C.	Dedicated To Establishing National T	eamwo	rk PAC (DEN	T PA	C)			Date of	f Dis	sburse			Y Y	Y	Y
	Mailing Address 610 S. Boulevard							05	ĺ		28			014	
	Tampa	State FL	Zip Code 33606					Trans	sacti	ion ID):	D1585	28		
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А.	Dr Brian Babin for Congress						Date of	r Dis					
	Mailing Address PO Box 159						05	/	2			14	Ŷ
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В.	Dr Chad Mathis for Congress						Date of	t Dis					
	Mailing Address 2960 Pelham Pkwy PO Box 1641						04	/	0)14	Y
	Pelham	State Zip Code AL 35124-56	641				Trans	saction	on ID	: D15724	18		
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	Mailing Address PO Box 3375						05	<i>'</i>	28		20		Ť
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	Mailing Address PO Box 11487							05		2	21		2	2014	
	San Bernardino	State CA	Zip Code 92423					Trans	sacti	ion ID):	D1584	441		
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	Mailing Address PO Box 16401							04	Í		09			014	T	
	Savannah	State GA	Zip Code 31416-3101					Trans	acti	ion IE	D : D 1	5725	1			
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<u> </u>	Full Name (Last, First, Middle Initial) Friends of Dan Maffei					Date of	Disburse	ment		
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	Mailing Address PO Box 230					05	28	3	2014	
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ь.	Friends of Dave Joyce								YY	V
	Mailing Address 320 Kenarden Drive					06	2		2014	
	City Cleveland	State OH	Zip Code 44143-3710			Trans	action ID	: D15937′	1	
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	David P. Joyce			Тур	be		7	7	100	0.00
	Office Sought: X House Disburse Senate	ment For: Primary	2014 X General							
	President	Other (spe								
_	State: OH District: 14	1								
C.	Full Name (Last, First, Middle Initial) Friends of Dave Reichert					Date of	Disburse	ment		
						M M	/ D	D / Y	Y Y	Y
	Mailing Address PO Box 2032					06	25	5	2014	
	City Issaquah	State WA	Zip Code 98027			Transa	action ID	: D159349	Ð	
	Purpose of Disbursement Contributions for Federal Candidates									
	Candidate Name			01		Amount	of Each	Disbursen	nent this	Period
	David G. Reichert			Cateo Typ					100	0.00
	Senate	ment For: Primary	General							
	State: WA District: 08	Other (spe	olly) ▼							
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S	CHEDULE B (FEC Form 3X)						NUMBEF	ł:			PAGE	222	OF 256
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	y information copied from such Reports and State for commercial purposes, other than using the nat												
$\left \right $	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Pol	itical Ac	tion Commit	tee									
Δ	Full Name (Last, First, Middle Initial) Friends of Dennis Ross						Date of	of Di	churce	amont			
	Friends of Dennis Ross						M		D		V	YY	V
	Mailing Address 133 South Harbor Drive						06			0		2014	
	City	State	Zip Code				Tran	sact	ion ID	: D15	3865		
	Venice Purpose of Disbursement	FL	34285							-			
	Contributions for Federal Candidates			C)11		Amou	nt of	Each	Disbu	seme	nt this	Period
	Candidate Name			Cat	egoi	ry/						1500	0.00
	Dennis A. Ross			Т	ype			-	7	_	7	1500	5.00
	Office Sought: X House Disburse Senate President	ment For: Primary Other (sp	General										
	State: FL District: 15												
Р	Full Name (Last, First, Middle Initial)						Data		- 				
D.	Friends of Farr						Date of	_					
	Mailing Address PO Box 122						04			29		2014	Y
	City Monterey	State CA	Zip Code 93942				Tran	sact	ion IC) : D15	7771		
	Purpose of Disbursement Contributions for Federal Candidates				011		Amou	nt of	Each	Disbu	seme	nt this	Period
	Candidate Name			Cat		n/	, into a		Laon	Bioba	Conno		i onou
	Sam Farr				ype				7		7	250	0.00
		ment For: Primary Other (sp	General										
_	Full Name (Last, First, Middle Initial)												
C.	Friends of Glenn Thompson						Date of	of Di	sburse	ement			
	Mailing Address PO Box 1112						M 04	1 /		9		y y 2014	Y
	City	State	Zip Code				Tran	sart	ion ID) : D15	7232		
	State College Purpose of Disbursement	PA	16804				man	5401		. 515	202		
	Contributions for Federal Candidates			C)11		Amou	nt of	Fach	Disbu	somo	nt this	Pariod
	Candidate Name			Cat	eaol	rv/	7 (110 01		Luon	DIODU	Joinie		_
	Glenn W. Thompson				ype				7		7	1000	0.00
	Office Sought: House Disburse Senate President State: PA District: 05	ment For: Primary Other (sp	General										
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S	CHEDULE B (FEC Form 3X)			F	DR	LIN		JMBER	:			PA	GE	223	OF 256
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	y information copied from such Reports and State for commercial purposes, other than using the nar					у ре	erson	for the		pose		solicitin		ntribu	itions
\backslash	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	itical Ac	tion Commit	tee											
Α.	Full Name (Last, First, Middle Initial) Friends of John Boehner							Date o	f Dis	sburse	em	ent			
	Mailing Address 7908 Cincinnati Dayton Road Suite I							м м 05	/	D	D)7	/)14	Y
		State OH	Zip Code 45069-6628					Trans	sacti	ion ID) : I	D15810	8		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		1	Amoun	t of	Each	Di	isburse	ment	this:	Period
	Candidate Name John A. Boehner			Cate	ego ype				i.					500	0.00
	Office Sought: X House Disburse Senate President	ment For: Primary Other (sp	X General		/1					,		,			
В.	State: OH District: 08 Full Name (Last, First, Middle Initial) Friends of Mark Warner							Date o	f Dis	sburse	em	ent			
	Mailing Address 2034 Eisenhower Avenue, Suite 2						_	M M	/	D	29	/		014	Y
											_0				
	Alexandria	State VA	Zip Code 22314					Trans	sact	ion ID	D : I	D15776	61		
	Purpose of Disbursement Contributions for Federal Candidates			C)11			Amoun	t of	Each	Di	isburse	ment	this	Period
	Candidate Name Mark Robert Warner			Cate				- · ·						400	0.00
	Office Sought: House Disburse	ment For: Primary Other (sp	General		ype	<u>,</u>				7					
<u>с</u> .	Full Name (Last, First, Middle Initial) Friends of Michelle							Date o	f Dis	sburse	em	ent			
	Mailing Address PO Box 25422							м м 06	/	2	25			014	Y
	City Albuquerque	State NM	Zip Code 87125					Trans	sact	ion ID):I	D15933	32		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		1	Amoun	t of	Each	Di	isburse	ment	this:	Period
	Candidate Name Michelle Lujan Grisham			Cate	ego ype										0.00
	Office Sought: House Disburse Senate President District: 01	ment For: Primary Other (sp	X General		-										
s	UBTOTAL of Disbursements This Page (optional)						•							10500	0.00
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	CHEDULE B (FEC Form 3X)		parate schedule(s)				NUMBE	R:		PA	AGE	224 (OF 256
IT	EMIZED DISBURSEMENTS	for each	h category of the Summary Page	(c	hec	k only 21b	22	×		24		25	26
	y information copied from such Reports and State for commercial purposes, other than using the nar							ne pui					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Ac	tion Commit	tee									
Α.	Full Name (Last, First, Middle Initial) Friends of Rosa Delauro						Date	of Di	isburse	ement			
							М	M /	D	D /	Y Y	Y	Y
	Mailing Address 129 Church St, Ste 818						0	5	0	7	20	014	
	5	State CT	Zip Code				Tra	nsact	tion ID	: D1581	04		
	New Haven Purpose of Disbursement	CI	06510			_							
	Contributions for Federal Candidates			C)11		Amo	unt of	Each	Disburse	ement	t this	Period
	Candidate Name Rosa L. DeLauro			Cate		ry/						1500	0.00
		ment For:	2014	1	ype				7	7			
	Senate	Primary	General										
	State: CT District: 03	Other (sp	ecify) 🔻										
_	Full Name (Last, First, Middle Initial)												
В.	Friends of Schumer						Date	of D	isburse	ement			
	Mailing Address 192 Lexington Avenue Suite 1001						M 0)4		ү 014	Y
												•	
	New York	State NY	Zip Code 10016				Tra	nsac	tion ID) : D1587	16		
	Purpose of Disbursement Contributions for Federal Candidates			()11		Amo	unt of	Each	Disburse	ment	t this	Period
	Candidate Name			Cate	eqoi	rv/			-			2000	
	Charles E. Schumer				ype			-	7		-	200	5.00
