

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		506414.42
(b) Cash on Hand at Beginning of Reporting Period.....	506414.42	
(c) Total Receipts (from Line 19)	81552.44	81552.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	587966.86	587966.86
7. Total Disbursements (from Line 31).....	317690.97	317690.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	270275.89	270275.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. 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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41598.62	41598.62
(ii) Unitemized	39948.98	39948.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	81547.60	81547.60
(b) Political Party Committees	0.00	0.00
(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)	81547.60	81547.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.84	4.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	81552.44	81552.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	81552.44	81552.44

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	314500.00	314500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	3190.97	3190.97
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	317690.97	317690.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	317690.97	317690.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	81547.60	81547.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81547.60	81547.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. James B Aiken
Full Name (Last, First, Middle Initial)

Mailing Address 81 Yosemite Dr

City State Zip Code
New Orleans LA 70131-8661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527910

Amount of Each Receipt this Period
250.00

B. Michael Oliver Ashwood
Full Name (Last, First, Middle Initial)

Mailing Address 26 Hamilton Ct

City State Zip Code
Fairfield CT 06824-7831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St Marys Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2014

Transaction ID : C2671239

Amount of Each Receipt this Period
300.00

C. Brent Asplin
Full Name (Last, First, Middle Initial)

Mailing Address 121 E Freedom Way

City State Zip Code
Cincinnati OH 45202-3487

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FAIRVIEW HEALTH SERVICES Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527911

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 633.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Brent Asplin
Full Name (Last, First, Middle Initial)
Mailing Address 121 E Freedom Way
City Cincinnati State OH Zip Code 45202-3487
FEC ID number of contributing federal political committee. **C**
Name of Employer FAIRVIEW HEALTH SERVICES Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.02**

Date of Receipt **02 / 16 / 2014**
Transaction ID : C2647321
Amount of Each Receipt this Period **83.34**

B. Brent Asplin
Full Name (Last, First, Middle Initial)
Mailing Address 121 E Freedom Way
City Cincinnati State OH Zip Code 45202-3487
FEC ID number of contributing federal political committee. **C**
Name of Employer FAIRVIEW HEALTH SERVICES Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 16 / 2014**
Transaction ID : C2661567
Amount of Each Receipt this Period **83.34**

C. Bruce S Auerbach
Full Name (Last, First, Middle Initial)
Mailing Address 211 Park St Sturdy Meml Hosp
City Attleboro State MA Zip Code 02703-3143
FEC ID number of contributing federal political committee. **C**
Name of Employer Sturdy Mem Emer Phys Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 05 / 2014**
Transaction ID : C2523039
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **266.68**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 162
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Bruce S Auerbach
Full Name (Last, First, Middle Initial)

Mailing Address 211 Park St
Sturdy Meml Hosp

City Attleboro State MA Zip Code 02703-3143

FEC ID number of contributing federal political committee. **C**

Name of Employer Sturdy Mem Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 05 / 2014
Transaction ID : **C2645531**

Amount of Each Receipt this Period
100.00

B. Bruce S Auerbach
Full Name (Last, First, Middle Initial)

Mailing Address 211 Park St
Sturdy Meml Hosp

City Attleboro State MA Zip Code 02703-3143

FEC ID number of contributing federal political committee. **C**

Name of Employer Sturdy Mem Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 05 / 2014
Transaction ID : **C2657985**

Amount of Each Receipt this Period
100.00

C. Brien Alfred Barnewolt
Full Name (Last, First, Middle Initial)

Mailing Address 68 Greenlawn Ave

City Newton Center State MA Zip Code 02459-1714

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 16 / 2014
Transaction ID : **C2527913**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 9 OF 162
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Leigh Anderson Barrow

Mailing Address 2824 E 25th St

City Tulsa State OK Zip Code 74114-3214

FEC ID number of contributing federal political committee. **C**

Name of Employer emergency medicine physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2014

Transaction ID : C2636777

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Leigh Anderson Barrow

Mailing Address 2824 E 25th St

City Tulsa State OK Zip Code 74114-3214

FEC ID number of contributing federal political committee. **C**

Name of Employer emergency medicine physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : C2649947

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Leigh Anderson Barrow

Mailing Address 2824 E 25th St

City Tulsa State OK Zip Code 74114-3214

FEC ID number of contributing federal political committee. **C**

Name of Employer emergency medicine physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : C2670057

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Andrew I Bern		Date of Receipt M M / D D / Y Y Y Y Y 01 / 16 / 2014 Transaction ID : C2527914
Mailing Address 9846 NW 18th St		Amount of Each Receipt this Period 83.34
City Coral Springs	State FL	Zip Code 33071-5826
FEC ID number of contributing federal political committee. C	Name of Employer physician	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Andrew I Bern		Date of Receipt M M / D D / Y Y Y Y Y 02 / 16 / 2014 Transaction ID : C2647322
Mailing Address 9846 NW 18th St		Amount of Each Receipt this Period 83.34
City Coral Springs	State FL	Zip Code 33071-5826
FEC ID number of contributing federal political committee. C	Name of Employer physician	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Andrew I Bern		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2014 Transaction ID : C2661564
Mailing Address 9846 NW 18th St		Amount of Each Receipt this Period 83.34
City Coral Springs	State FL	Zip Code 33071-5826
FEC ID number of contributing federal political committee. C	Name of Employer physician	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Danny T Berry
Full Name (Last, First, Middle Initial)

Mailing Address 3015 Keystone Dr

City State Zip Code
Cpe Girardeau MO 63701-1726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SE MO Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : C2666994

Amount of Each Receipt this Period
250.00

B. Frederick C Blum
Full Name (Last, First, Middle Initial)

Mailing Address 1470 Point Marion Rd

City State Zip Code
Morgantown WV 26508-1454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WV UNIVERSITY Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527915

Amount of Each Receipt this Period
160.00

C. Frederick C Blum
Full Name (Last, First, Middle Initial)

Mailing Address 1470 Point Marion Rd

City State Zip Code
Morgantown WV 26508-1454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WV UNIVERSITY Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2014

Transaction ID : C2647323

Amount of Each Receipt this Period
160.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 570.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Frederick C Blum

Mailing Address 1470 Point Marion Rd

City Morgantown State WV Zip Code 26508-1454

FEC ID number of contributing federal political committee. **C**

Name of Employer WV UNIVERSITY Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
03 / 16 / 2014

Transaction ID : C2661576

Amount of Each Receipt this Period
160.00

Full Name (Last, First, Middle Initial)
B. Peter Blume

Mailing Address 20 Ridge Rd

City Concord State NH Zip Code 03301-3010

FEC ID number of contributing federal political committee. **C**

Name of Employer Concord Emer Med Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
03 / 30 / 2014

Transaction ID : C2671240

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Keenan M Bora

Mailing Address 3475 Ridgeline Ct

City Ann Arbor State MI Zip Code 48105-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
01 / 16 / 2014

Transaction ID : C2527917

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **493.33**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Keenan M Bora
Full Name (Last, First, Middle Initial)
Mailing Address 3475 Ridgeline Ct
City Ann Arbor State MI Zip Code 48105-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer physician Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **249.99**

Date of Receipt **02 / 16 / 2014**
Transaction ID : C2647324
Amount of Each Receipt this Period **83.33**

B. Keenan M Bora
Full Name (Last, First, Middle Initial)
Mailing Address 3475 Ridgeline Ct
City Ann Arbor State MI Zip Code 48105-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer physician Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 16 / 2014**
Transaction ID : C2661568
Amount of Each Receipt this Period **83.33**

C. Jefferson Dale Bracey
Full Name (Last, First, Middle Initial)
Mailing Address 1351 Manorwood St
City Las Vegas State NV Zip Code 89135-1333
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ Med Ctr ED Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **249.99**

Date of Receipt **01 / 22 / 2014**
Transaction ID : C2636778
Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Jefferson Dale Bracey		Date of Receipt
Mailing Address 1351 Manorwood St		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
Las Vegas	NV	89135-1333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2649948
Name of Employer Univ Med Ctr ED		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) B. Jefferson Dale Bracey		Date of Receipt
Mailing Address 1351 Manorwood St		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
Las Vegas	NV	89135-1333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2670059
Name of Employer Univ Med Ctr ED		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) C. Jennifer H Bradstreet		Date of Receipt
Mailing Address 2525 Court Dr Dept of Emergency Medicine		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Gastonia	NC	28054-2140
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2636806
Name of Employer EMP		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.99"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 162
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Jennifer H Bradstreet
Full Name (Last, First, Middle Initial)

Mailing Address 2525 Court Dr
Dept of Emergency Medicine

City Gastonia State NC Zip Code 28054-2140

FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
02 / 20 / 2014
Transaction ID : C2649951

Amount of Each Receipt this Period
83.33

B. Jennifer H Bradstreet
Full Name (Last, First, Middle Initial)

Mailing Address 2525 Court Dr
Dept of Emergency Medicine

City Gastonia State NC Zip Code 28054-2140

FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
03 / 20 / 2014
Transaction ID : C2670082

Amount of Each Receipt this Period
83.33

C. Sabina A Braithwaite
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 780809

City Wichita State KS Zip Code 67278-0809

FEC ID number of contributing federal political committee. **C**

Name of Employer SEDGWICK COUNTY Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
01 / 16 / 2014
Transaction ID : C2527918

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Sabina A Braithwaite

Mailing Address PO Box 780809

City State Zip Code
Wichita KS 67278-0809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SEDGWICK COUNTY Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
02 / 16 / 2014

Transaction ID : C2647325

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Sabina A Braithwaite

Mailing Address PO Box 780809

City State Zip Code
Wichita KS 67278-0809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SEDGWICK COUNTY Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
03 / 16 / 2014

Transaction ID : C2661563

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Andrea M Brault

Mailing Address 444 E Huntington Dr
Emer Grps Ofc

City State Zip Code
Arcadia CA 91006-6258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMERGENCY GROUPS OFFICE Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
01 / 16 / 2014

Transaction ID : C2527919

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **416.68**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 162 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Eric D Brown
Full Name (Last, First, Middle Initial)

Mailing Address 9251 Lawing School Rd

City Charlotte	State NC	Zip Code 28214-8694
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PEMA	Occupation Emergency Physician
--------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2014

Transaction ID : C2636779

Amount of Each Receipt this Period

83.33

B. Eric D Brown
Full Name (Last, First, Middle Initial)

Mailing Address 9251 Lawing School Rd

City Charlotte	State NC	Zip Code 28214-8694
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PEMA	Occupation Emergency Physician
--------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

Transaction ID : C2649949

Amount of Each Receipt this Period

83.33

C. Eric D Brown
Full Name (Last, First, Middle Initial)

Mailing Address 9251 Lawing School Rd

City Charlotte	State NC	Zip Code 28214-8694
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PEMA	Occupation Emergency Physician
--------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : C2670060

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 OF 162
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. John Casey
Full Name (Last, First, Middle Initial)

Mailing Address 5156 Baker Ridge Dr

City Columbus State OH Zip Code 43228-1794

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 01 / 22 / 2014
Transaction ID : C2636808

Amount of Each Receipt this Period
 85.00

B. John Casey
Full Name (Last, First, Middle Initial)

Mailing Address 5156 Baker Ridge Dr

City Columbus State OH Zip Code 43228-1794

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 02 / 20 / 2014
Transaction ID : C2649952

Amount of Each Receipt this Period
 85.00

C. John Casey
Full Name (Last, First, Middle Initial)

Mailing Address 5156 Baker Ridge Dr

City Columbus State OH Zip Code 43228-1794

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 03 / 20 / 2014
Transaction ID : C2670085

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. M Julia Casner

Mailing Address 1711 Black Cherry Ct

City State Zip Code
Verona WI 53593-8746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St John Oakland Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2014
Transaction ID : C2669703

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Marcel A Cesar

Mailing Address PO Box 180253

City State Zip Code
Delafield WI 53018-0253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emergency Medicine Specialists S.C. Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : C2671241

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mary Anna Chiu

Mailing Address 10220 N Orchard Ln

City State Zip Code
Spokane WA 99208-5523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emergency physician services Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : C2671071

