Image# 14960656667				PAGE 1 / 162
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS		
1. NAME OF TYP	PE OR PRINT V	Example: If typing	type	Office Use Only
COMMITTEE (in full)		over the lines.	12FE4M5)
National Emergency Med	icine Political Action			
ADDRESS (number and street)	125 Executive Circle			
Check if different				
than proviously	rving		TX	75038
2. FEC IDENTIFICATION NUMB	ER V CITY	A	STATE 🔺	ZIP CODE
C C00140061	3. IS ⁻ RE	THIS NE PORT X (N)		MENDED)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only)
	Apr 20	Jul	20 (M7) Oct	20 (M10) Jan 31 (YE)
X April 15 Quarterly Report (Q1) July 15	(c) 12-Day PRE -Election	Primary (12P)	General	(12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12	C) Special	(12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election			in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on /		in the State of
5. Covering Period	01 / Y Y Y Y 01 2014	through	03 / D D /	2014
I certify that I have examined this R	eport and to the best of m	y knowledge and be	lief it is true, correct an	d complete.
Type or Print Name of Treasurer	Sam Cheng CPA			
Signature of Treasurer	g CPA	[Electronically F	Tiled] Date 04	11 / Y Y Y Y Y 2014
NOTE: Submission of false, erroneous	, or incomplete information r	nay subject the person	n signing this Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

04/12/2014 08 : 58

DAGE 1 / 162

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Write or Type Committee Name		
	National Emergency Medicine Poli	tical Action Committee	
F	Report Covering the Period: From: 0	01 / Y Y Y Y Y Y 2014 To:	03 / D D / Y Y Y Y Y 31 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014	[506414.42
	(b) Cash on Hand at Beginning of Reporting Period	506414.42	
	(c) Total Receipts (from Line 19)	81552.44	81552.44
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(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

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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: 01		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	41598.62	41598.62
(i) Itemized (use Schedule A)	41596.62	41390.02
(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	7 7 7	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	81547.60	81547.60
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
3. All Loans Received	0.00	0.00
4 Lean Departmente Dessived	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 		0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	/5 / /5 / / / / / / / / / / / / / / / /	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	4.84	4.84
8. Transfers from Non-Federal and Levin Funds		7 7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funda (from Ochovi L. 197)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7 7 7 7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	81552.44	81552.44
0 Tatel Federal Dessints		
0. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	81552.44	81552.44
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01002.44

DETAILED SUMMARY PAGE

	COLUMN A	COLUMN B
II. Disbursements	Total This Period	Colomin B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.0
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	314500.00	314500.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))		
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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	0.00	0.00
(add Lines 28(a), (b), and (c))►		
Other Disbursements	3190.97	3190.97
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	0.0
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))►	7 7 7	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	317690.97	047000 0
	31/090.97	317690.9
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	317690.97	317690.97

L

DETAILED SUMMARY PAGE

of Disbursements

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

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

(check only one)