		ment For: Primary	2016 General										
	President	Other (sp											
	State: NY District: Full Name (Last, First, Middle Initial)												
C.	Friends of Val Arkoosh						Date	of D	isburse	ement			
	Mailing Address PO Box 1011						м 04	1 /		3		014	Y
		State	Zip Code				Tra	nsac	tion ID) : D1576	69		
	Glenside Purpose of Disbursement	PA	19038	_	_	_							
	Contributions for Federal Candidates			C	11		Amo	unt of	Each	Disburse	ment	t this	Period
	Candidate Name Valerie Ann Arkoosh			Cate	egoi ype	ry/						2500	0.00
		ment For:	2014	1	ype			-	7				
	Senate X	Primary	General										
	State: PA District: 13	Other (sp	ecify) 🔻										
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	CHEDULE B (FEC Form 3X)		arate schedule(s)				UMBER:			PAGE	225 (OF 256
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(c	2	only o 21b 27	one) 22 28a	X 23 28t	24 0 28		25 29	26 30b
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\setminus	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Poli	itical Act	tion Committ	ee								
<u> </u>	Full Name (Last, First, Middle Initial)						Data at	Diebur				
А.	Garamendi for Congress						Date of	Disbur	sement		YY	
	Mailing Address 1050 17th St NW Ste 590						04	/ 0	29		2014	I
	- 7	State	Zip Code				Trans	action	D : D157	764		
	Washington Purpose of Disbursement	DC	20036									
	Contributions for Federal Candidates			0	11	11.	Amount	t of Eac	h Disbur	semei	nt this	Period
	Candidate Name				egory/	/					1500	0.00
	John Raymond Garamendi Office Sought: V House Disburse	mant Fari	0014	Ty	ype						1300).00
	Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	General									
	State: CA District: 03	1										
В.	Full Name (Last, First, Middle Initial) Georgians for Isakson						Date of	Disbur	sement			
							M M	/ D	D /	Y	Y Y	Y
	Mailing Address 6065 Roswell Road						06		10	<u> </u>	2014	
	City Atlanta	State GA	Zip Code 30328				Trans	action	D : D158	871		
	Purpose of Disbursement Contributions for Federal Candidates			C)11	11	Amount	t of Eac	h Disbur	semei	nt this	Period
	Candidate Name				egory/	/					1000	00
	Johnny Isakson			Ty	ype						1000	5.00
		ment For: Primary Other (spe	General									
	State: GA District: 06											
C.	Full Name (Last, First, Middle Initial) Gillibrand for Senate						Date of	Disbur	sement			
	Mailing Address 236 Massachusetts Ave NE Suite 110						06	/ D	25 /		y y 2014	Y
	City Washington	State DC	Zip Code 20002				Trans	action	D : D159	346		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		A 100	of 5	h Disku		at th:- 1	
	Candidate Name				egory/	/	Amoun		h Disbur	seme		
	Kirsten Elizabeth Gillibrand				ype		L.				1000	0.00
	Senate President	ment For: Primary Other (spe	General									
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
\backslash	NAME OF COMMITTEE (In Full)												
$ \rangle$	National Emergency Medicine Politi	tical Act	tion Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Grassroots Organizing Acting & Le	ading F	PAC - GoalP	٩C			Date o	_	burse		Y Y	Y	Y
	Mailing Address PO Box 30344						06		2			014	
	Bethesda	State MD	Zip Code 20824				Trans	actio	on ID	: D1592	94		
	Purpose of Disbursement Contributions for Federal PACs/Committees			C)11		Amoun	t of I	Each	Disburse	ement	t this	Period
	Candidate Name Grassroots Organizing Acting & Leading	PAC - C	GoalPAC		egor ype	y/			,			1500	0.00
	Senate President	ment For: Primary Other (spe	General ecify) ▼										
	State: District: Full Name (Last, First, Middle Initial)		Contribution										
В.	Graves for Congress						Date o		burse		Y Y	Y	Y
	Mailing Address 2345 Grand, Suite 2400						05	,	2			014	
	Kansas City	State MO	Zip Code 64108				Trans	sacti	on ID	: D1585	18		
	Purpose of Disbursement Contributions for Federal Candidates			C	011		Amoun	t of I	Each	Disburse	ement	t this	Period
	Candidate Name Samuel B. Graves Jr.				egor ype	y/						1000	0.00
	Office Sought: House Disburser Senate X	nent For: Primary Other (spe	General	1	уре				J	7			
с.	Full Name (Last, First, Middle Initial) Guthrie for Congress						Date o	_					
	Mailing Address PO Box 9639						м м 04	/	29			014	Ŷ
	City Sowling Green	State KY	Zip Code 42102-9639				Trans	sactio	on ID	: D1577	62		
	Purpose of Disbursement Contributions for Federal Candidates			0)11		Amoun	t of I	Each	Disburse	ement	t this	Period
	Candidate Name S. Brett Guthrie				egor ype	y/						2000	
		ment For: Primary Other (spe	X General		- •			-	7				
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S	CHEDULE B (FEC Form 3X)		F		NE N	UMBER	:		PA	GE 227	OF 256
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	National Emergency Medicine Pol	itical Action Commit	tee								
<u> </u>	Full Name (Last, First, Middle Initial)					D .					
А.	Heartdocpac					Date o	t Disk				
	Mailing Address PO Box 628					05	/	28		2014	Y
	City	State Zip Code				Trans	actio		: D15852	4	
	Evansville	IN 47704-0628				Trails	actio	טו ווע	. D13652	4	
	Purpose of Disbursement Contributions for Federal PACs/Committees		C)11	11.	Amoun	t of E	Each	Disburse	ment this	Period
	Candidate Name		Cate	egory/	11			-			
	Heartdocpac			ype		L.			7	250	00.00
		ment For: 2014									
	Senate	Primary General									
	State: District:	Other (specify) ▼ Contributior	h								
	Full Name (Last, First, Middle Initial)	Contribution									
В.	Hellerhighwater PAC					Date o	f Dist	ourse	ment		
					_	M M	/	D		YY	Y
	Mailing Address PO Box 370672					04		0	9	2014	
	City	State Zip Code NV 89137				Trans	sactio	on ID	: D15726	51	
	Las Vegas Purpose of Disbursement	NV 09137	_		-						
	Contributions for Federal PACs/Committees		(011		Amoun	t of E	Each	Disburse	ment this	Period
	Candidate Name		Cate	egory/	11					50	00.00
	Hellerhighwater PAC			ype		<u> </u>				50	00.00
		ment For: 2014									
	Senate President	Primary General Other (specify) ▼									
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_	Full Name (Last, First, Middle Initial)		-								
C.	Holding Onto Oregon's Priorities					Date o	f Dist	ourse	ment		
						M M	/	D		YYY	Y
	Mailing Address PO Box 3314					04		02	2	2014	
	City	State Zip Code				-					
	Portland	OR 97208				Trans	sactio	on ID	: D15577	1	
	Purpose of Disbursement Contributions for Federal PACs/Committees				1						
	Candidate Name		C)11	ц.	Amoun	t of E	ach	Disburse	ment this	Period
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			Summary Page			27	1b 7	22 28a	×	23 28b	┝	24 28c	\vdash	25 29	26 30b
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\square	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	itical Ac	tion Commit	tee											
Α.	Full Name (Last, First, Middle Initial) Hope for Congress							Date o	f Dis	sburse	em	nent			
	Mailing Address 6045 Wilson Blvd							04	/	D)9	/		014	Y
	City Ste 101	State	Zip Code												
	Arlington	VA	22205					Trans	sacti	ion ID):	D1572	67		
	Purpose of Disbursement Contributions for Federal Candidates			0)11		1	Amoun	t of	Each	D	isburse	ement	t this	Period
	Candidate Name			Cate	ego	ory/	11.				1			500	0.00
	Patrick A. Hope				ype					7				500	0.00
	Senate President	ment For: Primary Other (sp	General												
	State: VA District: 08														
В.	Full Name (Last, First, Middle Initial) Hudson for Congress							Date o	f Dis	sburse	em	nent			
	Mailing Address PO Box 5053							06	/	D 2	25			014	Y
	Concord	State NC	Zip Code 28027-1500					Trans	sacti	ion ID):	D1593	47		
	Purpose of Disbursement Contributions for Federal Candidates			C	011			Amoun	t of	Each	D	isburse	emen	t this	Period
	Candidate Name			Cate				L .						100	0.00
	Richard Lane Hudson Jr. Office Sought: House Disburse Senate President Disburse	ment For: Primary Other (sp	X General	I	ype	•				7		7			
_	State: NC District: 08														
C.	Full Name (Last, First, Middle Initial) Huffman for Congress 2012 Explo	ratory C	Committee					Date o	f Dis	sburse	em	nent			
	Mailing Address PO Box 151563							05	/	D 1	D 4	/		014 014	Y
	City San Rafael	State CA	Zip Code 94915-1563					Trans	sacti	ion ID):	D1582	61		