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 162
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. L Anthony Cirillo		Date of Receipt MM / DD / YYYY 01 / 22 / 2014 Transaction ID : C2636780
Mailing Address 91 Woodridge Dr		Amount of Each Receipt this Period 83.33
City Saunderstown	State RI	Zip Code 02874-1943
FEC ID number of contributing federal political committee. C		
Name of Employer Emer Med Phys	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. L Anthony Cirillo		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2649950
Mailing Address 91 Woodridge Dr		Amount of Each Receipt this Period 83.33
City Saunderstown	State RI	Zip Code 02874-1943
FEC ID number of contributing federal political committee. C		
Name of Employer Emer Med Phys	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. L Anthony Cirillo		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : C2670061
Mailing Address 91 Woodridge Dr		Amount of Each Receipt this Period 83.33
City Saunderstown	State RI	Zip Code 02874-1943
FEC ID number of contributing federal political committee. C		
Name of Employer Emer Med Phys	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. R Carter Clements

Mailing Address 5558 Taft Ave

City State Zip Code
 Oakland CA 94618-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 OakCare Med Grp Inc Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : C2528680

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. R Carter Clements

Mailing Address 5558 Taft Ave

City State Zip Code
 Oakland CA 94618-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 OakCare Med Grp Inc Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2014
Transaction ID : C2647371

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. R Carter Clements

Mailing Address 5558 Taft Ave

City State Zip Code
 Oakland CA 94618-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 OakCare Med Grp Inc Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2014
Transaction ID : C2661622

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Orion J Colfer
Full Name (Last, First, Middle Initial)

Mailing Address 2523 Hanover Ave

City Richmond State VA Zip Code 23220-4003

FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 22 / 2014
Transaction ID : C2636781

Amount of Each Receipt this Period
50.00

B. Orion J Colfer
Full Name (Last, First, Middle Initial)

Mailing Address 2523 Hanover Ave

City Richmond State VA Zip Code 23220-4003

FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 11 / 2014
Transaction ID : C2647676

Amount of Each Receipt this Period
100.00

c. Orion J Colfer
Full Name (Last, First, Middle Initial)

Mailing Address 2523 Hanover Ave

City Richmond State VA Zip Code 23220-4003

FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 20 / 2014
Transaction ID : C2649953

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Orion J Colfer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670062
 Amount of Each Receipt this Period
50.00

B. Carrie A Colleran
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 Rice Rd
 City Edinboro State PA Zip Code 16412-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Attn: Accts Payable Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : C2527852
 Amount of Each Receipt this Period
250.00

c. Christopher Corbit
 Full Name (Last, First, Middle Initial)
 Mailing Address 1075 Mornington Cir
 City Uniontown State OH Zip Code 44685-6244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Akron Gen Med Ctr Dept of EM Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636782
 Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....	383.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Christopher Corbit

Mailing Address 1075 Mornington Cir

City State Zip Code
Uniontown OH 44685-6244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Akron Gen Med Ctr Dept of EM Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
MM / DD / YYYY
02 / 20 / 2014
Transaction ID : C2649954

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Christopher Corbit

Mailing Address 1075 Mornington Cir

City State Zip Code
Uniontown OH 44685-6244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Akron Gen Med Ctr Dept of EM Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
MM / DD / YYYY
03 / 20 / 2014
Transaction ID : C2670064

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. James Michael Cusick

Mailing Address 1077 Race St

City State Zip Code
Denver CO 80206-2832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
01 / 16 / 2014
Transaction ID : C2527920

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. James Michael Cusick		Date of Receipt MM / DD / YYYY 02 / 16 / 2014
Mailing Address 1077 Race St		Transaction ID : C2647326
City Denver	State CO	Zip Code 80206-2832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. James Michael Cusick		Date of Receipt MM / DD / YYYY 03 / 16 / 2014
Mailing Address 1077 Race St		Transaction ID : C2661573
City Denver	State CO	Zip Code 80206-2832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Charles Dalmedo		Date of Receipt MM / DD / YYYY 01 / 22 / 2014
Mailing Address 15 Hewlett Ln		Transaction ID : C2636785
City Oakdale	State NY	Zip Code 11769-1504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer State Univ of NY @ Stony Brook	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	250.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Charles Dalmedo
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Hewlett Ln
 City State Zip Code
 Oakdale NY 11769-1504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 State Univ of NY @ Stony Brook Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2649955
 Amount of Each Receipt this Period
 83.33

B. Charles Dalmedo
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Hewlett Ln
 City State Zip Code
 Oakdale NY 11769-1504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 State Univ of NY @ Stony Brook Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670065
 Amount of Each Receipt this Period
 83.33

C. Wendy DeMartino
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 High St
 City State Zip Code
 Exeter NH 03833-2927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636786
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Wendy DeMartino		Date of Receipt
Mailing Address 135 High St		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Exeter State NH Zip Code 03833-2927		Transaction ID : C2649956
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) B. Wendy DeMartino		Date of Receipt
Mailing Address 135 High St		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Exeter State NH Zip Code 03833-2927		Transaction ID : C2670066
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) C. Carrie DeMoor		Date of Receipt
Mailing Address 4701 Paxton Ln		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Frisco State TX Zip Code 75034-2209		Transaction ID : C2524881
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer TX Tech Hlth Sci Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Carrie DeMoor

Mailing Address 4701 Paxton Ln

City Frisco State TX Zip Code 75034-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer TX Tech Hlth Sci Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2671608

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mark R Dzedzic

Mailing Address 136 Steele Rd

City West Hartford State CT Zip Code 06119-1048

FEC ID number of contributing federal political committee. **C**

Name of Employer Northeast Emergency Medicine Specialis Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : C2670175

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Rachel A English

Mailing Address 1825 N 74th St

City Milwaukee State WI Zip Code 53213-2219

FEC ID number of contributing federal political committee. **C**

Name of Employer Emergency Medicine Specialists Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2014

Transaction ID : C2671247

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Clifford Erickson

Mailing Address 31 Forest Dr

City State Zip Code
Voorheesville NY 12186-9530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636788

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Clifford Erickson

Mailing Address 31 Forest Dr

City State Zip Code
Voorheesville NY 12186-9530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2649957

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Clifford Erickson

Mailing Address 31 Forest Dr

City State Zip Code
Voorheesville NY 12186-9530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670068

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Adelaide J Evans

Mailing Address 21 Sanborn Ave

City State Zip Code
 West Roxbury MA 02132-3817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Whidden Meml Hosp ED Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : C2671248

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Justin W Fairless

Mailing Address 4010 E 118th Blvd

City State Zip Code
 Tulsa OK 74137-6113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Christus Spohn Meml Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636789

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Justin W Fairless

Mailing Address 4010 E 118th Blvd

City State Zip Code
 Tulsa OK 74137-6113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Christus Spohn Meml Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2649958

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **416.66**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Justin W Fairless
Full Name (Last, First, Middle Initial)

Mailing Address 4010 E 118th Blvd

City Tulsa State OK Zip Code 74137-6113

FEC ID number of contributing federal political committee. **C**

Name of Employer Christus Spohn Meml Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : C2670088

Amount of Each Receipt this Period
83.33

B. Wallace G Falero
Full Name (Last, First, Middle Initial)

Mailing Address 331 Green Chase Cir

City Montgomery State AL Zip Code 36117-6022

FEC ID number of contributing federal political committee. **C**

Name of Employer BMC East Attn: EM Dept Dir Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2014

Transaction ID : C2671249

Amount of Each Receipt this Period
250.00

C. William Basil Felegi
Full Name (Last, First, Middle Initial)

Mailing Address 731 Red Lion Way

City Bridgewater State NJ Zip Code 08807-1668

FEC ID number of contributing federal political committee. **C**

Name of Employer Morristown Mem Hosp ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2014

Transaction ID : C2649721

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1333.33**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Scott E Felten

Mailing Address 11122 S Harvard Ave

City State Zip Code
Tulsa OK 74137-7810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St Francis Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636790

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Scott E Felten

Mailing Address 11122 S Harvard Ave

City State Zip Code
Tulsa OK 74137-7810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St Francis Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2649959

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Scott E Felten

Mailing Address 11122 S Harvard Ave

City State Zip Code
Tulsa OK 74137-7810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St Francis Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670089

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. David N Ferrand
Full Name (Last, First, Middle Initial)
Mailing Address 119 Dorie Dr

City Belmont	State NC	Zip Code 28012-9545
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer David N Ferrand, MD	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2014

Transaction ID : C2636791

Amount of Each Receipt this Period
88.33

B. David N Ferrand
Full Name (Last, First, Middle Initial)
Mailing Address 119 Dorie Dr

City Belmont	State NC	Zip Code 28012-9545
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer David N Ferrand, MD	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

Transaction ID : C2649960

Amount of Each Receipt this Period
88.33

C. David N Ferrand
Full Name (Last, First, Middle Initial)
Mailing Address 119 Dorie Dr

City Belmont	State NC	Zip Code 28012-9545
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer David N Ferrand, MD	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

Transaction ID : C2670090

Amount of Each Receipt this Period
88.33

SUBTOTAL of Receipts This Page (optional).....▶	264.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. John T Finnell II		Date of Receipt MM / DD / YYYY 01 / 11 / 2014 Transaction ID : C2526362
Mailing Address 505 S 5th St		Amount of Each Receipt this Period 83.34
City Zionsville	State IN	Zip Code 46077-1745
FEC ID number of contributing federal political committee. C		
Name of Employer ACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. John T Finnell II		Date of Receipt MM / DD / YYYY 02 / 11 / 2014 Transaction ID : C2645716
Mailing Address 505 S 5th St		Amount of Each Receipt this Period 83.34
City Zionsville	State IN	Zip Code 46077-1745
FEC ID number of contributing federal political committee. C		
Name of Employer ACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. John T Finnell II		Date of Receipt MM / DD / YYYY 03 / 11 / 2014 Transaction ID : C2659372
Mailing Address 505 S 5th St		Amount of Each Receipt this Period 83.34
City Zionsville	State IN	Zip Code 46077-1745
FEC ID number of contributing federal political committee. C		
Name of Employer ACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Juan Francisco Fitz		Date of Receipt M M / D D / Y Y Y Y Y 01 / 16 / 2014 Transaction ID : C2527921
Mailing Address 6003 84th St		Amount of Each Receipt this Period 83.34
City Lubbock	State TX	Zip Code 79424-3686
FEC ID number of contributing federal political committee. C		
Name of Employer COVENANT MED GRP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Juan Francisco Fitz		Date of Receipt M M / D D / Y Y Y Y Y 02 / 16 / 2014 Transaction ID : C2647327
Mailing Address 6003 84th St		Amount of Each Receipt this Period 83.34
City Lubbock	State TX	Zip Code 79424-3686
FEC ID number of contributing federal political committee. C		
Name of Employer COVENANT MED GRP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Juan Francisco Fitz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2014 Transaction ID : C2661577
Mailing Address 6003 84th St		Amount of Each Receipt this Period 83.34
City Lubbock	State TX	Zip Code 79424-3686
FEC ID number of contributing federal political committee. C		
Name of Employer COVENANT MED GRP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Charles A Fleischner

Mailing Address 416 Fountain St

City New Haven State CT Zip Code 06515-2628

FEC ID number of contributing federal political committee. **C**

Name of Employer EMCare Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 06 / 2014
Transaction ID : C2524188

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City Virginia Beach State VA Zip Code 23455-6859

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : C2527922

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City Virginia Beach State VA Zip Code 23455-6859

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 16 / 2014
Transaction ID : C2647328

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	1166.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 OF 162
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Kelly Foley		Date of Receipt MM / DD / YYYY 03 / 16 / 2014 Transaction ID : C2661572
Mailing Address 1133 Pond Cypress Dr		Amount of Each Receipt this Period 83.33
City Virginia Beach	State VA	
Zip Code 23455-6859		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer physician	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Anita Marie Gage		Date of Receipt MM / DD / YYYY 01 / 22 / 2014 Transaction ID : C2636793
Mailing Address 2174 N Hametown Rd		Amount of Each Receipt this Period 83.33
City Akron	State OH	
Zip Code 44333-1026		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Ltd	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Anita Marie Gage		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2649961
Mailing Address 2174 N Hametown Rd		Amount of Each Receipt this Period 83.33
City Akron	State OH	
Zip Code 44333-1026		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Ltd	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Anita Marie Gage