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•••			Detailed Summary Page		< 11a 13		11b		11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		rpose		soliciting		ntribut	ions
	NAME OF COMMITTEE (In Full)		deress of any political commute				Julion	13 11	ioni suoi		///////////////////////////////////////	
	National Emergency Medicine F	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) James B Aiken				Date o	f Re	eceip	t				
	Mailing Address 81 Yosemite Dr				м м 01	/		16	/ Y	ү 2	014	Y
	City	State	Zip Code						C252791			
	New Orleans	LA	70131-8661	_	Amoun	t of	Each	ו R	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С					7	_	7	_	250.	00
	Name of Employer	Occupation										
	physician	Emergency	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Michael Oliver Ashwood				Date o	f Re	eceipt	t				
	Mailing Address 26 Hamilton Ct				м м 03	1		30	/ Y	2()14	Y
	City	State	Zip Code		Trans	act	ion II	D:(C267123			
	Fairfield	СТ	06824-7831	_	Amoun	t of	Each	ו R	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С					7	_			300.	00
	Name of Employer	Occupation	l									
	St Marys Hosp	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		300.00									
с.	Full Name (Last, First, Middle Initial) Brent Asplin				Date o	f Re	eceip	t				
	Mailing Address 121 E Freedom Way				01	1		л 16	/ Y		ү)14	Y
	City	State OH	Zip Code		Trans	sact	tion I	D :	C252791	1		
	Cincinnati	Оп	45202-3487	_	Amoun	t of	Each	ו R	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С					7		7	_	83	.34
	Name of Employer	Occupation										
	FAIRVIEW HEALTH SERVICES	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.02									
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	y information copied from such Reports and S for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine P	olitical A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Brent Asplin				Date of	f Re	eceipt					
	Mailing Address 121 E Freedom Way				м м 02	/	16		/ Y		Y 014	Y
	City Cincinnati	State OH	Zip Code 45202-3487						264732			
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each	Rec	eipt thi	s P	eriod 83.	.34
	Name of Employer	Occupation		_								
	FAIRVIEW HEALTH SERVICES	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02									
в.	Full Name (Last, First, Middle Initial) Brent Asplin			_	Date of	f Re						
	Mailing Address 121 E Freedom Way				03	/	16		/ Y	20	14	Y
	City	State OH	Zip Code						2661567		<u> </u>	
	Cincinnati	ОП	45202-3487		Amoun	t of	Each	Rec	eipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	C					7	_	9		83.	34
	Name of Employer FAIRVIEW HEALTH SERVICES	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	250.02								
<u></u>	Full Name (Last, First, Middle Initial) Bruce S Auerbach				Date of	f Re	eceipt					
	Mailing Address 211 Park St Sturdy Meml Hosp				01	/	05		/ Y) 14	Y
	City Attleboro	State MA	Zip Code 02703-3143		Trans Amoun				252303 eipt this		eriod	
	FEC ID number of contributing federal political committee.	С					,		7		100	.00
	Name of Employer	Occupation										
	Sturdy Mem Emer Phys	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
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\backslash	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Bruce S Auerbach			(Date of	f Re	eceipt					
	Mailing Address 211 Park St				M M	/	D	D /	Y Y	Y	Y	
	Sturdy Meml Hosp	State	Zip Code	41	02	۰.	05			2014		
	City Attleboro	MA	02703-3143					: C2645		Dariad		
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	Name of Employer	Occupation										
	Sturdy Mem Emer Phys	Emergency	Physician									
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	Primary General		300.00									
	Other (specify)		300.00									
в.	Full Name (Last, First, Middle Initial) Bruce S Auerbach				Date of	f Re	eceipt					
	Mailing Address 211 Park St				M M	/	D	D /	Y Y	Y	Y	
	Sturdy Meml Hosp				03		05		20	014		
	City	State	Zip Code		Trans	acti	on ID :	C26579	985			
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	Name of Employer	Occupation	1	_								
	Sturdy Mem Emer Phys	Emergency	Physician									
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	Primary General		200.00									
	Other (specify)		300.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt				Date of	f Re	eceipt					
	Mailing Address 68 Greenlawn Ave				м м 01	/	16			014	Y	
	City	State	Zip Code		Trans	sact	ion ID	: C25279	913			
	Newton Center	MA	02459-1714	/	Amoun	t of	Each F	Receipt	this F	Period		
	FEC ID number of contributing federal political committee.	С					, .			250	0.00	
	Name of Employer	Occupation	I	_								
	physician	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Primary General	33 - 3										
	Other (specify)		250.00									
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			Detailed Summary Page		11a 13	F	11b 14	11c	F	12 16	17
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	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
A .	Full Name (Last, First, Middle Initial) Leigh Anderson Barrow				Date of	Re	eceipt				
	Mailing Address 2824 E 25th St				м м 01	1	D 22		ү 2	ү 014	Y
	City Tulsa	State OK	Zip Code 74114-3214					C263677 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	83.	33
	Name of Employer	Occupation									
	emergency medicine physicians	Emergency	Physician	_							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99								
в.	Full Name (Last, First, Middle Initial) Leigh Anderson Barrow				Date of	Re	eceipt				
	Mailing Address 2824 E 25th St				м м 02	1	20		ү 2(ү 014	Y
	City Tulsa	State OK	Zip Code 74114-3214					C264994			
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	Name of Employer emergency medicine physicians	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 249.99									
<u>с</u> .	Full Name (Last, First, Middle Initial) Leigh Anderson Barrow				Date of	Re	eceipt				
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	City Tulsa	State OK	Zip Code 74114-3214					C26700		Period	
	FEC ID number of contributing federal political committee.	С					7	- 7	_	83.	33
	Name of Employer	Occupation	1	-							
	emergency medicine physicians	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼ 249.99								
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SCHEDULE A (FEC Form 3X)