	Purpose of Disbursement Contributions for Federal Candidates			0)11		1	Amoun	t of	Each	П	lichurce	mon	t thic	Poriod
	Candidate Name Jared William Huffman			Cate				Amoun		Lacii		isbuise	inen		0.00
	Senate President	ment For: Primary Other (sp	K General							,					
_	State: CA District: 02														
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S	CHEDULE B (FEC Form 3X)			F	DR I		IUMBER	:			PAGE	229 (OF 256
IT	EMIZED DISBURSEMENTS		ate schedule(s) ategory of the			c only	one)						
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$\left \right $	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Actio	on Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Jackie Speier for Congress						Date o	of Dis	sburse	ement			
	Mailing Address PO Box 112						05	/	D 1	D /		2014	Y
	City	State	Zip Code				T		ID	. D450	074		
	Burlingame	CA	94011				Trans	sacti	on ID	: D158	271		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Amoun	it of	Each	Disbur	semer	nt this	Period
	Candidate Name			Cate		y/						2500	0.00
	K. Jacqueline Speier Office Sought: Y House Disburser		Ту	/pe			-	7			2000		
	Senate President												
_	State: CA District: 14												
В.	Full Name (Last, First, Middle Initial) Jaime for Congress						Date o	of Dis	sburse	ement			
	Mailing Address PO Box 1614						04	/		D / 9		2014	Y
	Ridgefield	State WA	Zip Code 98642-0020				Trans	sacti	ion ID	: D157	234		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Amoun	it of	Each	Disbur	semer	nt this	Period
	Candidate Name Jaime Herrera Beutler			Cate		y/						150	0.00
		nent For: 20	014	ly	/pe				7				
	Senate X President	Primary Other (speci	General										
_	State: WA District: 03												
C.	Full Name (Last, First, Middle Initial) Jaime for Congress						Date o	f Dis	sburse	ement			
	Mailing Address PO Box 1614						04	/	3	D / 0		2014	Y
	City S Ridgefield	State WA	Zip Code 98642-0020				Trans	sacti	ion ID	: D158	131		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Amoun	t of	Each	Diabur	omor	at this	Doriod
	Candidate Name Jaime Herrera Beutler			Cate	-	y/	Amoun		Each	Disbur	semer	-1000	_
	Office Sought: House Disburser	ment For: 2(he				7				
	State: WA District: 03	Primary Other (speci	fy) ▼										
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S	HEDULE B (FEC Form 3X)		F	OR L	INE N	UMBER:			F	AGE	230 ()F 256
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan											
	NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Comm	ittee									
Α.	Full Name (Last, First, Middle Initial) Jeff Duncan for Congress					Date of	Disb		_		v	Y
	Mailing Address PO Box 845					04	/	0 9			014	T
	City Laurens Purpose of Disbursement	StateZip CodeSC29360				Trans	actio	n ID	: D1572	255		
	Contributions for Federal Candidates Candidate Name			011 egory		Amount	ofE	ach	Disburs	ement	this F	Period
	Jeffrey D. Duncan Office Sought: X House Disburser	ment For: 2014		ype			7		7		1000	.00
	State: SC District: 03	Primary General Other (specify)										
В.	Full Name (Last, First, Middle Initial) Jeff Duncan for Congress					Date of	Disb		_			
	Mailing Address PO Box 845					05	/	2			014	Y
	Laurens	StateZip CodeSC29360				Trans	actio	n ID	: D158	516		
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name			011 egory		Amount	of E	ach	Disburs	ement		
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<u> </u>	State: SC District: 03 Full Name (Last, First, Middle Initial) Jet PAC					Date of	Disb	urse	ment			
	Mailing Address PO Box 2385					м м 05	/	D 14)14	Y
	Ottawa	State Zip Code IL 61350				Trans	actio	n ID	: D158	265		
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Pol	itical Act	tion Commit	tee								
Α.	Full Name (Last, First, Middle Initial) Jim Tracy for Congress						Date o	f Disb	urser	nent		
	Mailing Address PO Box 332490						05	/	D 28		2014	
	City	State TN	Zip Code				Trans	sactio	n ID :	: D15852	1	
	Murfreesboro Purpose of Disbursement Contributions for Federal Candidates		37133				•					ia. Davia d
	Candidate Name			1.1	11	4	Amoun	tote	ach L	Jisburser	nent th	is Period
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В.	Jobs, Opportunities and Education	n PAC (J	JOE-PAC)				Date o		urser		Y	Y Y
	Mailing Address 700 13th Street, NW Suite 600						05		28		2014	
	City Washington	State DC	Zip Code 20005				Trans	sactio	n ID :	: D15852	0	
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	Full Name (Last, First, Middle Initial)						Date o	f Dish	urser	ment		
0.	Johnson for Congress										Y	Y Y
	Mailing Address PO Box 14496						06		10		2014	
	City Poland	State OH	Zip Code 44514				Trans	sactio	n ID :	: D15887	6	
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Act	ion Committe	ee			-								
_	Full Name (Last, First, Middle Initial)							Date of		buroo		ont			
А.	Julia Brownley for Congress								Dis		D	ent	V	Y	V
	Mailing Address PO Box 2018							05	Í		4			014	
	5	State	Zip Code					Trans	acti	on ID	:	D1582	69		
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в.	Full Name (Last, First, Middle Initial) Kansans for Huelskamp							Date of	f Dis	burse	em	ent			
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	Mailing Address PO Box 410							04		0	9		2	2014	
	Fowler	State KS	Zip Code 67844-0410					Trans	acti	ion ID	:	D1572	59		
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_	State: KS District: 01 Full Name (Last, First, Middle Initial)														
C.	Karen Bass for Congress							Date of	f Dis		em D	ent	Y Y	Y	Y
	Mailing Address 777 S. Figueroa Street Suite 4050					05	Í	1				014	_		
	,	State CA	Zip Code 90017					Trans	acti	on ID	:	D1582	60		
	Los Angeles Purpose of Disbursement	UA	90017	_	_	-									
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А.	Langevin for Congress						Date of	t Dist					
	Mailing Address 181A Knight Street						06		25		2014		
	City Warwick	State Zip RI 028	Code				Trans	actic	on ID	: D15934	4		
	Purpose of Disbursement			-	-								
	Contributions for Federal Candidates			0	11		Amount	t of E	ach	Disburse	ment th	nis Peri	od
	Candidate Name James R. Langevin			Cate	egory /pe	//					1	500.00	
		ment For: 2014		ر י	/pc						_		
	Senate	Primary X Other (specify)	General										
	State: RI District: 02	•											
	Full Name (Last, First, Middle Initial)												
В.	Larson for Congress						Date of	f Dist	ourse	ment			
	Mailing Address PO Box 261172						м м 05	/	D 14		201-		
	Maining Address PO Box 201172						00			•	201	•	
	Hartford		Code 26-1172				Trans	actio	on ID	: D15827	0		
	Purpose of Disbursement Contributions for Federal Candidates			0	11	11	Amount	t of F	ach	Disburse	ment th	nis Peri	od
	Candidate Name			Cate		/	-						
	John B. Larson				/pe			-			1	500.00	
	Office Sought: House Disbursed Senate	ment For: 2014 Primary	General										
	President	Other (specify)											
	State: CT District: 01												
c	Full Name (Last, First, Middle Initial)						Date of	f Dieł	oureo	mont			
0.	Lead Your Nation Now PAC (LYN)	N PAC)							D		Y	Y Y	
	Mailing Address PO Box 1872						05		07		2014		
	City Topeka	State Zip KS 666	Code 01				Trans	actio	on ID	: D15811	1		
	Purpose of Disbursement Contributions for Federal Candidates												
	Candidate Name				11	4	Amount	t of E	ach	Disburse	ment th	nis Peri	od
	Lead Your Nation Now PAC (LYN	N PAC)		Cate Ty	egory /pe	//					2	500.00	
	Office Sought: House Disburse	ment For: 2014	I		-					7			
	Senate President	Primary Other (specify)	General										
	State: District:		 Contribution 										
	· · ·						_		_		-	500.00	
s	UBTOTAL of Disbursements This Page (optional)										5	500.00	
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S	CHEDULE B (FEC Form 3X)			F	OR		NUMBER	:		F	AGE	235 ()F 256
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page			k only 21b 27		X	23 28b	24		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Act	tion Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Lee Terry for Congress						Date o	_	sburse			Y	Y
	Mailing Address PO Box 540098						06	ĺ		0		014	T
	Omaha	State NE	Zip Code 68154-0098				Trans	sacti	ion ID	: D159	729		