Mailing Address 2174 N Hametown Rd

City Akron State OH Zip Code 44333-1026

FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Ltd Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : C2670091

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Angela F Gardner

Mailing Address 1914 Fair Field Dr

City Grapevine State TX Zip Code 76051-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527923

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Angela F Gardner

Mailing Address 1914 Fair Field Dr

City Grapevine State TX Zip Code 76051-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2014

Transaction ID : C2647329

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 OF 162 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Angela F Gardner		Date of Receipt MM / DD / YYYY 03 / 16 / 2014 Transaction ID : C2661565
Mailing Address 1914 Fair Field Dr		Amount of Each Receipt this Period 83.33
City Grapevine	State TX	Zip Code 76051-7100
FEC ID number of contributing federal political committee. C		
Name of Employer physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Michael David Garfinkel		Date of Receipt MM / DD / YYYY 01 / 22 / 2014 Transaction ID : C2636794
Mailing Address 659 Lorenwood Dr		Amount of Each Receipt this Period 83.33
City Hermitage	State PA	Zip Code 16148-8803
FEC ID number of contributing federal political committee. C		
Name of Employer EMP of Allegheny Co	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Michael David Garfinkel		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2649962
Mailing Address 659 Lorenwood Dr		Amount of Each Receipt this Period 83.33
City Hermitage	State PA	Zip Code 16148-8803
FEC ID number of contributing federal political committee. C		
Name of Employer EMP of Allegheny Co	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Michael David Garfinkel
 Full Name (Last, First, Middle Initial)
 Mailing Address 659 Lorenwood Dr
 City Hermitage State PA Zip Code 16148-8803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP of Allegheny Co Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2014
Transaction ID : C2670092
 Amount of Each Receipt this Period 83.33

B. Daniel C Geary
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 Woodshire Rd
 City Pittsburgh State PA Zip Code 15215-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 01 / 22 / 2014
Transaction ID : C2636795
 Amount of Each Receipt this Period 83.33

C. Daniel C Geary
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 Woodshire Rd
 City Pittsburgh State PA Zip Code 15215-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 02 / 20 / 2014
Transaction ID : C2649963
 Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Daniel C Geary
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 Woodshire Rd
 City Pittsburgh State PA Zip Code 15215-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 20 / 2014**
Transaction ID : C2670093
 Amount of Each Receipt this Period **83.33**

B. Michael Joseph Gerardi
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Goldfinch Dr
 City Hackettstown State NJ Zip Code 07840-3008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emer Med Assoc Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2014**
Transaction ID : C2649749
 Amount of Each Receipt this Period **250.00**

C. Jeffrey Michael Goodloe
 Full Name (Last, First, Middle Initial)
 Mailing Address 3720 E 99th Pl
 City Tulsa State OK Zip Code 74137-5231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIV OF OK Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 16 / 2014**
Transaction ID : C2527924
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	583.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Louis G Graff

Mailing Address 130 Oakridge

City State Zip Code
 Unionville CT 06085-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 New Britain General Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : C2671251

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
 Aiken SC 29803-5688

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2014

Transaction ID : C2527925

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
c. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
 Aiken SC 29803-5688

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2014

Transaction ID : C2647330

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **466.68**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City Aiken State SC Zip Code 29803-5688

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2014

Transaction ID : C2661570

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Michael Gary Guttenberg

Mailing Address 11 Glen Hill Ln

City Tarrytown State NY Zip Code 10591-5055

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527926

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ann Malia Haleakala

Mailing Address PO Box 108

City Pepekeo State HI Zip Code 96783-0108

FEC ID number of contributing federal political committee. **C**

Name of Employer Hawaii Emer PHY Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527928

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Timothy James Hall			Date of Receipt MM / DD / YYYY 01 / 22 / 2014 Transaction ID : C2636796		
Mailing Address 1380 Woodhurst Dr			Amount of Each Receipt this Period 83.33		
City Rock Hill	State SC	Zip Code 29732-2082			
FEC ID number of contributing federal political committee. C					
Name of Employer Piedmont Emerg Medicine Assoc		Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.99			

Full Name (Last, First, Middle Initial) B. Timothy James Hall			Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2649964		
Mailing Address 1380 Woodhurst Dr			Amount of Each Receipt this Period 83.33		
City Rock Hill	State SC	Zip Code 29732-2082			
FEC ID number of contributing federal political committee. C					
Name of Employer Piedmont Emerg Medicine Assoc		Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.99			

Full Name (Last, First, Middle Initial) C. Timothy James Hall			Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : C2670094		
Mailing Address 1380 Woodhurst Dr			Amount of Each Receipt this Period 83.33		
City Rock Hill	State SC	Zip Code 29732-2082			
FEC ID number of contributing federal political committee. C					
Name of Employer Piedmont Emerg Medicine Assoc		Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.99			

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. J Brian Hancock
Full Name (Last, First, Middle Initial)

Mailing Address 2215 Fulton RD
Ann Arbor VA

City Ann Arbor State MI Zip Code 48105

FEC ID number of contributing federal political committee. **C**

Name of Employer MI State Univ Colg of Hmn Medn Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 16 / 2014
Transaction ID : C2527929

Amount of Each Receipt this Period 250.00

B. Jonathan Heidt
Full Name (Last, First, Middle Initial)

Mailing Address One Hospital Dr
University Hosp Dept of EM

City Columbia State MO Zip Code 65203

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 01 / 16 / 2014
Transaction ID : C2527930

Amount of Each Receipt this Period 83.33

C. Jonathan Heidt
Full Name (Last, First, Middle Initial)

Mailing Address One Hospital Dr
University Hosp Dept of EM

City Columbia State MO Zip Code 65203

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 02 / 16 / 2014
Transaction ID : C2647331

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jonathan Heidt

Mailing Address One Hospital Dr
University Hosp Dept of EM

City Columbia State MO Zip Code 65203

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
03 / 16 / 2014
Transaction ID : C2661560

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Carlton E Heine

Mailing Address 2986 Foster Ave

City Juneau State AK Zip Code 99801-1956

FEC ID number of contributing federal political committee. **C**

Name of Employer JEMA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 13 / 2014
Transaction ID : C2661026

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Gary Thomas Hemann

Mailing Address 1650 S Sky Ridge Dr

City Wdm State IA Zip Code 50266-3812

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
01 / 16 / 2014
Transaction ID : C2527931

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 162
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Gary Thomas Hemann		Date of Receipt
Mailing Address 1650 S Sky Ridge Dr		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City State Zip Code Wdm IA 50266-3812		Transaction ID : C2647332
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) B. Gary Thomas Hemann		Date of Receipt
Mailing Address 1650 S Sky Ridge Dr		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City State Zip Code Wdm IA 50266-3812		Transaction ID : C2661561
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) C. Justin P Hensley		Date of Receipt
Mailing Address 5121 Ocean Dr		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City State Zip Code Crp Christi TX 78412-2661		Transaction ID : C2527932
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.34"/>
Name of Employer PHYSICIAN	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.02"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Justin P Hensley
Full Name (Last, First, Middle Initial)

Mailing Address 5121 Ocean Dr

City Crp Christi State TX Zip Code 78412-2661

FEC ID number of contributing federal political committee. **C**

Name of Employer: PHYSICIAN Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 02 / 16 / 2014
Transaction ID : C2647333

Amount of Each Receipt this Period: 83.34

B. Justin P Hensley
Full Name (Last, First, Middle Initial)

Mailing Address 5121 Ocean Dr

City Crp Christi State TX Zip Code 78412-2661

FEC ID number of contributing federal political committee. **C**

Name of Employer: PHYSICIAN Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 03 / 16 / 2014
Transaction ID : C2661558

Amount of Each Receipt this Period: 83.34

C. George Z Hevesy
Full Name (Last, First, Middle Initial)

Mailing Address 1177 N Byerly Hills Dr

City East Peoria State IL Zip Code 61611-1283

FEC ID number of contributing federal political committee. **C**

Name of Employer: OSF ST FRANCIS MED CTR Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 17 / 2014
Transaction ID : C2528682

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Keia Hewitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3321 Luke Crossing Dr
 City Charlotte State NC Zip Code 28226-3359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CMC Union Hosp Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 01 / 22 / 2014
Transaction ID : C2636797
 Amount of Each Receipt this Period
 83.33

B. Keia Hewitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3321 Luke Crossing Dr
 City Charlotte State NC Zip Code 28226-3359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CMC Union Hosp Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 02 / 20 / 2014
Transaction ID : C2649965
 Amount of Each Receipt this Period
 83.33

C. Keia Hewitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3321 Luke Crossing Dr
 City Charlotte State NC Zip Code 28226-3359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CMC Union Hosp Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 03 / 20 / 2014
Transaction ID : C2670095
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jon Mark Hirshon

Mailing Address 1062 River Bay Rd

City Annapolis State MD Zip Code 21409-4830

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 16 / 2014
Transaction ID : C2527933

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr
 Lee Memorial Gulf Coast Med Ctr

City Fort Myers State FL Zip Code 33908-1809

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest FL Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 01 / 26 / 2014
Transaction ID : C2616555

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr
 Lee Memorial Gulf Coast Med Ctr

City Fort Myers State FL Zip Code 33908-1809

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest FL Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 02 / 26 / 2014
Transaction ID : C2650467

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 162
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Larry Allen Hobbs
Full Name (Last, First, Middle Initial)

Mailing Address 12717 Brewster Dr
Lee Memorial Gulf Coast Med Ctr

City Fort Myers State FL Zip Code 33908-1809

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest FL Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 26 / 2014
Transaction ID : **C2670176**

Amount of Each Receipt this Period
83.34

B. Robert S Hockberger
Full Name (Last, First, Middle Initial)

Mailing Address 1000 W Carson St
LAC Harbor UCLA Med Ctr ED

City Torrance State CA Zip Code 90502-2004

FEC ID number of contributing federal political committee. **C**

Name of Employer LAC Harbor UCLA Med Ctr ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
01 / 30 / 2014
Transaction ID : **C2636695**

Amount of Each Receipt this Period
250.00

C. Robert S Hockberger
Full Name (Last, First, Middle Initial)

Mailing Address 1000 W Carson St
LAC Harbor UCLA Med Ctr ED

City Torrance State CA Zip Code 90502-2004

FEC ID number of contributing federal political committee. **C**

Name of Employer LAC Harbor UCLA Med Ctr ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
03 / 19 / 2014
Transaction ID : **C2670069**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Lisa Dianne Hrutkay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1464 Stoolfire Rd
 City Valley Grove State WV Zip Code 26060-7934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMSTAR OVMC Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636798
 Amount of Each Receipt this Period
 83.33

B. Lisa Dianne Hrutkay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1464 Stoolfire Rd
 City Valley Grove State WV Zip Code 26060-7934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMSTAR OVMC Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2649966
 Amount of Each Receipt this Period
 83.33

C. Lisa Dianne Hrutkay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1464 Stoolfire Rd
 City Valley Grove State WV Zip Code 26060-7934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMSTAR OVMC Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670096
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Raymond Iannaccone
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Oakwood Rd
 City Allendale State NJ Zip Code 07401-2100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raymond Iannaccone Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2014
Transaction ID : C2524207
 Amount of Each Receipt this Period
 83.33

B. Raymond Iannaccone
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Oakwood Rd
 City Allendale State NJ Zip Code 07401-2100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raymond Iannaccone Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : C2644256
 Amount of Each Receipt this Period
 83.33

C. Raymond Iannaccone
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Oakwood Rd
 City Allendale State NJ Zip Code 07401-2100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raymond Iannaccone Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014
Transaction ID : C2659038
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Julian AJ Jakubowski

Mailing Address 667 Lewis Pointe Dr

City State Zip Code
 Vincent OH 45784-9114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 02 / 12 / 2014
Transaction ID : C2646097

Amount of Each Receipt this Period
 225.00

Full Name (Last, First, Middle Initial)
B. William Paul Jaquis

Mailing Address 1216 S Bouldin St

City State Zip Code
 Baltimore MD 21224-5000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 12 / 2014
Transaction ID : C2646098