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	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Andrew I Bern Mailing Address 9846 NW 18th St			M	e of D1	Receip	ot 16	/ Y	2014		
	City Coral Springs	State FL	Zip Code 33071-5826					25279 ceipt th		iod	
	FEC ID number of contributing federal political committee.	С				,		- 7		83.3	4
I	Name of Employer physician Receipt For: Primary General Other (specify)	Occupation Emergency Aggregate									
B. _	Full Name (Last, First, Middle Initial) Andrew I Bern Mailing Address 9846 NW 18th St			_		Receip					_
(City Coral Springs	State FL	Zip Code 33071-5826				16 I D : C	264732]
1	FEC ID number of contributing federal political committee. Name of Employer ohysician	C Occupation Emergency				J				83.3	4
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02								
C .	Full Name (Last, First, Middle Initial) Andrew I Bern			Dat	e of	Receip	ot				
-	Mailing Address 9846 NW 18th St	State	Zip Code	- L	03		16	I L	2014		
	Coral Springs	FL	33071-5826					26615 ceipt th		iod	
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I	Name of Employer	Occupation		_							
	physician	Emergency	Physician								
Į	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02								
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NAME OF COMMITTEE (In Full)										
> National Emergency Medici	ne Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Danny T Berry				Date of	f Re	eceipt				
Mailing Address 3015 Keystone Dr				м м 03	1	20			y y 2014	Y
City	State MO	Zip Code 63701-1726	_			ion ID				
Cpe Girardeau FEC ID number of contributing federal political committee.	С			Amount	t of	Each I	Receipt	this	Period 250	.00
Name of Employer	Occupation	1								
SE MO Hosp	Emergency	Physician								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) B. Frederick C Blum Mailing Address 1470 Point Marion Rd			_	Date of	f Re	eceipt	D /	Y	Y Y	Y
				01		16	5	2	2014	
City	State	Zip Code				on ID :				
Morgantown	WV	26508-1454	_	Amount	t of	Each I	Receipt	this	Period	
FEC ID number of contributing federal political committee.	С					7			160	.00
Name of Employer WV UNIVERSITY	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General									
Full Name (Last, First, Middle Initial) C. Frederick C Blum				Date of	f Re	eceipt				
Mailing Address 1470 Point Marion Rd				м м 02	/	D 16			2014	Y
City	State	Zip Code		Trans	act	ion ID	: C264	7323		
Morgantown	WV	26508-1454		Amount	t of	Each I	Receipt	this	Period	
FEC ID number of contributing federal political committee.	С					7	,		160	.00
Name of Employer	Occupation	1	-							
WV UNIVERSITY	Emergency	Physician								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		480.00	1							
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14	11c	\vdash	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	con	tributi	ons
	NAME OF COMMITTEE (In Full) National Emergency Medicine F										
A .	Full Name (Last, First, Middle Initial) Frederick C Blum Mailing Address 1470 Point Marion Rd				Date of		eceipt) / Y	Y	Y	Y
	City Morgantown	State WV	Zip Code 26508-1454					C266157 Receipt thi			
	FEC ID number of contributing federal political committee.	С					1	7		160.0	00
	Name of Employer WV UNIVERSITY	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00								
в.	Full Name (Last, First, Middle Initial) Peter Blume				Date of	Re	eceipt				
	Mailing Address 20 Ridge Rd	State	Zip Code		M M 03		30		201		Y
	Concord	NH	03301-3010	-				C267124 Receipt thi		eriod	
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer Concord Emer Med Assoc	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
с.	Full Name (Last, First, Middle Initial) Keenan M Bora				Date of	Re	eceipt				
	Mailing Address 3475 Ridgeline Ct				^M 01	1	16		201	ү 14	Y
	City Ann Arbor	State MI	Zip Code 48105-2500					C252791 Receipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					7		_	83.	33
	Name of Employer	Occupation	 								
	physician	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99								
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Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine P	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Keenan M Bora Mailing Address 3475 Ridgeline Ct City Ann Arbor FEC ID number of contributing	State Zip Code MI 48105-2500	Date of Receipt 02 16 2014 Transaction ID : C2647324 Amount of Each Receipt this Period
r Le ib number of contributing federal political committee. Name of Employer physician Receipt For: Primary General Other (specify) ▼	C Occupation Emergency Physician Aggregate Year-to-Date ▼ 249.99	83.33
Full Name (Last, First, Middle Initial) B. Keenan M Bora Mailing Address 3475 Ridgeline Ct City Ann Arbor FEC ID number of contributing federal political committee.	State Zip Code MI 48105-2500	Date of Receipt 03 16 2014 Transaction ID : C2661568 Amount of Each Receipt this Period 83.33
Name of Employer physician Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Jefferson Dale Bracey Mailing Address 1351 Manorwood St City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Univ Med Ctr ED Receipt For: Primary General Other (specify) ▼	State Zip Code NV 89135-1333 C Occupation Emergency Physician 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