	Purpose of Disbursement Contributions for Federal Candidates			C)11		Amoun	t of	Each	Disburs	emen	t this I	Period
	Candidate Name Lee Terry			Cate		ry/						-1000	.00
		nent For: Primary	General		ype				3	7			
	State: NE District: 02	Other (spe	ecity) 🔻										
в.	Full Name (Last, First, Middle Initial)						Date o						
	Mailing Address PO Box A3968						05	/	2	8		2014	Y
	Chicago	State IL	Zip Code 60690				Trans	sact	ion ID	: D158	523		
	Purpose of Disbursement Contributions for Federal PACs/Committees			(011		Amoun	t of	Each	Disburs	emen	t this I	Period
	Candidate Name			Cate	egor	ry/						5000	00
	Lincoln PAC Office Sought: House Disburser	ment For:		T	ype				7		_	0000	
	Senate President	nent For: Primary Other (spe											
	State: District: Full Name (Last, First, Middle Initial)		Contribution										
C.							Date o	_	sburse		YY	Ý	Y
	Mailing Address PO Box 550						05		0			014	
	Vineland	State NJ	Zip Code 08362				Trans	sact	ion ID	: D158	102		
	Purpose of Disbursement Contributions for Federal Candidates			C)11		Amoun	t of	Each	Disburs	emen	t this I	Period
	Candidate Name Frank A. LoBiondo			Cate	egor ype	ry/						1000	
	Office Sought: House Disburser Senate President State: NJ District: 02	ment For: Primary Other (spe	General										
												5000	.00
	UBTOTAL of Disbursements This Page (optional)						+	-	7	,			
т	OTAL This Period (last page this line number only))							7				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 236 OF 256
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Po	litical Action Commit	tee	
Full Name (Last, First, Middle Initial) A. Making a Responsible Stand for House	eholds in America (MAR	SHA PAC)	Date of Disbursement
Mailing Address PO Box 3241			04 02 2014
City Brentwood	State Zip Code TN 37024-3241		Transaction ID : D155781
Purpose of Disbursement Contributions for Federal PACs/Committees		011	Amount of Each Disbursement this Period
Candidate Name Making a Responsible Stand for Households in An	nerica (MARSHA PAC)	Category/ Type	5000.00
Office Sought: House Disburs Senate President	ement For: 2014 Primary General Other (specify) ▼		
State: District:	Contribution		
Full Name (Last, First, Middle Initial) B. Making America Prosperous PAC Mailing Address PO Box 2485	;		Date of Disbursement 05 21 2014
City	State Zip Code		Transaction ID : D158442
Springfield Purpose of Disbursement	VA 22152-0485		
Contributions for Federal PACs/Committees		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Making America Prosperous PAC Office Sought: House Disburs Senate President State: District:	ement For: 2014 Primary General ↓ Other (specify) ↓ Contribution	Туре	
Full Name (Last, First, Middle Initial) C. Marsha Blackburn for Congress,	nc.		Date of Disbursement
Mailing Address PO Box 3750			06 / D D / Y Y Y Y 25 / 2014
City Brentwood	StateZip CodeTN37024-3750		Transaction ID : D159353
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name Marsha Blackburn		Category/ Type	2500.00
Office Sought: House Disburs Senate President State: TN District: 07	ement For: 2014 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			12500.00

S	CHEDULE B (FEC Form 3X)			F			IUMBER			I	PAGE	237 (DF 256
	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	c only	one)		1			_	
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nan					perso	n for the						tions
\square	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Act	ion Commit	tee									
Α.	Full Name (Last, First, Middle Initial) Matsui for Congress						Date o	_		_			
	Mailing Address PO Box 1738						04	/	2			2014	Y
	Sacramento	State CA	Zip Code 95812				Tran	sacti	ion ID	: D157	770		
	Purpose of Disbursement Contributions for Federal Candidates			C)11		Amour	nt of	Each	Disbur	semei	nt this I	Period
	Candidate Name Doris O. Matsui				egory ype	y/						1000	.00
	Office Sought: House Disburser Senate President Image: Construction of the senate of th	2014 ∑ General ccify) ▼	I	уре				3		7			
	State: CA District: 06 Full Name (Last, First, Middle Initial)												
В.	Matsui for Congress						Date c	_		ement	V	YY	V
	Mailing Address PO Box 1738						06			5		2014	1
	Sacramento	State CA	Zip Code 95812				Tran	sact	ion ID	: D159	301		
	Purpose of Disbursement Contributions for Federal Candidates			C	011		Amour	nt of	Each	Disbur	semei	nt this I	Period
	Candidate Name Doris O. Matsui				egory ype	y/			,		,	1500	0.00
		ment For: Primary Other (spe	X General										
с.	Full Name (Last, First, Middle Initial)						Date c	of Dis	sburse	ement			
	Mailing Address PO Box 642						04	/	2	9 /		y y 2014	Y
	City S Morgantown	State WV	Zip Code 26507				Tran	sact	ion ID	: D157	768		
	Purpose of Disbursement Contributions for Federal Candidates			C)11		Amour	nt of	Each	Disbur	semei	nt this I	Period
	Candidate Name David B. McKinley				egory ype	y/						2000	.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	X General								,		
	State: WV District: 01						_	_	_	_	_		_
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	y information copied from such Reports and State for commercial purposes, other than using the na														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Pol	itical Ac	tion Commit	tee											
Α.	Full Name (Last, First, Middle Initial) Mike Kelly for Congress						D	ate o	f Dis	sburse	en	nent			
	Mailing Address PO Box 476							04	/	D 2	29) /		014	Y
	City Lyndora	State PA	Zip Code 16045					Trans	acti	ion ID):	D1577	60		
	Purpose of Disbursement Contributions for Federal Candidates)11		Δ	moun	t of	Fach	Г	isburse	mon	t this	Period
	Candidate Name			1.00				moun		Laci		/isbuist	men	11 11 13	renou
	G. Mike J. Kelly			Cat T	ego ype									100	0.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		<u>, , , , , , , , , , , , , , , , , , , </u>					,		,			
_	State: PA District: 03														
в.	Full Name (Last, First, Middle Initial) Mike Kelly for Congress						D	ate o	f Dis	sburse	en	nent			
	Mailing Address PO Box 476							05	/		14			2014	Y
	City Lyndora	State PA	Zip Code 16045					Trans	sacti	ion ID) :	D1582	62		
	Purpose of Disbursement Contributions for Federal Candidates			()11		A	moun	t of	Each	Ē	isburse	emen	it this	Period
	Candidate Name			Cat	ego	ry/	L F				1			200	0.00
	G. Mike J. Kelly			Т	ype	-		-	-	7	-	- 7	-	200	0.00
		ment For: Primary Other (spe	General												
_	Full Name (Last, First, Middle Initial)										_				
C.	Mike Thompson for Congress						D	ate o	f Dis	sburse	en	nent			
	Mailing Address 5429 Madison Avenue						05	/		28			014	Y	
	City Sacramento	State CA	Zip Code 95841					Trans	sacti	ion ID):	D1585	17		
	Purpose of Disbursement			-		-	-								
	Contributions for Federal Candidates Candidate Name			C)11		A	moun	t of	Each	D	isburse	emen	it this	Period
	Michael C. Thompson			Cat T	ego ype		LΓ				7			100	0.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	K General		ype					7		7			
_	State: CA District: 05														
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S	CHEDULE B (FEC Form 3X)		F	DR I		UMBER:			P	AGE 2	39 OF	256
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck	only o	one)						
		Detailed Summary Page			21b 27	22 	· ·	23 28b	24		25 29	26 30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	I ments may not be sold or us ne and address of any politi	sed by cal com	any j	persor	for the	purp	ose c	of soliciti	ing cont	ributio	ns
\setminus	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Poli Full Name (Last, First, Middle Initial)	tical Action Commit	tee									
Α.	Morgan Griffith for Congress					Date of	f Dist	burse	_	V V	YY	
	Mailing Address PO Box 361					06	Í	0.		201		
	City Schristiansburg	State Zip Code VA 24068				Trans	actic	on ID	: D1581	75		
	Purpose of Disbursement Contributions for Federal Candidates		0	11		Amount	t of E	Each	Disburs	ement t	his Pe	riod
	Candidate Name		Cate	egory	/						1000.0	-
	H. Morgan Griffith Office Sought: Y House Disburser	ment For: 2014	Ту	ype				,	7			-
	Senate President	Primary General Other (specify)										
	State: VA District: 09											