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Andrew David Jenis

Mailing Address 115 Cayuga Heights Rd

City State Zip Code
 Ithaca NY 14850-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Emerg Med Phys Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 01 / 22 / 2014
Transaction ID : C2636799

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 558.33

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 55 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Andrew David Jenis

Mailing Address 115 Cayuga Heights Rd

City Ithaca State NY Zip Code 14850-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Emerg Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
02 / 20 / 2014
Transaction ID : C2649967

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Andrew David Jenis

Mailing Address 115 Cayuga Heights Rd

City Ithaca State NY Zip Code 14850-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Emerg Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
03 / 20 / 2014
Transaction ID : C2670098

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. David Peter John

Mailing Address 20 Hartley St

City North Haven State CT Zip Code 06473-4409

FEC ID number of contributing federal political committee. **C**

Name of Employer Northeast Emergency Medicine Specialis Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
01 / 30 / 2014
Transaction ID : C2632675

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... **249.99**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. David Peter John

Mailing Address 20 Hartley St

City State Zip Code
 North Haven CT 06473-4409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Northeast Emergency Medicine Specialis Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : C2651571

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. David Peter John

Mailing Address 20 Hartley St

City State Zip Code
 North Haven CT 06473-4409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Northeast Emergency Medicine Specialis Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : C2670978

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Steven B Kailes

Mailing Address 3780 Waterside Dr

City State Zip Code
 Orange Park FL 32073-6982

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 TITAN EMERGENCY GROUP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C2530579

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Steven B Kailes

Mailing Address 3780 Waterside Dr

City State Zip Code
 Orange Park FL 32073-6982

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 TITAN EMERGENCY GROUP Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2014

Transaction ID : C2649750

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Steven B Kailes

Mailing Address 3780 Waterside Dr

City State Zip Code
 Orange Park FL 32073-6982

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 TITAN EMERGENCY GROUP Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : C2668981

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Amit S Kalaria

Mailing Address 17804 Cricket Hill Dr

City State Zip Code
 Germantown MD 20874-3475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEP Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : C2649984

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 251.68

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Amit S Kalaria
Full Name (Last, First, Middle Initial)

Mailing Address 17804 Cricket Hill Dr

City State Zip Code
Germantown MD 20874-3475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2014

Transaction ID : C2649985

Amount of Each Receipt this Period
100.00

B. Amit S Kalaria
Full Name (Last, First, Middle Initial)

Mailing Address 17804 Cricket Hill Dr

City State Zip Code
Germantown MD 20874-3475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2014

Transaction ID : C2671703

Amount of Each Receipt this Period
100.00

C. Jay A Kaplan
Full Name (Last, First, Middle Initial)

Mailing Address 300 Oak Ave

City State Zip Code
San Anselmo CA 94960-2703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2014

Transaction ID : C2639788

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jay A Kaplan

Mailing Address 300 Oak Ave

City San Anselmo State CA Zip Code 94960-2703

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
02 / 02 / 2014

Transaction ID : C2645539

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Brian M Kelley

Mailing Address 128 Mellen Rd

City New Bern State NC Zip Code 28562-8771

FEC ID number of contributing federal political committee. **C**

Name of Employer Gaston Memorial Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
01 / 22 / 2014

Transaction ID : C2636800

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Brian M Kelley

Mailing Address 128 Mellen Rd

City New Bern State NC Zip Code 28562-8771

FEC ID number of contributing federal political committee. **C**

Name of Employer Gaston Memorial Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
02 / 20 / 2014

Transaction ID : C2649968

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **266.66**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Brian M Kelley
 Mailing Address 128 Mellen Rd
 City State Zip Code
 New Bern NC 28562-8771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gaston Memorial Hosp Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670099
 Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. Paul Daniel Kivela
 Mailing Address 1370 Trancas St
 City State Zip Code
 Napa CA 94558-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PHYSICIAN Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : C2527934
 Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Paul Daniel Kivela
 Mailing Address 1370 Trancas St
 City State Zip Code
 Napa CA 94558-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PHYSICIAN Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2014
Transaction ID : C2647334
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.01
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Paul Daniel Kivela
 Full Name (Last, First, Middle Initial)
 Mailing Address 1370 Trancas St
 City Napa State CA Zip Code 94558-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: PHYSICIAN Occupation: Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt: **03 / 16 / 2014**
Transaction ID : C2661557
 Amount of Each Receipt this Period: **83.34**

B. Terry Kowalenko
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 W 13 Mile Rd
 City Royal Oak State MI Zip Code 48073-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: William Beaumont Hospital Occupation: Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt: **01 / 29 / 2014**
Transaction ID : C2622645
 Amount of Each Receipt this Period: **83.34**

C. Terry Kowalenko
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 W 13 Mile Rd
 City Royal Oak State MI Zip Code 48073-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: William Beaumont Hospital Occupation: Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : C2651572
 Amount of Each Receipt this Period: **83.34**

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Terry Kowalenko
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 W 13 Mile Rd
 City State Zip Code
 Royal Oak MI 48073-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 William Beaumont Hospital Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2014
Transaction ID : C2670949
 Amount of Each Receipt this Period
 83.34

B. Joseph J Kuchinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Woodland Ave
 City State Zip Code
 Mountain Lks NJ 07046-1421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636801
 Amount of Each Receipt this Period
 100.00

C. Joseph J Kuchinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Woodland Ave
 City State Zip Code
 Mountain Lks NJ 07046-1421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2649969
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.34
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Joseph J Kuchinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Woodland Ave
 City Mountain Lks State NJ Zip Code 07046-1421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : C2670100
 Amount of Each Receipt this Period **100.00**

B. Joseph LaMantia
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Faraway Rd
 City Armonk State NY Zip Code 10504-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore Univ Hosp Emer Phys Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **-500.00**

Date of Receipt **01 / 03 / 2014**
Transaction ID : C2526297
 Amount of Each Receipt this Period **-500.00**

C. David Lancaster
 Full Name (Last, First, Middle Initial)
 Mailing Address 6633 Silver Fox Rd
 City Charlotte State NC Zip Code 28270-0683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Inc Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.99**

Date of Receipt **01 / 22 / 2014**
Transaction ID : C2636825
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional).....	-316.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. David Lancaster		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2649970
Mailing Address 6633 Silver Fox Rd		Amount of Each Receipt this Period 83.33
City Charlotte	State NC	Zip Code 28270-0683
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Inc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. David Lancaster		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : C2670101
Mailing Address 6633 Silver Fox Rd		Amount of Each Receipt this Period 83.33
City Charlotte	State NC	Zip Code 28270-0683
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Inc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Richard J Limperos		Date of Receipt MM / DD / YYYY 01 / 22 / 2014 Transaction ID : C2636827
Mailing Address 5087 Noor Park Cir		Amount of Each Receipt this Period 83.33
City Dublin	State OH	Zip Code 43016-7075
FEC ID number of contributing federal political committee. C		
Name of Employer OSUP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Richard J Limperos
Full Name (Last, First, Middle Initial)

Mailing Address 5087 Noor Park Cir

City Dublin State OH Zip Code 43016-7075

FEC ID number of contributing federal political committee. **C**

Name of Employer OSUP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 02 / 20 / 2014
Transaction ID : C2649971

Amount of Each Receipt this Period 83.33

B. Richard J Limperos
Full Name (Last, First, Middle Initial)

Mailing Address 5087 Noor Park Cir

City Dublin State OH Zip Code 43016-7075

FEC ID number of contributing federal political committee. **C**

Name of Employer OSUP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2014
Transaction ID : C2670102

Amount of Each Receipt this Period 83.33

C. Christopher M Lloyd
Full Name (Last, First, Middle Initial)

Mailing Address 2286 Picket Post Ln

City Columbus State OH Zip Code 43220-2918

FEC ID number of contributing federal political committee. **C**

Name of Employer Emergency Medicine Physicians, Inc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 01 / 22 / 2014
Transaction ID : C2636828

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 162
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Christopher M Lloyd
Full Name (Last, First, Middle Initial)
Mailing Address 2286 Picket Post Ln
City Columbus State OH Zip Code 43220-2918
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians, Inc Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt 02 / 20 / 2014
Transaction ID : **C2649972**
Amount of Each Receipt this Period 83.33

B. Christopher M Lloyd
Full Name (Last, First, Middle Initial)
Mailing Address 2286 Picket Post Ln
City Columbus State OH Zip Code 43220-2918
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians, Inc Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2014
Transaction ID : **C2670103**
Amount of Each Receipt this Period 83.33

C. Donald Lombino
Full Name (Last, First, Middle Initial)
Mailing Address 111 Connecticut Ave
City Greenwich State CT Zip Code 06830-5710
FEC ID number of contributing federal political committee. **C**
Name of Employer The Stamford Hosp Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt 01 / 22 / 2014
Transaction ID : **C2636829**
Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Donald Lombino

Mailing Address 111 Connecticut Ave

City State Zip Code
 Greenwich CT 06830-5710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 The Stamford Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : C2649973

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. Donald Lombino

Mailing Address 111 Connecticut Ave

City State Zip Code
 Greenwich CT 06830-5710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 The Stamford Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014

Transaction ID : C2670104

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Seth A Lotterman

Mailing Address 7 Willow Lane

City State Zip Code
 West Hartford CT 06107-1149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Hartford Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : C2670019

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael Lozano

Mailing Address 4824 Longwater Way

City Tampa State FL Zip Code 33615-4216

FEC ID number of contributing federal political committee. **C**

Name of Employer EmCare Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014

Transaction ID : C2653003

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Merci G Madar

Mailing Address 501 Leeward Ln

City Enola State PA Zip Code 17025-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Merci G Madar Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : C2636830

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
c. Merci G Madar

Mailing Address 501 Leeward Ln

City Enola State PA Zip Code 17025-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Merci G Madar Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : C2649974

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	1166.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Merci G Madar

Mailing Address 501 Leeward Ln

City Enola State PA Zip Code 17025-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dr. Merci G Madar Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670105

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Rubeal S Mann

Mailing Address 20 James River Road

City Beavercreek State OH Zip Code 45434

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Akron Gen Med Ctr Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636831

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
c. Rubeal S Mann

Mailing Address 20 James River Road

City Beavercreek State OH Zip Code 45434

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Akron Gen Med Ctr Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2649975

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Rubeal S Mann
Full Name (Last, First, Middle Initial)

Mailing Address 20 James River Road

City State Zip Code
Beavercreek OH 45434

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Akron Gen Med Ctr Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
03 / 20 / 2014
Transaction ID : C2670106

Amount of Each Receipt this Period
83.33

B. Angela F Mattke
Full Name (Last, First, Middle Initial)

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
01 / 16 / 2014
Transaction ID : C2527936

Amount of Each Receipt this Period
75.00

C. Angela F Mattke
Full Name (Last, First, Middle Initial)

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
02 / 16 / 2014
Transaction ID : C2647336

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	233.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 162
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City	State	Zip Code
Mableton	GA	30126-5612

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
EMP	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2014

Transaction ID : C2661574

Amount of Each Receipt this Period

87.00

Full Name (Last, First, Middle Initial)
B. John McCourt

Mailing Address 9436 Steeplehill Dr

City	State	Zip Code
Las Vegas	NV	89117-7270

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
EPMG	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2014

Transaction ID : C2636832

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)
C. John McCourt

Mailing Address 9436 Steeplehill Dr

City	State	Zip Code
Las Vegas	NV	89117-7270

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
EPMG	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

Transaction ID : C2649976

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional).....▶	241.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 162
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. John McCourt		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : C2670107
Mailing Address 9436 Steeplehill Dr		Amount of Each Receipt this Period 83.33
City Las Vegas	State NV	Zip Code 89117-7270
FEC ID number of contributing federal political committee. C		
Name of Employer EPMG	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Michael McCrea		Date of Receipt MM / DD / YYYY 01 / 16 / 2014 Transaction ID : C2527937
Mailing Address 2017 Lexington Dr		Amount of Each Receipt this Period 83.34
City Perrysburg	State OH	Zip Code 43551-5449
FEC ID number of contributing federal political committee. C		
Name of Employer PHYSICIAN	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Michael McCrea		Date of Receipt MM / DD / YYYY 02 / 16 / 2014 Transaction ID : C2647337
Mailing Address 2017 Lexington Dr		Amount of Each Receipt this Period 83.34
City Perrysburg	State OH	Zip Code 43551-5449
FEC ID number of contributing federal political committee. C		
Name of Employer PHYSICIAN	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 OF 162 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Michael McCrea
Full Name (Last, First, Middle Initial)