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

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			Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine P	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Jefferson Dale Bracey Mailing Address 1351 Manorwood St				Date of		eceipt		V	Y	Y
					02	ľ	20		2	014	
	City	State NV	Zip Code 89135-1333				-	C264994	-		
	Las Vegas FEC ID number of contributing federal political committee.	C	09133-1333		Amount	t of	Each F	Receipt th	nis F	Period 83.	33
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	Univ Med Ctr ED	Emergency	Physician								
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в.	Full Name (Last, First, Middle Initial) Jefferson Dale Bracey				Date of	Re	eceipt				
	Mailing Address 1351 Manorwood St				03	/	20		2(у 014	Y
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	Las Vegas		89135-1333	_	Amount	tof	Each F	Receipt th	nis F	Period	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99]							
с.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt				
	Mailing Address 2525 Court Dr Dept of Emergency Medicine				01	1	22			у 014	Y
	City Gastonia	State NC	Zip Code 28054-2140					C26368		Period	
	FEC ID number of contributing federal political committee.	С					7			83	.33
	Name of Employer	Occupation									
	EMP	Emergency	Physician								
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	Primary General Other (specify) ▼		249.99								
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicin	e Political A	ction Committee	
Full Name (Last, First, Middle Initial) Jennifer H Bradstreet Mailing Address 2525 Court Dr Dept of Emergency Medic City Gastonia FEC ID number of contributing federal political committee. Name of Employer EMP Receipt For: Primary General Other (specify) ▼	State NC C Occupation Emergency		Date of Receipt
Full Name (Last, First, Middle Initial) B. Jennifer H Bradstreet Mailing Address 2525 Court Dr Dept of Emergency Media City Gastonia FEC ID number of contributing federal political committee. Name of Employer EMP Receipt For: Primary General Other (specify) ▼	State NC C Occupation Emergency		Date of Receipt
Full Name (Last, First, Middle Initial) Sabina A Braithwaite Mailing Address PO Box 780809 City Wichita FEC ID number of contributing federal political committee. Name of Employer SEDGWICK COUNTY Receipt For: Primary General Other (specify) ▼	State KS C Occupation Emergency Aggregate		Date of Receipt
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	nation copied from such Reports and nmercial purposes, other than using t				for the		pose of	solicitir		ontribut	tions
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City Wichit	a	State KS	Zip Code 67278-0809				-	C26473 Receipt 1		Period	_
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Mailing	Address 444 E Huntington Dr Emer Grps Ofc				м м 01	/	D 16			ү 014	Y
City Arcad	ia	State CA	Zip Code 91006-6258					C25279 Receipt 1		Period	
	D number of contributing political committee.	С					7		_	250	.00
Name	of Employer	Occupation									
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	rt For: Primary General Dther (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
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\rangle	National Emergency Medicine R	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Eric D Brown				Date of	Re	eceipt						
	Mailing Address 9251 Lawing School Rd				м м 01	1	22		/ Y	Y 20)14	Y	
	City	State	Zip Code		Trans	act	ion ID	: C2	63677	9			
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	Primary General Other (specify) ▼		249.99]									
в.	Full Name (Last, First, Middle Initial) Eric D Brown				Date of	Re	eceipt						
	Mailing Address 9251 Lawing School Rd				02 20 2014								
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or	for commercial purposes, other than using th	e name and a	ddress of any political committee	e to s	olicit cor	ntributio	ns from	such c	commit	ee.	
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	National Emergency Medicine	Pullical A									
A.	Full Name (Last, First, Middle Initial) John Casey				Date of	Receip	ot				
	Mailing Address 5156 Baker Ridge Dr				0.1	/ D	22 /	Y	y y 2014	Y	
	City	State	Zip Code			action	ID : C263				
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В.	Full Name (Last, First, Middle Initial) John Casey	I			Date of	Receip	ot				
	Mailing Address 5156 Baker Ridge Dr				м м 02	/ D	20 /	Y	y y 2014	Y	
	City	State	Zip Code		Trans	action I	ID : C264	9952			
	Columbus	OH	43228-1794	_	Amount	of Eac	h Receip	ot this	Period		
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с.	Full Name (Last, First, Middle Initial) John Casey	l			Date of	Receip	ot				
	Mailing Address 5156 Baker Ridge Dr				м м 03	/ D	20 /		y y 2014	Y	
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
A. Full Name (Last, First, Middle Initial) M Julia Casner Mailing Address 1711 Black Cherry Ct City Verona FEC ID number of contributing federal political committee.	State Zip Code WI 53593-8746	Date of Receipt
Name of Employer St John Oakland Hosp Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Marcel A Cesar Mailing Address PO Box 180253 City Delafield FEC ID number of contributing federal political committee. Name of Employer Emergency Medicine Specialists S.C. Receipt For: Primary	State Zip Code WI 53018-0253 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt 03 / 30 / 2014 Transaction ID : C2671241 Amount of Each Receipt this Period 250.00
C. Mary Anna Chiu Mailing Address 10220 N Orchard Ln City Spokane FEC ID number of contributing federal political committee. Name of Employer Emergency physician services Receipt For: Primary General Other (specify) ▼	250.00 State Zip Code WA 99208-5523 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 / 31 / 2014 Transaction ID : C2671071 Amount of Each Receipt this Period 250.00
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SCHEDULE A (FEC Form 3X)