в.	Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress					Date of	f Dist	burse	_	YY	V	
	Mailing Address 700 13th Street, NW Suite 600					05	/	2		201		
	Washington	StateZip CodeDC20005				Trans	actio	on ID	: D1585	522		
	Purpose of Disbursement Contributions for Federal Candidates		0)11		Amount	t of E	Each	Disburs	ement t	his Pe	riod
	Candidate Name Nancy Pelosi			egory ype	/					:	2500.0	0
	Office Sought: House Disburser Senate President	ment For: 2014 Primary X General Other (specify) ▼		ype				,				
_	State: CA District: 12 Full Name (Last, First, Middle Initial)											
C.	New Pioneers PAC					Date of	f Dist	burse	_	V	Y Y	
	Mailing Address 228 S Washington St Ste 115					06	Í	0 [,]		201		
	Alexandria	State Zip Code VA 22314				Trans	actio	on ID	: D1581	172		
	Purpose of Disbursement Contributions for Federal PACs/Committees		0	11	٦Ŀ	Amount	t of E	Each	Disburs	ement t	his Pe	riod
	Candidate Name New Pioneers PAC			egory ype	/			-		-^	500.0	0
	Office Sought: House Disburser Senate President	ment For: 2014 Primary General Other (specify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>				,				
_	State: District:	Contribution	1									
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S	CHEDULE B (FEC Form 3X)		F	OR	LINE	NUMBER	:			PAGE	240	OF 256
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(c	hec	k only		· · ·	1		. –		
		Detailed Summary Page			21b 27	22 28a	×	23 28b	2	4 8c	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan											
\backslash	NAME OF COMMITTEE (In Full)											
$ \rangle$	National Emergency Medicine Poli	tical Action Commit	tee									
Δ	Full Name (Last, First, Middle Initial) New York Jobs PAC					Date o	of Dis	shurse	ement			
/	New FOR JODS FAC					M	_	D		V	YY	V
	Mailing Address PO Box 708					06			5		2014	
	City Melville	State Zip Code NY 11747				Trans	sacti	ion ID	: D15	9336		
	Purpose of Disbursement		_	_	_							
	Contributions for Federal PACs/Committees		C)11		Amour	t of	Each	Disbu	semei	nt this	Period
	Candidate Name		Cate	egor	·y/						100	0.00
	New York Jobs PAC		T	ype			-	7	_	7	100	0.00
	Office Sought: House Disburser Senate	ment For: 2014 Primary General										
	President	Other (specify)										
	State: District:	Contribution										
	Full Name (Last, First, Middle Initial)											
В.	Nutmeg PAC					Date o	of Dis	sburse	ement			
	Mailing Address C/O Cacace Tusch & Santagata					м м 04	/		D /		y y 2014	Y
	777 Summer St, Suite 103					04		4	.9		2014	
	City Stamford	State Zip Code CT 06903				Tran	sacti	ion ID	: D15	7758		
	Purpose of Disbursement	0.0000	_		_							
	Contributions for Federal PACs/Committees		C)11		Amoun	t of	Each	Disbu	semer	nt this	Period
	Candidate Name		Cate		y/						500	0.00
	Nutmeg PAC Office Sought: House Disburser	ment For: 2014	T	ype		_	-	7	-	7		
	Senate	Primary General										
		Other (specify)										
	State: District:	Contribution	1									
	Full Name (Last, First, Middle Initial)											
C.	Orrinpac					Date o	of Dis	sburse	ement			
	Mailing Address, DO Day 2000						/				Y Y	Y
	Mailing Address PO Box 3986					06		2	5		2014	_
	City	State Zip Code				Tran	sacti	ion ID	: D15	2200		
	Washington	DC 20027				ITali	Sacti		. 015	500		
	Purpose of Disbursement Contributions for Federal PACs/Committees)11					D . 1			D · · ·
	Candidate Name					Amoun	it of	Each	Disbu	semei	nt this	Period
	Orrinpac		Cate T	egor ype	y/			_			500	0.00
	Office Sought: House Disburser	ment For: 2014))		
	Senate	Primary General										
	President X	Other (specify)										
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s		NUMBER: PAGE 241 OF 256
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar			
$\left \right $	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Poli	itical Action Commit	tee	
A.	Full Name (Last, First, Middle Initial) Pac To the Future			Date of Disbursement
				06 10 2014
	Mailing Address 700 13th Street, NW, Suite 600			00 10 2014
	City Washington	State Zip Code DC 20005		Transaction ID : D158866
	Purpose of Disbursement	20005		-
	Contributions for Federal PACs/Committees		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	2500.00
	Pac To the Future Office Sought: House Disburse	ment For: 2014	Туре	
	Senate Sought.	Primary General		
	President	Other (specify)		
	State: District:	Contributior)	
R	Full Name (Last, First, Middle Initial) Pac To the Future			Date of Disbursement
υ.	Pac To the Future			
	Mailing Address 700 13th Street, NW, Suite 600			06 <u>30</u> 2014
	Washington	StateZip CodeDC20005		Transaction ID : D159722
	Purpose of Disbursement Contributions for Federal PACs/Committees		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	2500.00
	Pac To the Future		Туре	-2500.00
		ment For: 2014		
	Senate President	Primary General Other (specify) ▼		
	State: District:	Contribution	ı	
_	Full Name (Last, First, Middle Initial)			
C.	Pascrell for Congress			Date of Disbursement
	Mailing Address PO Box 100			06 10 / Y Y Y Y 2014
	City	State Zip Code		Transaction ID : D158872
	Teaneck Purpose of Disbursement	NJ 07666		
	Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	2500.00
	William J. Pascrell Jr.		Туре	2300.00
	Office Sought: X House Disburse Senate President	Primary X General Other (specify)		
	State: NJ District: 09			
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S	CHEDULE B (FEC Form 3X)			F	OR	LINF	NU	IMBER:	:			PA	GE	242 (DF 256
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Ac	tion Committ	ee											
<u> </u>	Full Name (Last, First, Middle Initial)							_							
Α.	Pat Roberts for U.S. Senate, Inc.							Date of	f Dis	sburse	eme	ent			
	Mailing Address PO Box 433							05	/	1	4	/ Y		014	Ŷ
	City	State	Zip Code					Trong				45007	E		
	Great Bend	KS	67530					Trans	acti): U	15827	5		
	Purpose of Disbursement Contributions for Federal Candidates			0)11			Amoun	t of	Each	Dis	sburse	nent	this I	Period
	Candidate Name			Cate										2500	00
	Pat Roberts			Ţ	ype		-	_	-	7	-	7		2000	
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General												
_	State: KS District:														
_	Full Name (Last, First, Middle Initial)														
В.	People for Ben							Date of	f Dis	sburse	eme	ent			
	Mailing Address PO Box 31129						-	05	/	D	D 14	/ Y		014	Y
	City	State	Zip Code					.				4 5 0 0 0	-		
	Santa Fe	NM	87594					Trans	sact):L	015826	07		
	Purpose of Disbursement Contributions for Federal Candidates			C)11			Amoun	t of	Each	Dis	sbursei	nent	this I	Period
	Candidate Name			Cate	egor	ry/								1000	00
	Ben Ray Lujan				ype					7	_	- 7		1000).00
		ment For: Primary Other (spe	General												
	State: NM District: 03														
C.	Full Name (Last, First, Middle Initial) People for Patty Murray							Date of	f Dis	sburse	eme	ent			
	Mailing Address PO Box 3662							^M M 04	/	D	BO	/ Y)14	Y
	5	State	Zip Code					Trans	sacti	ion ID) : C	015813	2		
	Purpose of Disbursement	WA	98124		_	_	-								
	Contributions for Federal Candidates			0)11			Amoun	t of	Each	Dis	sbursei	nent	this I	Period
	Candidate Name			Cate										-1500	00
	Patty Murray			T	ype					7	_	- 7		1000	
	Senate President	ment For: Primary Other (spe	General												
_	State: WA District:														
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S	CHEDULE B (FEC Form 3X)			OR I		NUMBER	:		I	PAGE	243	OF 2	256
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(C	heck	c only								
		Detailed Summary Page			21b 27	22 28a	X	23 28b	24		25 29		26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
\backslash	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Action Commit	tee										
^	Full Name (Last, First, Middle Initial)					Date o	f Di	oburor	mont				
А.	People for Patty Murray						_						
	Mailing Address PO Box 3662					06	′	0	4		2014	Ŷ	
	City Seattle	State Zip Code WA 98124				Trans	sact	ion ID	: D158	721			
	Purpose of Disbursement	96124											
	Contributions for Federal Candidates		C	011		Amour	t of	Each	Disbur	seme	nt this	Period	d
	Candidate Name		Cat	egor	y/						150	0.00	٦.