Mailing Address 2017 Lexington Dr

City Perrysburg	State OH	Zip Code 43551-5449
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PHYSICIAN	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2014

Transaction ID : C2661566

Amount of Each Receipt this Period
83.34

B. Edward McCutcheon MHA
Full Name (Last, First, Middle Initial)

Mailing Address 605 McDonald Ave

City Charlotte	State NC	Zip Code 28203-5323
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EMP	Occupation Emergency Physician
-------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2014

Transaction ID : C2636833

Amount of Each Receipt this Period
83.33

C. Edward McCutcheon MHA
Full Name (Last, First, Middle Initial)

Mailing Address 605 McDonald Ave

City Charlotte	State NC	Zip Code 28203-5323
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EMP	Occupation Emergency Physician
-------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

Transaction ID : C2649987

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Edward McCutcheon MHA

Mailing Address 605 McDonald Ave

City State Zip Code
Charlotte NC 28203-5323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : C2670108

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Dennis Lucas McGill

Mailing Address 19 Camden Rd

City State Zip Code
Hillsborough NJ 08844-3842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emergency Medical Associates Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : C2632676

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Dennis Lucas McGill

Mailing Address 19 Camden Rd

City State Zip Code
Hillsborough NJ 08844-3842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emergency Medical Associates Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : C2651573

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.01**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Dennis Lucas McGill
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Camden Rd
 City Hillsborough State NJ Zip Code 08844-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medical Associates Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 30 / 2014**
Transaction ID : C2670974
 Amount of Each Receipt this Period **83.34**

B. William Joel Meggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Hidden Hills Dr
 City Greenville State NC Zip Code 27858-8635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer physician Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 16 / 2014**
Transaction ID : C2527938
 Amount of Each Receipt this Period **100.00**

C. William Joel Meggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Hidden Hills Dr
 City Greenville State NC Zip Code 27858-8635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer physician Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 16 / 2014**
Transaction ID : C2647338
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **283.34**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. William Joel Meggs
Full Name (Last, First, Middle Initial)

Mailing Address 103 Hidden Hills Dr

City Greenville State NC Zip Code 27858-8635

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2014

Transaction ID : C2661555

Amount of Each Receipt this Period
 100.00

B. Thomas R Mitchell
Full Name (Last, First, Middle Initial)

Mailing Address 3370 Sweeney Hollow Rd

City Franklin State TN Zip Code 37064-9575

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Thomas R Mitchell Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2014

Transaction ID : C2636837

Amount of Each Receipt this Period
 200.00

C. Thomas R Mitchell
Full Name (Last, First, Middle Initial)

Mailing Address 3370 Sweeney Hollow Rd

City Franklin State TN Zip Code 37064-9575

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Thomas R Mitchell Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2014

Transaction ID : C2636838

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City Franklin	State TN	Zip Code 37064-9575
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Thomas R Mitchell	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

Transaction ID : C2649988

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)
B. Craig B Mittleman

Mailing Address 25 Equestrian Rdg

City Newtown	State CT	Zip Code 06470-1869
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Waterbury Hosp	Occupation Emergency Physician
------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

Transaction ID : C2649989

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)
C. Craig B Mittleman

Mailing Address 25 Equestrian Rdg

City Newtown	State CT	Zip Code 06470-1869
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Waterbury Hosp	Occupation Emergency Physician
------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2014

Transaction ID : C2670074

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Craig B Mittleman

Mailing Address 25 Equestrian Rdg

City State Zip Code
Newtown CT 06470-1869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Waterbury Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
03 / 19 / 2014
Transaction ID : C2670075

Amount of Each Receipt this Period
90.00

Full Name (Last, First, Middle Initial)
B. Kevin Monfette

Mailing Address 2954 Island Point Dr

City State Zip Code
Metamora MI 48455-9625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INDEPENDENT EMERGENCY PHYSICIANS Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 21 / 2014
Transaction ID : C2649752

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Karolyn K Moody

Mailing Address 760 Boozy Creek Rd

City State Zip Code
Blountville TN 37617-6609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Einstein Medical Center Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 05 / 2014
Transaction ID : C2523040

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Karolyn K Moody
Full Name (Last, First, Middle Initial)

Mailing Address 760 Boozy Creek Rd

City Blountville State TN Zip Code 37617-6609

FEC ID number of contributing federal political committee. **C**

Name of Employer Einstein Medical Center Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2014

Transaction ID : C2640685

Amount of Each Receipt this Period
 100.00

B. Karolyn K Moody
Full Name (Last, First, Middle Initial)

Mailing Address 760 Boozy Creek Rd

City Blountville State TN Zip Code 37617-6609

FEC ID number of contributing federal political committee. **C**

Name of Employer Einstein Medical Center Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : C2657986

Amount of Each Receipt this Period
 100.00

C. Joshua B Moskovitz
Full Name (Last, First, Middle Initial)

Mailing Address 435 E 79th St

City New York State NY Zip Code 10075-1076

FEC ID number of contributing federal political committee. **C**

Name of Employer North Shore Univ Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : C2632677

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.33

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Joshua B Moskowitz

Mailing Address 435 E 79th St

City State Zip Code
 New York NY 10075-1076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 North Shore Univ Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : C2651574

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. Joshua B Moskowitz

Mailing Address 435 E 79th St

City State Zip Code
 New York NY 10075-1076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 North Shore Univ Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : C2670976

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. James B Mullen III

Mailing Address 28 Foggs Point Rd

City State Zip Code
 Freeport ME 04032-6010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 BLUE WATER EMERGENCY PARTNERS Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : C2528684

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. James B Mullen III		Date of Receipt MM / DD / YYYY 02 / 17 / 2014 Transaction ID : C2647372
Mailing Address 28 Foggs Point Rd		Amount of Each Receipt this Period 83.34
City Freeport	State ME	Zip Code 04032-6010
FEC ID number of contributing federal political committee. C	Name of Employer BLUE WATER EMERGENCY PARTNERS	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. James B Mullen III		Date of Receipt MM / DD / YYYY 03 / 17 / 2014 Transaction ID : C2661623
Mailing Address 28 Foggs Point Rd		Amount of Each Receipt this Period 83.34
City Freeport	State ME	Zip Code 04032-6010
FEC ID number of contributing federal political committee. C	Name of Employer BLUE WATER EMERGENCY PARTNERS	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Carla Elizabeth Murphy		Date of Receipt MM / DD / YYYY 01 / 16 / 2014 Transaction ID : C2527939
Mailing Address 1196 Preserve Cir		Amount of Each Receipt this Period 83.33
City Golden	State CO	Zip Code 80401-7045
FEC ID number of contributing federal political committee. C	Name of Employer physicians	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	250.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Carla Elizabeth Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1196 Preserve Cir
 City Golden State CO Zip Code 80401-7045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2014
Transaction ID : C2647339
 Amount of Each Receipt this Period
 83.33

B. Carla Elizabeth Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1196 Preserve Cir
 City Golden State CO Zip Code 80401-7045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : C2661559
 Amount of Each Receipt this Period
 83.33

C. Ira R Nemeth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 Vermont St
 City Houston State TX Zip Code 77006-1071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : C2527941
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.66
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Ira R Nemeth
Full Name (Last, First, Middle Initial)

Mailing Address 1408 Vermont St

City Houston State TX Zip Code 77006-1071

FEC ID number of contributing federal political committee. **C**

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2014
Transaction ID : C2647341

Amount of Each Receipt this Period 125.00

B. Jeffrey R Nickel
Full Name (Last, First, Middle Initial)

Mailing Address 2300 N Black Oak Dr

City Angola State IN Zip Code 46703-8195

FEC ID number of contributing federal political committee. **C**

Name of Employer Professional Emergency Physicians, Inc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 08 / 2014
Transaction ID : C2524393

Amount of Each Receipt this Period 100.00

C. Jeffrey R Nickel
Full Name (Last, First, Middle Initial)

Mailing Address 2300 N Black Oak Dr

City Angola State IN Zip Code 46703-8195

FEC ID number of contributing federal political committee. **C**

Name of Employer Professional Emergency Physicians, Inc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 08 / 2014
Transaction ID : C2645468

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City State Zip Code
Angola IN 46703-8195

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Professional Emergency Physicians, Inc Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2014

Transaction ID : C2659056

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Ashley Booth Norse

Mailing Address 655 W 8th St
Shands Jacksonville Educ

City State Zip Code
Jacksonville FL 32209-6511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIV OF FLORIDA Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527916

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Andrew Sean Nugent

Mailing Address 200 Hawkins Dr
Univ of IA Hosp & Clinics

City State Zip Code
Iowa City IA 52242-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univeristy of Iowa Healthcare Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : C2632678

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Andrew Sean Nugent
Full Name (Last, First, Middle Initial)

Mailing Address 200 Hawkins Dr
Univ of IA Hosp & Clinics

City Iowa City State IA Zip Code 52242-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Univeristy of Iowa Healthcare Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
02 / 28 / 2014
Transaction ID : C2651575

Amount of Each Receipt this Period
83.34

B. Andrew Sean Nugent
Full Name (Last, First, Middle Initial)

Mailing Address 200 Hawkins Dr
Univ of IA Hosp & Clinics

City Iowa City State IA Zip Code 52242-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Univeristy of Iowa Healthcare Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 30 / 2014
Transaction ID : C2670975

Amount of Each Receipt this Period
83.34

C. Robert E O'Connor
Full Name (Last, First, Middle Initial)

Mailing Address 515 Foxdale Ln

City Charlottesville State VA Zip Code 22903-9201

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 16 / 2014
Transaction ID : C2527942

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Susan A O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Prospect Dr
 City State Zip Code
 Brentwood NY 11717-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brookhaven Mem Hosp Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636841
 Amount of Each Receipt this Period
 83.33

B. Susan A O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Prospect Dr
 City State Zip Code
 Brentwood NY 11717-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brookhaven Mem Hosp Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2649991
 Amount of Each Receipt this Period
 83.33

C. Susan A O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Prospect Dr
 City State Zip Code
 Brentwood NY 11717-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brookhaven Mem Hosp Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670109
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael B Osmundson

Mailing Address 62 East Dr

City Hartville State OH Zip Code 44632-8890

FEC ID number of contributing federal political committee. **C**

Name of Employer GEPS Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 / /
Transaction ID : C2636842

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
B. Michael B Osmundson

Mailing Address 62 East Dr

City Hartville State OH Zip Code 44632-8890

FEC ID number of contributing federal political committee. **C**

Name of Employer GEPS Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 / /
Transaction ID : C2649992

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C. Michael B Osmundson

Mailing Address 62 East Dr

City Hartville State OH Zip Code 44632-8890

FEC ID number of contributing federal political committee. **C**

Name of Employer GEPS Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 / /
Transaction ID : C2670110

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="83.33"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jorge E Otero

Mailing Address 22 Turtle Bay Dr

City Branford State CT Zip Code 06405-4970

FEC ID number of contributing federal political committee. **C**

Name of Employer **JORGE OTERO** Occupation **Emergency Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
01 / 14 / 2014

Transaction ID : C2527849

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Jorge E Otero

Mailing Address 22 Turtle Bay Dr

City Branford State CT Zip Code 06405-4970

FEC ID number of contributing federal political committee. **C**

Name of Employer **JORGE OTERO** Occupation **Emergency Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
02 / 14 / 2014

Transaction ID : C2647700

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
c. Jorge E Otero

Mailing Address 22 Turtle Bay Dr

City Branford State CT Zip Code 06405-4970

FEC ID number of contributing federal political committee. **C**

Name of Employer **JORGE OTERO** Occupation **Emergency Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
03 / 14 / 2014