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	Mailing Address 91 Woodridge Dr					/) / Ү			ſ	
	City	State	Zip Code			acti		C26367		4		
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	solicitir		ontribut	ions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F										
Α.	Full Name (Last, First, Middle Initial) <u>R Carter Clements</u> Mailing Address 5558 Taft Ave				Date of	f Re	D - 1) /	Y Y	Y	Y
	City Oakland	State CA	Zip Code 94618-1519					C2528	680	2014 Period	
	FEC ID number of contributing federal political committee.	С					7		_	83	.34
	Name of Employer OakCare Med Grp Inc Receipt For:	Occupation Emergency	Physician								
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в.	Full Name (Last, First, Middle Initial) R Carter Clements Mailing Address 5558 Taft Ave				Date of	F Re	D . [) /	Y Y	Y	Y
	City Oakland	State CA	Zip Code 94618-1519					C26473 Receipt	371	014 Period	
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C.	Full Name (Last, First, Middle Initial) R Carter Clements				Date of	Re	eceipt				
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NAME OF COMMITTEE (In Full) National Emergency Medicir	ne Political Action Committee	
Full Name (Last, First, Middle Initial) A. Orion J Colfer Mailing Address 2523 Hanover Ave City Richmond FEC ID number of contributing federal political committee. Name of Employer EMP Receipt For: Primary □ General Other (specify) ▼	State Zip Code VA 23220-4003 C Occupation Emergency Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 22 2014 Transaction ID : C2636781 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) B. Orion J Colfer Mailing Address 2523 Hanover Ave City	State Zip Code	Date of Receipt 02 11 2014 Transaction ID : C2647676
Richmond FEC ID number of contributing federal political committee. Name of Employer EMP	VA 23220-4003 C Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Orion J Colfer Mailing Address 2523 Hanover Ave City Richmond FEC ID number of contributing federal political committee. Name of Employer EMP Receipt For: Primary General Other (specify) ▼	State Zip Code VA 23220-4003 C Occupation Emergency Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt
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SCHEDULE A (FEC Form 3X)