	Patty Murray		Т	ype				7			130	0.00	
	Office Sought: House Disburser	nent For: 2016 Primary General											
	President	Other (specify)											
	State: WA District:												
	Full Name (Last, First, Middle Initial)												
В.	Pioneer Political Action Committee					Date o	_					_	
	Mailing Address 701 8th Street, NW Suite 500					04	/	2	23		2014	Ŷ	
	City	State Zip Code				Tran	sact	ion ID) : D157	674			
	Washington Purpose of Disbursement	DC 20001				i i u ii	5401			014			
	Contributions for Federal PACs/Committees		(011		Amoun	t of	Each	Disbur	semei	nt this	Period	d
	Candidate Name		Cat	egor	v/			-		-			
	Pioneer Political Action Committee			ype				7			500	0.00	
	Office Sought: House Disburser	nent For: 2014											
		Primary General Other (specify) ▼											
	State: District:	Contributior	n										
	Full Name (Last, First, Middle Initial)												
C.	Pittspac					Date o	f Di	sburse	ement				
	Mailing Address 1942 Park Plaza					M M	/		D / 2		у у 2014	Y	
	Maning Address 1942 Park Plaza					04	1		2		2014		
	City	State Zip Code				Tran	sact	ion ID): D155	779			
	Lancaster Purpose of Disbursement	PA 17601											
	Contributions for Federal PACs/Committees		C	011		Amour	t of	Fach	Disbur	eme	nt this	Perior	Ч
	Candidate Name		Cat	egor	v/	/ iniour		Luon	Diobul				-
	Pittspac			ype	<i>.</i>	- L		7			250	0.00	
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	CHEDULE B (FEC Form 3X)		parate schedule(s)					IMBER:				PA	GE	244	OF 256
IT	EMIZED DISBURSEMENTS	for each	category of the	(c	hec	k on 21b	·	າe)] 22	X	23		24		25	26
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Ac	tion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Raye for Congress							Date of	f Dis	sburse	eme	ent			
	Raye for Congress							M M	/	D			Y Y	Y	Y
	Mailing Address PO Box 207							05			21			014	
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	Eastport	ME	04631				_	mano							
	Purpose of Disbursement Contributions for Federal Candidates			C)11			Amount	t of	Each	Di	sburse	men	t this	Period
	Candidate Name			Cate										250	0.00
	Kevin L. Raye Office Sought: V House Disburser	ment For:	0011	T	ype		_		-	7	_	7	-	200	5.00
	Office Sought: X House Disburser	Primary	2014 General												
	President	Other (spe													
	State: ME District: 02		•												
_	Full Name (Last, First, Middle Initial)														
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	Mailing Address DO Day 2022						-	м м 05	/		28			014	Y
	Mailing Address PO Box 8628							05	1	4	20		2	.014	
	City Cranston	State RI	Zip Code 02920					Trans	acti	ion ID):[D15852	27		
	Purpose of Disbursement		02020	_		_	-								
	Contributions for Federal Candidates			C	011			Amount	t of	Each	Di	sburse	men	t this	Period
	Candidate Name			Cate										150	0.00
	Jack Francis Reed	mant Fari		T	уре		_	_	-	7	_	- 7		100	0.00
		ment For: Primary	2014 General												
	President	Other (spe													
	State: RI District:		<i></i>												
_	Full Name (Last, First, Middle Initial)														
C.	Rely on Your Beliefs Fund							Date of	f Dis	sburse	eme	ent			
	Mailing Address 209 Pennsylvania Avenue, SE						-	м м 05	/		D)7			014	Y
	Walling Address 209 Fellinsylvallia Avenue, 32							00					-		
		State	Zip Code					Trans	acti	ion ID):[D15810	07		
	Washington Purpose of Disbursement	DC	20003				_								
	Contributions for Federal PACs/Committees			C)11			Amount	t of	Each	Dia	churco	mon	t thic	Poriod
	Candidate Name			Cate		rv/		Amoum		Lacii	Di	spuise	men		_
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S	CHEDULE B (FEC Form 3X)			—						D.4		OF 256
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11	EMIZED DISBURSEMENTS	for each	category of the			21b [22	X	23	24	25	26
		Detailed	Summary Page		$\left - \right $	27	28a		28b	28c	29	
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	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Poli	tical Ac	tion Committ	ee								
	Full Name (Last, First, Middle Initial)						D :					
Α.	Renee Ellmers for Congress Comr	nittee					Date o		ourse		Y Y Y	Y
	Mailing Address PO Box 99567						04		09	9	2014	
		State	Zip Code				Trans	sactio	on ID	: D15725	6	
	Raleigh Purpose of Disbursement	NC	27624									
	Contributions for Federal Candidates			0	011		Amoun	t of E	Each	Disburse	ment this	s Period
	Candidate Name			Cate	egor	v/			-			
	Renee Jacisin Ellmers				ype	<i>.</i>					10	00.00
		ment For:	-									
	Senate X	Primary	General									
	State: NC District: 02	Other (spe	есіту) 🔻									
	Full Name (Last, First, Middle Initial)											
B.	Republican Operation To Secure and Ke	een a Ma	aiority (ROSKA	MP		\	Date o	f Dist	ourse	ment		
)	/			D		Y Y	Y
	Mailing Address PO Box 1011						06	'	2		2014	
	- -											
	,	State	Zip Code		_		Trans	sactio	on ID	: D15935	54	_
	Wheaton Purpose of Disbursement	IL	60187									
	Contributions for Federal PACs/Committees			C	011		Amoun	t of E	Each	Disburse	ment this	s Period
	Candidate Name					21/						
	Republican Operation To Secure and Keep a N	lajority (R	OSKAM PAC)		egor ype	y/				7	10	00.00
	Office Sought: House Disburser	ment For:	2014									
	Senate	Primary	General									
		Other (spe										
_	State: District:		Contribution									
<u>د</u>	Full Name (Last, First, Middle Initial)						Date o	f Dick		mont		
υ.	Richard Hanna for Congress Comr	nittee						_				
	Mailing Address PO Box 118						м м 05	/	28		2014	Y
	5	State	Zip Code				Trans	sactio	on ID	: D15852	9	
	Utica	NY	13503-0118				. run				-	
	Purpose of Disbursement Contributions for Federal Candidates)11				- ,	Dist		. D
	Candidate Name						Amoun	τ of E	ach	Disburse	ment this	s Period
	Richard L. Hanna				egor ype	y/					10	00.00
	· · · · · · · · · · · · · · · · · · ·	ment For:	2014	·	× ·· · ·							
	Senate	Primary	General									
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IT	EMIZED DISBURSEMENTS	for each	a category of the Summary Page	(c	nec	k on 21b 27	· _	one) 22 28a	×	23 28b	F	24	. –	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
	NAME OF COMMITTEE (In Full)	_													
	National Emergency Medicine Poli	tical Ac	tion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Richard Hanna for Congress Comr	nittee						Date o	_						
	Mailing Address PO Box 118							06		D 1	10			014	Y
	City S Utica	State NY	Zip Code 13503-0118					Trans	act	ion ID):	D1588	64		
	Purpose of Disbursement Contributions for Federal Candidates			C)11			Amoun	t of	Each	D)isburs	emen	it this	Period
	Candidate Name			Cat	ego	ry/					7			100	0.00
	Richard L. Hanna			Т	ype			<u> </u>	-	7				100	5.00
	Senate X President	nent For: Primary Other (spe	General												
	State: NY District: 22														
В.	Full Name (Last, First, Middle Initial) Rob Wittman for Congress							Date o							
	Mailing Address PO Box 999							04			29			2014	Y
	Montross	State VA	Zip Code 22520					Trans	sact	ion ID):	D1577	67		
	Purpose of Disbursement Contributions for Federal Candidates			()11			Amoun	t of	Each	C	isburs	emen	it this	Period
	Candidate Name Robert J. Wittman			Cat										250	0.00
		ment For: Primary Other (spe	X General	1	ype	!				1					
	Full Name (Last, First, Middle Initial)														
C.	Rodney for Congress							Date o			en		Y	(Y	Y
	Mailing Address PO Box 344							06			25			014	
	City S Taylorville	State IL	Zip Code 62568-0344					Trans	sact	ion ID):	D1593	51		
	Purpose of Disbursement Contributions for Federal Candidates)11						_				.