Transaction ID : C2670081

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.02**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Anar Patel		Date of Receipt MM / DD / YYYY 01 / 22 / 2014 Transaction ID : C2636844
Mailing Address 4930 Herzog Way		Amount of Each Receipt this Period 83.33
City Palm Springs	State CA	Zip Code 92262-0547
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Permanente Orange Cnty	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Anar Patel		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2649993
Mailing Address 4930 Herzog Way		Amount of Each Receipt this Period 83.33
City Palm Springs	State CA	Zip Code 92262-0547
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Permanente Orange Cnty	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Anar Patel		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : C2670111
Mailing Address 4930 Herzog Way		Amount of Each Receipt this Period 83.33
City Palm Springs	State CA	Zip Code 92262-0547
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Permanente Orange Cnty	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Charles F Pattavina

Mailing Address 360 Broadway
St Joseph Hosp

City Bangor State ME Zip Code 04401-3979

FEC ID number of contributing federal political committee. **C**

Name of Employer ST JOSEPH HEALTHCARE Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 17 / 2014
Transaction ID : C2528685

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Charles F Pattavina

Mailing Address 360 Broadway
St Joseph Hosp

City Bangor State ME Zip Code 04401-3979

FEC ID number of contributing federal political committee. **C**

Name of Employer ST JOSEPH HEALTHCARE Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 17 / 2014
Transaction ID : C2647373

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Charles F Pattavina

Mailing Address 360 Broadway
St Joseph Hosp

City Bangor State ME Zip Code 04401-3979

FEC ID number of contributing federal political committee. **C**

Name of Employer ST JOSEPH HEALTHCARE Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 17 / 2014
Transaction ID : C2661621

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 162
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Lee E Payne		Date of Receipt MM / DD / YYYY 01 / 09 / 2014 Transaction ID : C2524882
Mailing Address 6323 Wilmington Dr		Amount of Each Receipt this Period 83.33
City Burke	State VA	Zip Code 22015-4070
FEC ID number of contributing federal political committee. C		
Name of Employer USAF	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Lee E Payne		Date of Receipt MM / DD / YYYY 02 / 09 / 2014 Transaction ID : C2645500
Mailing Address 6323 Wilmington Dr		Amount of Each Receipt this Period 83.33
City Burke	State VA	Zip Code 22015-4070
FEC ID number of contributing federal political committee. C		
Name of Employer USAF	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Lee E Payne		Date of Receipt MM / DD / YYYY 03 / 09 / 2014 Transaction ID : C2659088
Mailing Address 6323 Wilmington Dr		Amount of Each Receipt this Period 83.33
City Burke	State VA	Zip Code 22015-4070
FEC ID number of contributing federal political committee. C		
Name of Employer USAF	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code
 Coventry CT 06238-3622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : C2527943

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code
 Coventry CT 06238-3622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014
Transaction ID : C2647689

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code
 Coventry CT 06238-3622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2014
Transaction ID : C2647342

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.68

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Jayson Scott Podber		Date of Receipt MM / DD / YYYY 01 / 22 / 2014 Transaction ID : C2636846
Mailing Address 221 Weaver St		Amount of Each Receipt this Period 83.33
City Greenwich	State CT	Zip Code 06831-4254
FEC ID number of contributing federal political committee. C		
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Jayson Scott Podber		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2649994
Mailing Address 221 Weaver St		Amount of Each Receipt this Period 83.33
City Greenwich	State CT	Zip Code 06831-4254
FEC ID number of contributing federal political committee. C		
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Jayson Scott Podber		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : C2670112
Mailing Address 221 Weaver St		Amount of Each Receipt this Period 83.33
City Greenwich	State CT	Zip Code 06831-4254
FEC ID number of contributing federal political committee. C		
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ericka Powell

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

FEC ID number of contributing federal political committee. **C**

Name of Employer: PHYSICIAN Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 16 / 2014

Transaction ID : C2527944

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Ericka Powell

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

FEC ID number of contributing federal political committee. **C**

Name of Employer: PHYSICIAN Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
02 / 16 / 2014

Transaction ID : C2647343

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Ericka Powell

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

FEC ID number of contributing federal political committee. **C**

Name of Employer: PHYSICIAN Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 16 / 2014

Transaction ID : C2661569

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. R Lynn Rea
 Full Name (Last, First, Middle Initial)
 Mailing Address 7618 Tanglecrest Dr
 City Dallas State TX Zip Code 75254-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emer Med Consultants Ltd Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : C2632679
 Amount of Each Receipt this Period
 250.00

B. Julio E Rios
 Full Name (Last, First, Middle Initial)
 Mailing Address 3101 Marler Rd
 AERAS
 City Pike Road State AL Zip Code 36064-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TeamHealth Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2014
Transaction ID : C2522878
 Amount of Each Receipt this Period
 100.00

C. Julio E Rios
 Full Name (Last, First, Middle Initial)
 Mailing Address 3101 Marler Rd
 AERAS
 City Pike Road State AL Zip Code 36064-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TeamHealth Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : C2638906
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Julio E Rios
Full Name (Last, First, Middle Initial)

Mailing Address 3101 Marler Rd
AERAS

City State Zip Code
Pike Road AL 36064-3337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TeamHealth Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : C2654609

Amount of Each Receipt this Period
100.00

B. Alexander Max Rosenau
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 689
LVH-CC JDMCC # 214

City State Zip Code
Allentown PA 18105-1556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LVPG Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527945

Amount of Each Receipt this Period
250.00

c. Mark S Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 38 N Ridge Rd

City State Zip Code
Denville NJ 07834-9629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
M and L Holdings Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : C2658859

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. David William Ross
Full Name (Last, First, Middle Initial)

Mailing Address 15340 Raton Rd

City Colorado Spgs State CO Zip Code 80921-2140

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527946

Amount of Each Receipt this Period
250.00

B. Luke Chris Saski
Full Name (Last, First, Middle Initial)

Mailing Address 7573 Knoll Crest Dr

City W Bloomfield State MI Zip Code 48322-2650

FEC ID number of contributing federal political committee. **C**

Name of Employer MCES Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 04 / 2014

Transaction ID : C2523019

Amount of Each Receipt this Period
1000.00

C. Lawrence J Satkowiak
Full Name (Last, First, Middle Initial)

Mailing Address 2807 W Decatur Ave

City Fresno State CA Zip Code 93711-0356

FEC ID number of contributing federal political committee. **C**

Name of Employer Lawrence J Satkowiak , MD Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2014

Transaction ID : C2636849

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	1333.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Lawrence J Satkowiak		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2649997
Mailing Address 2807 W Decatur Ave		Amount of Each Receipt this Period 83.33
City Fresno	State CA	Zip Code 93711-0356
FEC ID number of contributing federal political committee. C	Name of Employer Lawrence J Satkowiak , MD	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Lawrence J Satkowiak		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : C2670113
Mailing Address 2807 W Decatur Ave		Amount of Each Receipt this Period 83.33
City Fresno	State CA	Zip Code 93711-0356
FEC ID number of contributing federal political committee. C	Name of Employer Lawrence J Satkowiak , MD	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Nathaniel R Schlicher		Date of Receipt MM / DD / YYYY 01 / 17 / 2014 Transaction ID : C2528686
Mailing Address 4615 77th Ave NW		Amount of Each Receipt this Period 83.34
City Gig Harbor	State WA	Zip Code 98335-6532
FEC ID number of contributing federal political committee. C	Name of Employer TEAM HEALTH	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Nathaniel R Schlicher

Mailing Address 4615 77th Ave NW

City State Zip Code
Gig Harbor WA 98335-6532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEAM HEALTH Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
02 / 17 / 2014

Transaction ID : C2647374

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Nathaniel R Schlicher

Mailing Address 4615 77th Ave NW

City State Zip Code
Gig Harbor WA 98335-6532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEAM HEALTH Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
03 / 17 / 2014

Transaction ID : C2661624

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. David L Scott

Mailing Address 4733 N Ridge Dr

City State Zip Code
Akron OH 44333-4703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emer Med Phys Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
MM / DD / YYYY
01 / 22 / 2014

Transaction ID : C2636850

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	250.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. David L Scott
Full Name (Last, First, Middle Initial)

Mailing Address 4733 N Ridge Dr

City Akron State OH Zip Code 44333-4703

FEC ID number of contributing federal political committee. **C**

Name of Employer Emer Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **02 / 20 / 2014**

Transaction ID : C2649998

Amount of Each Receipt this Period **83.33**

B. David L Scott
Full Name (Last, First, Middle Initial)

Mailing Address 4733 N Ridge Dr

City Akron State OH Zip Code 44333-4703

FEC ID number of contributing federal political committee. **C**

Name of Employer Emer Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **03 / 20 / 2014**

Transaction ID : C2670114

Amount of Each Receipt this Period **83.33**

c. David Charles Seaberg
Full Name (Last, First, Middle Initial)

Mailing Address 960 E 3rd St
Univ TN Colg of Med-Deans Ofc

City Chattanooga State TN Zip Code 37403-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ TN Colg of Med-Deans Ofc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 05 / 2014**

Transaction ID : C2661390

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.66**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. David Charles Seaberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 960 E 3rd St
 Univ TN Colg of Med-Deans Ofc
 City Chattanooga State TN Zip Code 37403-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ TN Colg of Med-Deans Ofc Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : C2661405
 Amount of Each Receipt this Period
 250.00

B. Victoria Hutto Selley
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Glenn Abby Dr
 City Morehead City State NC Zip Code 28557-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lehigh Valley Hosp/Muhlenberg Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636822
 Amount of Each Receipt this Period
 83.33

C. Victoria Hutto Selley
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Glenn Abby Dr
 City Morehead City State NC Zip Code 28557-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lehigh Valley Hosp/Muhlenberg Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2649983
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	416.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Victoria Hutto Selley
Full Name (Last, First, Middle Initial)

Mailing Address 204 Glenn Abby Dr

City Morehead City State NC Zip Code 28557-2578

FEC ID number of contributing federal political committee. **C**

Name of Employer Lehigh Valley Hosp/Muhlenberg Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **03 / 20 / 2014**

Transaction ID : C2670097

Amount of Each Receipt this Period **83.33**

B. Jeremy Wendell Simonsen
Full Name (Last, First, Middle Initial)

Mailing Address 400 N Church St

City Charlotte State NC Zip Code 28202-2190

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Hosp ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **01 / 22 / 2014**

Transaction ID : C2636852

Amount of Each Receipt this Period **84.00**

C. Jeremy Wendell Simonsen
Full Name (Last, First, Middle Initial)

Mailing Address 400 N Church St

City Charlotte State NC Zip Code 28202-2190

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Hosp ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **02 / 20 / 2014**

Transaction ID : C2649999

Amount of Each Receipt this Period **84.00**

SUBTOTAL of Receipts This Page (optional)..... **251.33**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Jeremy Wendell Simonsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 N Church St
 City State Zip Code
 Charlotte NC 28202-2190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Henry Ford Hosp ED Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670115
 Amount of Each Receipt this Period
 84.00

B. Mark Slabinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4535 Dressler Rd NW
 City State Zip Code
 Canton OH 44718-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dr. Mark Slabinski Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636853
 Amount of Each Receipt this Period
 83.33

c. Mark Slabinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4535 Dressler Rd NW
 City State Zip Code
 Canton OH 44718-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dr. Mark Slabinski Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2650000
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.66
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mark Slabinski

Mailing Address 4535 Dressler Rd NW

City Canton State OH Zip Code 44718-2545

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Mark Slabinski Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : C2670116

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Todd Slesinger

Mailing Address 427 Daub Ave

City Hewlett State NY Zip Code 11557-1136

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : C2527948

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Todd Slesinger

Mailing Address 427 Daub Ave

City Hewlett State NY Zip Code 11557-1136

FEC ID number of contributing federal political committee. **C**

Name of Employer physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2014

Transaction ID : C2647344

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code
 Hewlett NY 11557-1136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : C2661575

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City State Zip Code
 Geneva NY 14456-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 VIRGIL SMALTZ Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C2530581

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City State Zip Code
 Geneva NY 14456-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 VIRGIL SMALTZ Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : C2649753

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.01

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City	State	Zip Code
Geneva	NY	14456-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
VIRGIL SMALTZ	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