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	ny information copied from such Reports and St for commercial purposes, other than using the					purpc				ributio			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee										
<u> </u>	Full Name (Last, First, Middle Initial) Orion J Colfer				Date of	Bece	eipt						
.	Mailing Address 2523 Hanover Ave				M M	/	D D	/ Y		Y	Y		
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D.	Mailing Address 2024 Rice Rd					/	eihr	/ Y	Y	Y	ŕ		
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City Edinboro		State PA	Zip Code					C252785					
		FA	16412-1726		Amount	of E	Each Receipt this Period						
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C.	Full Name (Last, First, Middle Initial) Christopher Corbit				Date of	Rece	eipt						
	Mailing Address 1075 Mornington Cir				м м 01	/	D D 22	/ Y	2014		Y		
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/	National Emergency Medicine F	olitical A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Christopher Corbit				Date of	f Re	eceipt							
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в.	Full Name (Last, First, Middle Initial) Christopher Corbit				Date of	f Re	eceipt							
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	National Emergency Medicine F	Political A	ction Committee													
Α.	Full Name (Last, First, Middle Initial) James Michael Cusick				Date of	f Re	eceipt									
	Mailing Address 1077 Race St				м м 02	/	D 16			2014	Y					
	City	State	Zip Code		Trans	acti	ion ID :	C2647	326							
	Denver	CO	80206-2832	_	Amoun	t of	Each F	Receipt	this F	Period						
	FEC ID number of contributing federal political committee.	С					,			83	.34					
	Name of Employer	Occupation	1													
	physician	Emergency	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		050.00	11												
	Other (specify)		250.02	4												
в.	Full Name (Last, First, Middle Initial) James Michael Cusick				Date of	f Re	eceipt									
	Mailing Address 1077 Race St				M M	/	DI	/	Y Y	Y	Y					
				03 16 2014												
	City	State	Zip Code		Trans	acti	on ID :	C26615	573							
	Denver	CO	80206-2832	_	Amoun	t of	Each F	Receipt	this F	Period						
	FEC ID number of contributing federal political committee.	С					,			83.	.34					
	Name of Employer	Occupation	l													
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	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11												
	Other (specify)		250.02	4												
с.	Full Name (Last, First, Middle Initial) Charles Dalmedo				Date of	f Re	eceipt									
	Mailing Address 15 Hewlett Ln				01	/	22			014	Y					
	City	State	Zip Code		Trans	act	ion ID :	C2636	785							
	Oakdale	NY	11769-1504		Amoun	t of	Each F	Receipt	this F	^{>} eriod						
	FEC ID number of contributing federal political committee.	С					,			83	.33					
	Name of Employer	Occupation	1	_												
	State Univ of NY @ Stony Brook	Emergency	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General	33 - 3		11.												
	Other (specify)		249.99	4												
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting		ntributi	ions			
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Charles Dalmedo				Date of	f Re	eceipt							
	Mailing Address 15 Hewlett Ln				м м 02	/	20			ү 014	Y			
	City Oakdale	State NY	Zip Code 11769-1504					C264995 Receipt th		Period				
	FEC ID number of contributing federal political committee.	С					7		_	83.	33			
	Name of Employer State Univ of NY @ Stony Brook	Occupation Emergency												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99											
	Full Name (Last, First, Middle Initial) Charles Dalmedo				Date of	f Re	eceipt							