	Candidate Name			Cat	ego			Amoun	t of	Each	L	lisburs	emen	it this	_
	Rodney L. Davis Office Sought: V House Disburser	ment For:	2014	1	ype		_	<u></u>	-	7		7			
	Senate President	Primary Other (spe	K General												
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Act	ion Commit	ee											
Α.	Full Name (Last, First, Middle Initial) Rogers for Congress						I	Date of	f Dis	sburse	eme	ent			
	Mailing Address PO Box 581							04	/	D 2	D 25	/		014	Y
	City S Brighton	State MI	Zip Code 48116-0581					Trans	acti	ion ID) : C	01577	30		
	Purpose of Disbursement Contributions for Federal Candidates			0	11			Amount	t of	Fach	Die	ehure	amon	t this	Period
	Candidate Name			1.00	-	<u> </u>	,	anoun		Luon	DI	boulo	onnen	t tino	renea
	Mike J. Rogers			Cate T	egor ype	ry/								-2000	0.00
		ment For: Primary Other (spe	X General		<u>, 1</u>					,		,			
	State: MI District: 08														
в.	Full Name (Last, First, Middle Initial) Rothfus for Congress						I	Date of	f Dis			ent			
	Mailing Address PO Box 435							06	/	2	25	/		014	Y
	Sewickley	State PA	Zip Code 15143					Trans	acti	ion ID):[01593	45		
	Purpose of Disbursement Contributions for Federal Candidates			C)11		/	Amount	t of	Each	Dis	sburs	emen	t this	Period
	Candidate Name			Cate		ry/								150	0.00
	Keith J. Rothfus Office Sought: Y House Disburser	nent For:	0044	Ty	ype				-	7					
	Office Sought: House Disburser Senate President State: PA District: 12	Primary Other (spe	X General												
_	Full Name (Last, First, Middle Initial)														
C.	Ryan for Congress, Inc.						1	Date of	f Dis	sburse		ent	VVV	Ý	V
	Mailing Address PO Box 1488							05	ĺ		4	Ĺ		014	
	City Sanesville	State WI	Zip Code 53547-1488					Trans	acti	ion ID):[01582	74		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		,	Amount	t of	Fach	Dis	sburs	emen	t this	Period
	Candidate Name Paul Ryan			Cate	egor ype	ry/				24011	2			1000	
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S	CHEDULE B (FEC Form 3X)			F)B					F	PAGE	248 ()F 256
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			d Summary Page		$\left - \right $	21b 27	22 28a	×	23 28b	24		25 29	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar					perso	n for the		pose (of solici	ting co	ontribut	tions
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	itical Ac	tion Committ	ee									
A.	Full Name (Last, First, Middle Initial) Ryan for Congress, Inc.						Date o	f Dis	sburse		X		Y
	Mailing Address PO Box 1488						06	Í		5		014	
	City Janesville	State WI	Zip Code 53547-1488				Trans	sacti	ion ID	: D159	341		
	Purpose of Disbursement Contributions for Federal Candidates			0)11		Amoun	t of	Each	Disburs	semen	t this I	Period
	Candidate Name Paul Ryan			Cate	egor ype	y/			, .	. ,		1000	.00
	Senate President	ment For: Primary Other (sp	X General										
В.	State: WI District: 01 Full Name (Last, First, Middle Initial) Scalise for Congress						Date o	f Dis	sburse	ement			
	Mailing Address PO Box 23219						м м 06	/	D 1	D / 0		2014	Y
									_				
	City Jefferson	State LA	Zip Code 70183-3219				Trans	sact	ion ID	: D158	873		
	Purpose of Disbursement Contributions for Federal Candidates			C	011		Amoun	t of	Each	Disburs	semen	t this I	Period
	Candidate Name Stephen J. Scalise			Cate	egor ype	y/		2				2500	0.00
	Office Sought: X House Disburse	ment For: Primary Other (sp	General		уре				<u>, </u>	,			
<u>с</u> .	Full Name (Last, First, Middle Initial) Schock for Congress						Date o	f Dis	sburse	ement			
	Mailing Address PO Box 10555						м м 06	/	D 2	D / 5		014	Y
	City Peoria	State IL	Zip Code 61612				Trans	sact	ion ID	: D159	338		
	Purpose of Disbursement Contributions for Federal Candidates			0)11	٦	Amoun	t of	Each	Disburs	emen	t this I	Period
	Candidate Name Aaron Schock			Cate T	egor ype	y/	Γ.					1500	.00
	Office Sought: House Disburse Senate President State: IL District: 18	ment For: Primary Other (sp	K General										
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(C	nec	k only 21b 27	on	ie) 22 28a	×	23 28b		24 28c		25 29		26 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar														5
	NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	itical Action Committ	tee												
Α.	Full Name (Last, First, Middle Initial) Shore PAC					1	Date o	_	sburse		_	V	Ŷ	V	
	Mailing Address PO Box 3157						05			4	Ľ		014		
	City Long Branch Purpose of Disbursement	State Zip Code NJ 07740					Trans	sacti	ion ID) : D	158264	1			
	Contributions for Federal PACs/Committees		0	11		/	Amoun	t of	Each	Dis	bursen	nent	this I	Perio	bd
	Candidate Name Shore PAC		Cate Ty	egor ype	ry/				7		- 7		2500	.00	
	Office Sought: House Disburse Senate President	ment For: 2014 Primary General Other (specify) ▼													
	State: District: Full Name (Last, First, Middle Initial)	Contribution													
В.	Stand Tall America PAC (STAPAC Mailing Address PO Box 2382	C)					Date o	_	D		_		014	Y	
	City Amarillo	State Zip Code TX 79105					Trans	sacti	ion ID) : D	015817:	3			
	Purpose of Disbursement Contributions for Federal PACs/Committees		C)11		,	Amoun	t of	Each	Dis	bursen	nent	this I	Perio	bd
	Candidate Name Stand Tall America PAC (STAPAC	2)	Cate T	egor ype	ry/				,				-2500	0.00	
	Office Sought: House Disburse Senate	ment For: 2014 Primary General Other (specify) ▼ Contribution		/1					,		,				
C.	Full Name (Last, First, Middle Initial) Steve Israel for Congress Commit	tee					Date o		sburse		_		Ŷ		
	Mailing Address PO Box 1400						06	<i>'</i>)4	/ 1)14	Y	
	Melville	State Zip Code NY 11747					Trans	sacti	ion ID) : D	015871 [,]	1			
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name		0 Cate	11 egor	ry/	/	Amoun	t of	Each	Dis	bursen	nent			bd
	Steve J. Israel Office Sought: House Senate President State: NY	ment For: 2014 Primary ☐ General Other (specify) ▼		ype			L.		7		7		1000		
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	y information copied from such Reports and Stater for commercial purposes, other than using the nam														
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	National Emergency Medicine Poli	tical Ac	tion Committ	ee											
A.	Full Name (Last, First, Middle Initial) Steve Israel for Congress Committ	ee					[Date of	f Dis	sburse	em	nent			
	Mailing Address PO Box 1400							м м 06	/	D 1	0			014	Y
	City	State	Zip Code					_			_				
	Melville	NY	11747					Trans	acti	on ID):	D1588	63		
	Purpose of Disbursement Contributions for Federal Candidates			C)11			Amount	t of	Each	D	isburse	emen	t this	Period
	Candidate Name			Cate	ego	ry/								150	0.00
	Steve J. Israel				ype				-	7	-			150	0.00
	Senate X President	ment For: Primary Other (spe	General												
	State: NY District: 03														
В.	Full Name (Last, First, Middle Initial) Ted Lieu for Congress						[Date of	f Dis	sburse	err	nent			
	Mailing Address 6380 Wilshire Blvd #1612							м м 05	/		21			014	Y
	0.4	Otata	Zin Oada												
	Los Angeles	State CA	Zip Code 90048					Trans	acti	ion ID):	D1584	39		
	Purpose of Disbursement Contributions for Federal Candidates			C	011		4	Amount	t of	Each	D	isburse	emen	t this	Period
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	Ted W. Lieu			T	ype				-	7	-		-	500	0.00
		ment For: Primary	-												
	Senate X President	Other (spe	General												
	State: CA District: 33														
C.	Full Name (Last, First, Middle Initial) The Committee for the Preservatio	n of Ca	nitalism					Date of	f Dis	sburse	err	nent			
			pitalion					M M	/	D	D	/	Y Y	Y	Y
	Mailing Address PO Box 65314							04	1	2	29		2	014	
	City Salarington	State DC	Zip Code 20035-5314					Trans	acti	ion ID):	D1577	65		
	Purpose of Disbursement Contributions for Federal PACs/Committees			C)11			Amount	h of	Each		Vichuro	mon	t thio	Doriod
	Candidate Name			Cate	ego			Amoum		Each		isburse	men		0.00
	The Committee for the Preservation	ment For:	•	T	ype				-	7		7	_	200	
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	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(chec	k only o 21b 27	one) 22 28a	X 23 28b	24 28c	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar								
\backslash	NAME OF COMMITTEE (In Full)								
	National Emergency Medicine Poli	tical Action Commit	tee						
~	Full Name (Last, First, Middle Initial)				Data of	Dieleure	4		
А.	The Hawkeye PAC				Date of	Disburs		Y Y Y	V
	Mailing Address PO Box 192				06		30	2014	
	5	State Zip Code			Trans	action ID) : D1597	30	
	Des Moines Purpose of Disbursement	IA 50301							
	Contributions for Federal PACs/Committees		011		Amount	of Each	Disburse	ement this	Period
	Candidate Name		Categor	ry/				-10	00.00
	The Hawkeye PAC Office Sought: House Disburser	ment For: 2014	Туре			- 7 - 1		10	00.00
	Senate President	Primary General Other (specify)							
	State: District:	Contributior	ı						
в.	Full Name (Last, First, Middle Initial) Tiberi for Congress				Date of	Disburse	ement		
					M M	/ D	D /	Y Y Y	Y
	Mailing Address 2931 E Dublin Granville Road Suite 190				06)4	2014	
	Columbus	StateZip CodeOH43231-2098			Trans	action II	D : D1587	22	
	Purpose of Disbursement Contributions for Federal Candidates		011		Amount	of Each	Disburse	ement this	Period
	Candidate Name		Categor	ry/				25	00.00
	Patrick J. Tiberi Office Sought: X House Disburser	ment For: 2014	Туре			- 1			