Transaction ID : C2668982

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. James L Smith Jr

Mailing Address 3278 Whidby Rd

City	State	Zip Code
Buford	GA	30518-1450

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GWINNETT EMER SPEC	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2014

Transaction ID : C2639996

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. James L Smith Jr

Mailing Address 3278 Whidby Rd

City	State	Zip Code
Buford	GA	30518-1450

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GWINNETT EMER SPEC	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2014

Transaction ID : C2647376

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. James L Smith Jr

Mailing Address 3278 Whidby Rd

City State Zip Code
 Buford GA 30518-1450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 GWINNETT EMER SPEC Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2014
Transaction ID : C2661625

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Daniel Snediker

Mailing Address 128 Shore Rd

City State Zip Code
 Mount Sinai NY 11766-1420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 EMP of New London Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636854

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Daniel Snediker

Mailing Address 128 Shore Rd

City State Zip Code
 Mount Sinai NY 11766-1420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 EMP of New London Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2650001

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Daniel Snediker

Mailing Address 128 Shore Rd

City State Zip Code
Mount Sinai NY 11766-1420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP of New London Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
03 / 20 / 2014
Transaction ID : C2670117

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Steven Joseph Stack

Mailing Address 2083 Bridgeport Dr

City State Zip Code
Lexington KY 40502-2615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 16 / 2014
Transaction ID : C2527912

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Jennifer L'Hommedieu Stankus

Mailing Address 3110 Judson St

City State Zip Code
Gig Harbor WA 98335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
01 / 16 / 2014
Transaction ID : C2527949

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 1166.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 OF 162 (check only one)
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Jennifer L'Hommedieu Stankus	Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2014 Transaction ID : C2647345		
Mailing Address 3110 Judson St	Amount of Each Receipt this Period 83.33		
<table style="width: 100%;"> <tr> <td>City Gig Harbor</td> <td>State WA</td> <td>Zip Code 98335</td> </tr> </table>		City Gig Harbor	State WA
City Gig Harbor	State WA	Zip Code 98335	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 249.99		
Name of Employer physicians			
Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jennifer L'Hommedieu Stankus	Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2014 Transaction ID : C2661562		
Mailing Address 3110 Judson St	Amount of Each Receipt this Period 83.33		
<table style="width: 100%;"> <tr> <td>City Gig Harbor</td> <td>State WA</td> <td>Zip Code 98335</td> </tr> </table>		City Gig Harbor	State WA
City Gig Harbor	State WA	Zip Code 98335	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 249.99		
Name of Employer physicians			
Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Gary C Starr	Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2014 Transaction ID : C2530582		
Mailing Address 5012 Russell Ave S	Amount of Each Receipt this Period 83.34		
<table style="width: 100%;"> <tr> <td>City Minneapolis</td> <td>State MN</td> <td>Zip Code 55410-2209</td> </tr> </table>		City Minneapolis	State MN
City Minneapolis	State MN	Zip Code 55410-2209	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 250.02		
Name of Employer EMERGENCY PHYSICIANS P.A.			
Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)..... ▶	250.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Gary C Starr

Mailing Address 5012 Russell Ave S

City State Zip Code
 Minneapolis MN 55410-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 EMERGENCY PHYSICIANS P.A. Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : C2649754

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Gary C Starr

Mailing Address 5012 Russell Ave S

City State Zip Code
 Minneapolis MN 55410-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 EMERGENCY PHYSICIANS P.A. Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2014
Transaction ID : C2668980

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Brian Sutton

Mailing Address 47 Stephanie Ln

City State Zip Code
 Westfield MA 01085-1484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Westfield Emerg Phys Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : C2639881

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **416.68**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 111 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Kevin James Torres

Mailing Address 20 Croft Ct

City Pawcatuck State CT Zip Code 06379-1233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Westerly Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 01 / 22 / 2014
Transaction ID : C2636855

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. Kevin James Torres

Mailing Address 20 Croft Ct

City Pawcatuck State CT Zip Code 06379-1233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Westerly Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 02 / 20 / 2014
Transaction ID : C2650003

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Kevin James Torres

Mailing Address 20 Croft Ct

City Pawcatuck State CT Zip Code 06379-1233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Westerly Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 03 / 20 / 2014
Transaction ID : C2670118

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Joseph Adrian Tyndall

Mailing Address PO Box 10186
Univ of FL - Dept of EM

City Gainesville State FL Zip Code 32610-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF FLA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
01 / 16 / 2014
Transaction ID : C2527951

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Joseph Adrian Tyndall

Mailing Address PO Box 10186
Univ of FL - Dept of EM

City Gainesville State FL Zip Code 32610-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF FLA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
02 / 16 / 2014
Transaction ID : C2647346

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Joseph Adrian Tyndall

Mailing Address PO Box 10186
Univ of FL - Dept of EM

City Gainesville State FL Zip Code 32610-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF FLA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
03 / 16 / 2014
Transaction ID : C2661571

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Travis Ulmer			Date of Receipt MM / DD / YYYY 01 / 22 / 2014 Transaction ID : C2636856		
Mailing Address 1210 Oakland Ave			Amount of Each Receipt this Period 83.33		
City Columbus	State OH	Zip Code 43212-3317			
FEC ID number of contributing federal political committee. C					
Name of Employer Gaston Meml		Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.99			

Full Name (Last, First, Middle Initial) B. Travis Ulmer			Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2650004		
Mailing Address 1210 Oakland Ave			Amount of Each Receipt this Period 83.33		
City Columbus	State OH	Zip Code 43212-3317			
FEC ID number of contributing federal political committee. C					
Name of Employer Gaston Meml		Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.99			

Full Name (Last, First, Middle Initial) C. Travis Ulmer			Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : C2670119		
Mailing Address 1210 Oakland Ave			Amount of Each Receipt this Period 83.33		
City Columbus	State OH	Zip Code 43212-3317			
FEC ID number of contributing federal political committee. C					
Name of Employer Gaston Meml		Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.99			

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 162
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Allin Cornelius Vesa		Date of Receipt MM / DD / YYYY 01 / 22 / 2014 Transaction ID : C2636857
Mailing Address 180 Greyfriars Rd		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7333
FEC ID number of contributing federal political committee. C		
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Allin Cornelius Vesa		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : C2650005
Mailing Address 180 Greyfriars Rd		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7333
FEC ID number of contributing federal political committee. C		
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Allin Cornelius Vesa		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : C2670120
Mailing Address 180 Greyfriars Rd		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7333
FEC ID number of contributing federal political committee. C		
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 162
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Bradley Alan Watling
Full Name (Last, First, Middle Initial)

Mailing Address 109 Viewpoint Ln

City State Zip Code
Mooresville NC 28117-7558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
01 / 22 / 2014
Transaction ID : C2636858

Amount of Each Receipt this Period
83.33

B. Bradley Alan Watling
Full Name (Last, First, Middle Initial)

Mailing Address 109 Viewpoint Ln

City State Zip Code
Mooresville NC 28117-7558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
02 / 20 / 2014
Transaction ID : C2650006

Amount of Each Receipt this Period
83.33

C. Bradley Alan Watling
Full Name (Last, First, Middle Initial)

Mailing Address 109 Viewpoint Ln

City State Zip Code
Mooresville NC 28117-7558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
03 / 20 / 2014
Transaction ID : C2670121

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. David Wirtz
Full Name (Last, First, Middle Initial)

Mailing Address 1 Highgate NE

City Ithaca State NY Zip Code 14850-1483

FEC ID number of contributing federal political committee. **C**

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2636859

Amount of Each Receipt this Period
 83.33

B. David Wirtz
Full Name (Last, First, Middle Initial)

Mailing Address 1 Highgate NE

City Ithaca State NY Zip Code 14850-1483

FEC ID number of contributing federal political committee. **C**

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : C2650007

Amount of Each Receipt this Period
 83.33

C. David Wirtz
Full Name (Last, First, Middle Initial)

Mailing Address 1 Highgate NE

City Ithaca State NY Zip Code 14850-1483

FEC ID number of contributing federal political committee. **C**

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : C2670122

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 117 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Thomas E Wyatt

Mailing Address 3925 Drew Ave S

City State Zip Code
 Minneapolis MN 55410-1049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 physician Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : C2527953

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Liam Yore

Mailing Address 15350 162nd Ave NE

City State Zip Code
 Woodinville WA 98072-8932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 North Sound Emergency Medicine Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : C2527954

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
 Minneapolis MN 55410-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Health Partners Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : C2632680

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 162
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
 Minneapolis MN 55410-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Health Partners Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : C2651576

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
 Minneapolis MN 55410-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Health Partners Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : C2670977

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	166.68
TOTAL This Period (last page this line number only).....▶	41098.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERICA'S LEADERSHIP PAC

Mailing Address 1718 M Street, NW
Suite 234

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Annual Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155516

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Andy Barr for Congress

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep Andy Barr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D157473

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep Andy Barr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : D153876

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andy Harris For Congress

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Dr. Andrew Harris

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

Transaction ID : D153865

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ann Wagner for Congress

Mailing Address 499 S Capitol St SW
Ste 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Ann Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : D155526

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Benishek for Congress

Mailing Address 802 Pentoga Trail

City Crystal Falls State MI Zip Code 49920

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Dan Benishek

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

Transaction ID : D153970

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	.	0	0
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154196

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for US Senate

Mailing Address P.O. Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name

Bill Cassidy

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154189

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bill Cassidy for US Senate

Mailing Address P.O. Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name

Bill Cassidy

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : D153871

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Flores for Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805-6207

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Bill Flores

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : D155685

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Blue Dog PAC

Mailing Address 412 First Street, SE
Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Annual Contribution

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : D153874

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Boustany for Congress

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Charles Boustany

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154192

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301-1015

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Kevin Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : D153635

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629-0250

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Larry Buschon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2014

Transaction ID : D153467

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. CHC Bold PAC

Mailing Address 236 Massachusetts Ave., NE
Suite 209

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Annual Contribution

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155537

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann for Congress Committee

Mailing Address PO Box 11091
Suite 10000 James Building

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Chuck Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154193

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2014

Transaction ID : D153445

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : D153634

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

31000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress

Mailing Address 79-925 Fred Waring Drive
Suite 201

City State Zip Code
Palm Desert CA 92260

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Raul Ruiz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : D153524

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz for Congress

Mailing Address 79-925 Fred Waring Drive
Suite 201

City State Zip Code
Palm Desert CA 92260

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Raul Ruiz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154195

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 499 S Capitol St SW
Ste 422

City State Zip Code
Washington DC 20003-4004

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. C.A. Ruppertsberger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : D153641

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. EDPAC

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154197

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Every Republican is Crucial PAC (ERIC PAC)

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Annual Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : D153868

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Fitzpatrick For Congress

Mailing Address P.O. Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Mr. Michael Fitzpatrick

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : D155694

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fleming for Congress

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Dr John Fleming

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	1	4		

Transaction ID : D155521

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Dan Maffei

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Dan Maffei

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	1	4		

Transaction ID : D155518

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Dave Joyce

Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

David Joyce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	6			2	0	1	4		

Transaction ID : D155686

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	5	0	0	.	0	0
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

3	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of David Jolly

Mailing Address P.O. Box 1158

City Indian Rocks Beach State FL Zip Code 33785

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
David Jolly

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special**

State: FL District: 13

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2014

Transaction ID : D154094

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Val Arkoosh

Mailing Address PO Box 1011

City Glenside State PA Zip Code 19038-6011

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Dr Valerie Arkoosh

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special**

State: PA District: 13

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : D153760

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Full House PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **annual contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154194

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Georgians For Isakson

Mailing Address P.O. Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Johnny Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

Transaction ID : D153444

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. GOAL PAC

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824-0344

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
annual contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : D155532

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. GOP GENERATION Y FUND

Mailing Address PO Box 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

Transaction ID : D153446

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

7	0	0	0	0	0	0	0	0	0

TOTAL This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name

Mr. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

Transaction ID : D153457

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Hawkeye PAC

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Contributions for Federal PACs/Committees

010

Category/
Type

Candidate Name

Sen. Charles Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
annual contribution

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

Transaction ID : D153870

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Annual Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

Transaction ID : D153966

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

8	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 4201 Northview Dr, Ste 307

City State Zip Code
Bowie MD 20716

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

Transaction ID : D153863

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Jenkins for Congress

Mailing Address P.O. Box 727

City State Zip Code
Huntington WV 25711

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Evan Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : D154177

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Jim Tracy for Congress

Mailing Address 2 West Windsor Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Jim Tracy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	4

Transaction ID : D151514

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kinzinger for Congress

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Adam Kinzinger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : D153642

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kirk For Senate

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. MARK STEVEN Steven KIRK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2014

Transaction ID : D151539

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LANCE FOR CONGRESS

Mailing Address 370 Tall Tree Ct

City Jackson State NJ Zip Code 08527-3158

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : D154190

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Langevin For Congress

Mailing Address 181-A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. James Langevin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : D151540

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LEADERSHIP OF TODAY AND TOMORROW

Mailing Address 607 14TH STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Annual Contribution

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : D153873

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301-1015

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Rep. Michael Burgess M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Annual Contribution

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : D153758

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins for Congress

Mailing Address 4011 SW 21st

City Topeka State KS Zip Code 66604

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : D154178

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LYNN PAC

Mailing Address 104 Hume Ave.