	Mailing Address 15 Hewlett Ln			03 20 _2014 _										
	City	State	Zip Code		Trans	acti	ion ID :	C267006	5					
	Oakdale	NY	11769-1504		Amoun	t of	Each F	Receipt th	is P	'eriod				
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	Name of Employer State Univ of NY @ Stony Brook	Occupation Emergency												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99											
	Full Name (Last, First, Middle Initial) Wendy DeMartino				Date of	f Re	eceipt							
	Mailing Address 135 High St				01	/	22			ү 014	Y			
	City Exeter	State NH	Zip Code 03833-2927	_				C263678 Receipt th		Period				
	FEC ID number of contributing federal political committee.	С					7		_	83.	33			
	Name of Employer	Occupation												
	EMP	Emergency	Physician											
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	Primary General Other (specify) ▼		249.99											
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NAME OF COMMITTEE (In Full)											
> National Emergency Medicine	e Political A	ction Committee									
Full Name (Last, First, Middle Initial) A. Wendy DeMartino			[Date of	Re	ceipt					
Mailing Address 135 High St				м м 02	/	20		Y	у у 2014	Y	
City	State	Zip Code		Trans	acti	on ID	: C26	49956			
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Name of Employer	Occupation	1									
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Other (specify)		249.99									
Full Name (Last, First, Middle Initial) B. Wendy DeMartino				Date of	Re	ceipt					
Mailing Address 135 High St				м м 03	/	20		Y	y y 2014	Y	
City											
Exeter	NH	03833-2927	/	Amount	of	Each I	Receij	ot this	Period		
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Name of Employer EMP	Occupation Emergency										
Receipt For:		Year-to-Date ▼									
Primary General Other (specify) ▼		249.99									
Full Name (Last, First, Middle Initial) C. Carrie DeMoor				Date of	Re	ceipt					
Mailing Address 4701 Paxton Ln				м м 01	/	09			2014	Y	
City Frisco	State TX	Zip Code 75034-2209				ion ID			Period	1	
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Name of Employer	Occupation	1	_								
TX Tech Hlth Sci Ctr	Emergency										
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Α.	Full Name (Last, First, Middle Initial) Carrie DeMoor				Date of	f Re	eceipt				
	Mailing Address 4701 Paxton Ln				м м 03	/	31	D / Y		ү 014	Y
	City	State	Zip Code		Trans	act	ion ID :	C26716	08		
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	FEC ID number of contributing federal political committee.	С					,	7		25.	00
	Name of Employer	Occupation	l								
	TX Tech Hlth Sci Ctr	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		275.00								
в.	Full Name (Last, First, Middle Initial) Mark R Dziedzic				Date of	f Re	eceipt				
	Mailing Address 136 Steele Rd				03	/	26		2(y 014	Y
	City	State	Zip Code		Trans	acti	ion ID :	C267017	75		
	West Hartford	СТ	06119-1048		Amount	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					, .	7		250.	00
	Name of Employer Northeast Emergency Medicine Specialis	Occupation Emergency									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 250.00]							
<u> </u>	Full Name (Last, First, Middle Initial) Rachel A English				Date of	f Re	eceipt				
	Mailing Address 1825 N 74th St				м м 03	/	30			у 014	Y
	City	State	Zip Code		Trans	sact	ion ID :	C26712	47		
	Milwaukee	WI	53213-2219	_	Amount	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					,	7		250	.00
	Name of Employer	Occupation	1								
	Emergency Medicine Specialists	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00	11							
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Α.	Full Name (Last, First, Middle Initial) Clifford Erickson				Date o	f R	eceipt					