	Senate President	Primary General Other (specify)							
	State: OH District: 12 Full Name (Last, First, Middle Initial)								
C.	Tim Bishop for Congress					Disburse			
	Mailing Address PO Box 437				06	/ D	25	2014	- Y
	City Farmingville	State Zip Code NY 11738			Trans	action IE) : D1593	52	
	Purpose of Disbursement Contributions for Federal Candidates								
	Candidate Name		011		Amount	of Each	Disburse	ement this	Period
	Timothy H. Bishop		Categor Type					250	00.00
	Office Sought: House Disburse Senate President	ment For: 2014 Primary X General Other (specify) ▼							
_	State: NY District: 01								
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S	CHEDULE B (FEC Form 3X)			E			UMBER			PA	GE 2	252 0)F 256
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	y information copied from such Reports and State for commercial purposes, other than using the na												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
\bigvee	National Emergency Medicine Pol	itical Act	ion Committ	ee									
_	Full Name (Last, First, Middle Initial)						Data	(D'-					
А.	Tim Scott for Senate						Date o	_					_
	Mailing Address 1405 Ashley River Road						05	/	D 1		20		Ŷ
	City	State	Zip Code				Trop	anti	on ID	. D1502	22		
	Charleston	SC	29407				Iran	sacin		: D1582	03		
	Purpose of Disbursement Contributions for Federal Candidates			C	011		Amour	t of I	Each	Disburse	ment	this P	Period
	Candidate Name				egor	·y/						1500.	00
	Timothy Eugene Scott			Т	ype				7			1000.	.00
	Office Sought: House Disburse	ement For: ; Primary	2014 General										
	President	Other (spe											
	State: SC District:												
	Full Name (Last, First, Middle Initial)												
В.	Tisei Congressional Committee						Date o	f Dis	burse	ment			
	Mailing Address						M M	/	D			Y	Y
	Mailing Address 26 Main Street						05		2	8	20	14	
	City Lynnfield	State MA	Zip Code 01940				Tran	sacti	on ID	: D1585	25		
	Purpose of Disbursement			-									
	Contributions for Federal Candidates			(011		Amour	t of I	Each	Disburse	ement	this P	Period
	Candidate Name				egor	ry/						2500	.00
	Richard R. Tisei	ement For:	0014	Т	ype				,				
		Primary	2014 General										
	President	Other (spe											
	State: MA District: 06		<i>,</i>										
	Full Name (Last, First, Middle Initial)												
C.	Tom Reed for Congress						Date o	f Dis	burse	ment			
	Mailing Address DO Day 10017						м м 04	/			ү ү 20 ⁷		Y
	Mailing Address PO Box 10847						04	۰.	2	3	20	14	
	City	State	Zip Code				Tran	aati		: D1576	70		
	Rochester	NY	14610-0847				ITali	sacin		. 01570	10		
	Purpose of Disbursement Contributions for Federal Candidates)11					_			
	Candidate Name						Amoun	t of I	Each	Disburse	ement	this P	eriod
	Thomas W. Reed II.				egor ype	'y/						1500.	.00
	Office Sought: X House Disburse	ement For:	2014						7				
	Senate X	Primary	General										
	State: NV District: 00	Other (spe	cify) 🔻										
	State: NY District: 23												
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\square	NAME OF COMMITTEE (In Full)																
	National Emergency Medicine Poli	tical Act	tion Commit	ee													
Α.	Full Name (Last, First, Middle Initial) Trust PAC Team Republicans for Utilizing Sensible Tactics							Date of Disbursement									
	Mailing Address 228 S. Washington Street Suite 115																
	Alexandria	State VA	1					Transaction ID : D158713									
	Purpose of Disbursement Contributions for Federal PACs/Committees			(011			Amount of Each Disbursement this Period									
	Candidate Name Trust PAC Team Republicans for Utilizin	•		actics Ty						,		- 7		5000	0.00		
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General ecify) ▼														
_	State: District: Contribution Full Name (Last, First, Middle Initial) Contribution																
В.	Upton for All of Us							Date of Disbursement									
	Mailing Address PO Box 490							05 14 2014									
	St. Joseph	State MI	Zip Code 49085					Transaction ID : D158258									
	Purpose of Disbursement Contributions for Federal Candidates		(011			Amount of Each Disbursement this Period										
	Candidate Name Fredrick Stephen Upton	Category/ Type						2500.00									
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с.	Full Name (Last, First, Middle Initial) Volunteers for Shimkus						Date of Disbursement										
	Mailing Address PO Box 661								06 / Y Y Y Y 04 2014								
	City State Zip Code Collinsville IL 62234-0661							Transaction ID : D158715									
	Purpose of Disbursement Contributions for Federal Candidates	(011			Amount of Each Disbursement this Period											
	Candidate Name John M. Shimkus							2000.00									
	Office Sought: House Disburser Senate President State: IL District: 15	ment For: Primary Other (spe	X General														
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\square	NAME OF COMMITTEE (In Full)																
	National Emergency Medicine Poli	tical Act	tion Commit	ee													
Α.	Full Name (Last, First, Middle Initial) Walorski for Congress Inc		Date of Disbursement														
	Mailing Address PO Box 954				04 09 2014												
	Mishawaka	State IN		Transaction ID : D157258													
	Purpose of Disbursement Contributions for Federal Candidates			C)11		Amount of Each Disbursement this Period										
	Candidate Name Jacqueline Walorski			egor ype	y/					,	1000	0.00					
		isbursement For: 2014 Primary Gener Other (specify)							,		,						
	State: IN District: 02 Full Name (Last, First, Middle Initial)						Data a	f Di	buroc	mont							
ь.	Walorski for Congress Inc				Date of Disbursement												
	Mailing Address PO Box 954				04 29 2014												
	Mishawaka	State IN	Zip Code 46546-0954				Tran	sact	ion ID	: D15	7763						
	Purpose of Disbursement Contributions for Federal Candidates	tions for Federal Candidates 011							Amount of Each Disbursement this Period								
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<u>с</u> .	Full Name (Last, First, Middle Initial) Walorski for Congress Inc						Date o	of Dis	sburse	ement							
	Mailing Address PO Box 954								06 / D D / Y Y Y Y 06 10 2014								
	Mishawaka	State IN	Zip Code 46546-0954				Tran	sact	ion ID	: D15	3877						
	Purpose of Disbursement Contributions for Federal Candidates	C)11		Amount of Each Disbursement this Period												
	Candidate Name Jacqueline Walorski		egor ype	у/		1000	0.00										
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NAME OF COMMITTEE (In Full)											
National Emergency Medicine P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial) A. Welch for Congress			Date of Disbursement								
Mailing Address PO Box 1682			06 04 2014								
City	State Zip Code VT 05402		Transaction ID : D158720								
Burlington Purpose of Disbursement	VT 05402										
Contributions for Federal Candidates		011	Amount of Each Disbursement this Period								
Candidate Name Peter F. Welch		Category/	1000.00								
	rsement For: 2014	Туре									
Senate	X Primary General										
State: VT District: 01	Other (specify)										
State: VT District: 01 Full Name (Last, First, Middle Initial)											
B. Wenstrup for Congress			Date of Disbursement								
Mailing Address PO Box 9551			M M / D D / Y Y Y Y 06 04 2014								
City Cincinnati	StateZip CodeOH45209-0551		Transaction ID : D158717								
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Candidate Name		Category/									
Brad Wenstrup		Туре	1500.00								
Office Sought: X House Disbu Senate	rsement For: 2014 Primary X General										
President	Other (specify)										
State: OH District: 02											
Full Name (Last, First, Middle Initial)			Date of Disbursement								
C. Whitfield for Congress Committee											
Mailing Address PO Box 391			06 10 2014								
City	State Zip Code KY 42241		Transaction ID : D158875								
Hopkinsville Purpose of Disbursement	KT 42241										
Contributions for Federal Candidates		011	Amount of Each Disbursement this Period								
Candidate Name Edward Whitfield		Category/ Type	1000.00								
	rsement For: 2014	туре									
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\setminus	NAME OF COMMITTEE (In Full)																	
	National Emergency Medicine Poli	tical Act	tion Committe	ee														
Δ	Full Name (Last, First, Middle Initial)						Date of	f Dis	shurse	ment								
Π.	Wyden for Senate		Date of Disbursement															
	Mailing Address 232 NE 9th Avenue						06 10 2014											
	City S Portland	State OR		Transaction ID : D158874														
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	Full Name (Last, First, Middle Initial)						Data	(D)										
D.	Yoder for Congress, Inc							Date of Disbursement										
	Mailing Address PO Box 26742								05 14 2014									
	City Soverland Park	State KS	Zip Code 66225				Trans	sacti	ion ID	: D15827	73							
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	Candidate Name			//	1000.00													
	Kevin W. Yoder	mont For:	0044	ype			-	7	7	-	1000	.00						
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C.							Date of		D			Y	V					
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