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Annual contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2014

Transaction ID : D153976

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MURPH PAC

Mailing Address 410 1st St SE
Ste 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Annual Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : D155512

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	4

Mailing Address 320 1st St SE

Transaction ID : D151534

City Washington State DC Zip Code 20003-1838

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Purpose of Disbursement
Contributions for Federal PACs/Committees

0	1	1
Category/ Type		

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Mailing Address 425 2nd St NE

Transaction ID : D154245

City Washington State DC Zip Code 20002-4914

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Contributions for Federal PACs/Committees

Category/ Type		

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Annual Contribution

Full Name (Last, First, Middle Initial)

C. New Pioneers PAC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

Mailing Address 228 S. Washington Street
Suite 115

Transaction ID : D155692

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Contributions for Federal PACs/Committees

Category/ Type		

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Annual Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Meehan for Congress

Mailing Address P.O. Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Pat Meehan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : D155514

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. People for Derek Kilmer

Mailing Address P.O. Box 1574

City Gig Harbor State WA Zip Code 98335

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Derek Kilmer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

Transaction ID : D153447

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. PORT PAC - Promoting our Republican Team PAC

Mailing Address 900 19th Street, NW
8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Annual Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

Transaction ID : D153972

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6	5	0	0	0	0	0	0	0	0

6	5	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Renacci for Congress

Mailing Address 2729 - B
Fulton Drive NW

City Canton State OH Zip Code 44718

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Jim Renacci

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2014

Transaction ID : D153456

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Renacci for Congress

Mailing Address 2729 - B
Fulton Drive NW

City Canton State OH Zip Code 44718

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Jim Renacci

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155535

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. ANNA ESHOO FOR CONGRESS

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Anna G. Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : D155690

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL JOHNSON FOR CONGRESS COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Mailing Address 104 Hume Avenue

Transaction ID : D155536

City State Zip Code
Alexandria VA 22301

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Purpose of Disbursement
Contributions for Federal Candidates

0	1	1
Category/ Type		

Candidate Name

Rep. Bill Johnson

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. BILL JOHNSON FOR CONGRESS COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

Mailing Address 104 Hume Avenue

Transaction ID : D153864

City State Zip Code
Alexandria VA 22301

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Purpose of Disbursement
Contributions for Federal Candidates

0	1	1
Category/ Type		

Candidate Name

Rep. Bill Johnson

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. BILLY LONG FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Mailing Address 3246 E. RIDGEVIEW STREET

Transaction ID : D155519

City State Zip Code
SPRINGFIELD MO 65804

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Purpose of Disbursement
Contributions for Federal Candidates

0	1	1
Category/ Type		

Candidate Name

Rep. Billy Long

Office Sought: House
 Senate
 President
State: MO District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6	5	0	0	.	0	0
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6	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHARLIE DENT FOR CONGRESS

Mailing Address 1217 Delafield Place, NW

City Washington State DC Zip Code 20011

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Charlie Dent

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : D151516

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 20 F St NW
Ste 500

City Washington State DC Zip Code 20001-6703

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Dave Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154181

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Devin Nunes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155527

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D155696

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LOBIONDO FOR CONGRESS

Mailing Address c/o Carole Goeas and Associates, L
1707 Prince Street, #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Frank A. LoBiondo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D155689

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Frank Pallone Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D153969

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Rep. Frank Pallone Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : D154188

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address 104 Hume Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Rep. Fred Upton

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2014

Transaction ID : D153755

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City State Zip Code
HOUSTON TX 77222

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Rep. Gene Green

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : D153454

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. WALDEN FOR CONGRESS

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Greg Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155529

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JAIME FOR CONGRESS

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Jaime Herrera Beutler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155531

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR., #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Jeff Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : D155695

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM HIMES FOR CONGRESS

Mailing Address 857 Post Road, #312
Ste 1

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Jim Himes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Convention

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : D155691

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CULBERSON FOR CONGRESS

Mailing Address P.O. Box 41964

City Houston State TX Zip Code 77241

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. John Culberson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Convention

State: TX District: 07

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : D153875

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICA FOR CONGRESS

Mailing Address P. O. BOX 181546

City CASSELBERRY State FL Zip Code 32718

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. John L. Mica

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Convention

State: FL District: 07

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : D155687

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. YARMUTH FOR CONGRESS

Mailing Address 1815 Brownsboro Road

City State Zip Code
Louisville KY 40206

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. John Yarmuth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

Transaction ID : D153967

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JULIA BROWNLEY FOR CONGRESS

Mailing Address 1229 Morse St NE
c/o Amy Strathdee

City State Zip Code
Washington DC 20002-3807

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Julia Brownley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2014

Transaction ID : D153751

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JULIA BROWNLEY FOR CONGRESS

Mailing Address 1229 Morse St NE
c/o Amy Strathdee

City State Zip Code
Washington DC 20002-3807

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Julia Brownley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Transaction ID : D155524

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. KENNY MARCHANT FOR CONGRESS

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Kenny Marchant

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : D153461

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR LAMAR SMITH

Mailing Address 104 Hume Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Lamar Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : D153639

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LEE TERRY FOR CONGRESS

Mailing Address PO Box 540098

City State Zip Code
Omaha NE 68154

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Lee Terry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : D155530

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF LOIS CAPPs

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : D155520

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPs

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : D153640

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. WESTMORELAND FOR CONGRESS

Mailing Address P.O. BOX 458

City SHARPSBURG State GA Zip Code 30277

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Lynn Westmoreland

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D153974

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Michelle Lujan Grisham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : D154200

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. COFFMAN FOR CONGRESS

Mailing Address 9249 South Broadway

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : D154179

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Mike Pompeo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

Transaction ID : D153869

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Mike Pompeo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : D154199

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Mike Simpson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

Transaction ID : D153968

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City CHRISTIANSBURG State VA Zip Code 24068

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Morgan Griffith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

Transaction ID : D153473

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. NEUGEBAUER CONGRESSIONAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Mailing Address PO BOX 54175

Transaction ID : D153636

City LUBBOCK State TX Zip Code 79453

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contributions for Federal Candidates

011
Category/ Type

Candidate Name

Rep. Randy Neugebauer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 19

Full Name (Last, First, Middle Initial)

B. NEUGEBAUER CONGRESSIONAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

Mailing Address PO BOX 54175

Transaction ID : D153756

City LUBBOCK State TX Zip Code 79453

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contributions for Federal Candidates

011
Category/ Type

Candidate Name

Rep. Randy Neugebauer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 19

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Mailing Address P.O. Box 904

Transaction ID : D153965

City Dunn State NC Zip Code 28335

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contributions for Federal Candidates

011
Category/ Type

Candidate Name

Rep. Renee Ellmers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROB WITTMAN FOR CONGRESS

Mailing Address P.O. BOX 999

City State Zip Code
MONTROSS VA 22520

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Rep. Rob Wittman

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2014

Transaction ID : D153971

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : D153443

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BONAMICI FOR CONGRESS

Mailing Address 499 South Capitol Street, SW
Suite 422

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Rep. Suzanne Bonamici

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : D155684

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. WALBERG FOR CONGRESS

Mailing Address 6769 Teachout Rd.

City Tipton State MI Zip Code 49287

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Tim Walberg

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155513

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Todd Young

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : D153867

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Tom Price

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : D155683

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOM REED FOR CONGRESS

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2			2	0	1	4		

Transaction ID : D154191

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Republican Main Street Partnership PAC

Mailing Address 1220 L Street, NW
Suite 100-263

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	1	4		

Transaction ID : D151536

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Richard Hudson for Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	4		

Transaction ID : D154092

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

9	0	0	0	.	0	0
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

9	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement Contributions for Federal Candidates

011

Candidate Name

Rep. Rodney Davis

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155523

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Rogers For Congress

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement Contributions for Federal Candidates

011

Candidate Name

Rep. Michael J. Rogers

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155517

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Ron Barber for Congress

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement Contributions for Federal Candidates

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D155525

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60189

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2014

Transaction ID : D154187

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Rothfus for Congress

Mailing Address 1006 Pendleton Street

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Keith Rothfus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2014

Transaction ID : D153468

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

Transaction ID : D153964

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sanford for Congress

Mailing Address PO Box 160

City Sullivans Island State SC Zip Code 29482

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : D155534

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	4

Transaction ID : D153633

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. PAT ROBERTS FOR U S SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Sen. Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

Transaction ID : D153973

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PAT TOOMEY

Mailing Address 1760 Market St
Ste 1205

City Philadelphia State PA Zip Code 19103-4120

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Patrick J. Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : D153975

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY

Mailing Address 1760 Market St
Ste 1205

City Philadelphia State PA Zip Code 19103-4120

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Patrick J. Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : D153750

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 00

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : D153637

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE
Ste 505

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

Transaction ID : D153872

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1000.00

Full Name (Last, First, Middle Initial)

B. STEVE PAC

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Annual contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : D155515

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

5000.00

Full Name (Last, First, Middle Initial)

C. Stivers For Congress

Mailing Address 217 3rd St SE

City Washington State DC Zip Code 20003-1904

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : D155528

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

8500.00

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. TEXANS FOR SENATOR JOHN CORNYN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Mailing Address PO BOX 13026

Transaction ID : D153866

City State Zip Code
AUSTIN TX 78711

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contributions for Federal Candidates

011
Category/ Type

Candidate Name

Sen. John Cornyn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 00

Full Name (Last, First, Middle Initial)

B. REED COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Mailing Address PO BOX 8628

Transaction ID : D155522

City State Zip Code
CRANSTON RI 02920

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contributions for Federal Candidates

011
Category/ Type

Candidate Name

Sen. Jack Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District:

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Mailing Address PO Box 10429

Transaction ID : D155533

City State Zip Code
Pittsburgh PA 15234-0429

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contributions for Federal Candidates

011
Category/ Type

Candidate Name

Rep. Tim F. Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Murphy For Congress

Mailing Address PO Box 10429

City Pittsburgh State PA Zip Code 15234-0429

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Tim F. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	6			2	0	1	4		

Transaction ID : D155693

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tony Strickland for Congress

Mailing Address PO Box 630446

City Simi Valley State CA Zip Code 93063-0008

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Tony Strickland

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	1	4		

Transaction ID : D153963

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Tuesday Group PAC

Mailing Address PO Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	1	4		

Transaction ID : D151515

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

9	0	0	0	.	0	0
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

9	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
BANK FEES JAN14

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : D157448

Amount of Each Disbursement this Period

272.43

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
BANK FEES FEB14

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2014

Transaction ID : D157449

Amount of Each Disbursement this Period

372.91

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
BANK FEES MAR14

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2014

Transaction ID : D157450

Amount of Each Disbursement this Period

213.63

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

858.97

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victoria Partridge Catering

Mailing Address 121 Montgomery Avenue

City Versailles State KY Zip Code 40383

Purpose of Disbursement
IK contribution to campaign of Andy Barr for Congress

Candidate Name

011

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : D154184

Amount of Each Disbursement this Period

2332.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2332.00

3190.97