	Mailing Address 31 Forest Dr				м м 01	1	22			2014	Y	
	City	State	Zip Code		Trans	sac	tion ID	: C2636	788			
	Voorheesville	NY	12186-9530	_	Amoun	t of	f Each I	Receipt	this F	Period		
	FEC ID number of contributing federal political committee.	С					7			83.	33	
	Name of Employer	Occupation	l									
	EMP	Emergency	Physician									
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	Other (specify)		249.99]								
в.	Full Name (Last, First, Middle Initial) Clifford Erickson				Date o	f R	eceipt					
	Mailing Address 31 Forest Dr				M M	1	20		y y y	014	Y	
	City	State	Zip Code		Trans	act	tion ID :	: C2649	957			
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	EMP	Emergency	Physician									
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	Mailing Address 31 Forest Dr				м м 03	1	20			014	Y	
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	Voorheesville	NY	12186-9530	_	Amoun	t of	f Each I	Receipt	this F	Period		
	FEC ID number of contributing federal political committee.	С					7		_	83.	33	
	Name of Employer	Occupation	l	-								
	EMP	Emergency	Physician									
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	Primary General		240.00	11.								
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Adelaide J Evans				ate of	f Re	ceipt				
	Mailing Address 21 Sanborn Ave				м м 03	1	D D D 30	/ Y	201		7
	City West Roxbury	State MA	Zip Code 02132-3817				i on ID : Each Re		48		_
	FEC ID number of contributing federal political committee.	С					7		2	250.0	0
	Name of Employer	Occupation	1								
	Whidden Meml Hosp ED	Emergency	Physician	_							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1							
в.	Full Name (Last, First, Middle Initial) Justin W Fairless				ate of	f Re	ceipt				
	Mailing Address 4010 E 118th Blvd				м м 01	/	22	/ Y	2014		
	City	State Zip Code OK 74137-6113						C263678	89		
	Tulsa FEC ID number of contributing federal political committee.	mber of contributing						eceipt th	is Per	iod 83.3	3
	Name of Employer Christus Spohn Meml Hosp	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99								
— C.	Full Name (Last, First, Middle Initial) Justin W Fairless				ate of	f Re	ceipt				
	Mailing Address 4010 E 118th Blvd				м м 02	/	20	/ Y	۲ 2014		
	City Tulsa	State OK	Zip Code 74137-6113				ion ID : Each Re			riod	_
	FEC ID number of contributing federal political committee.	С					7			83.3	3
	Name of Employer	Occupation	I								
	Christus Spohn Meml Hosp	Emergency	Physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	1							
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!			Detailed Summary Page		11a 13		11b 14	11c	\vdash	12 16	17		
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Justin W Fairless Mailing Address 4010 E 118th Blvd				Date of	_	D D	/ Y		Y	Y		
	City Tulsa	State OK	Zip Code 74137-6113					C267008 eceipt th	88	014			
	FEC ID number of contributing federal political committee.	С			Anoun			eceipt in	15 1	83.	33		
	Name of Employer Christus Spohn Meml Hosp Receipt For:	Occupation Emergency											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99]									
в.	Full Name (Last, First, Middle Initial) Wallace G Falero Mailing Address 331 Green Chase Cir				Date of		eceipt	/ Y		014	Y		
	City Montgomery	StateZip CodentgomeryAL36117-6022											
	FEC ID number of contributing federal political committee.	С					7		_	250.	00		
	Name of Employer BMC East Attn: EM Dept Dir	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
C.	Full Name (Last, First, Middle Initial) William Basil Felegi				Date of	f Re	eceipt						
	Mailing Address 731 Red Lion Way		7.0.1		м м 02		D D 21	/ Y	20	ү 014	Y		
	City Bridgewater	State NJ	Zip Code 08807-1668					C264972 eceipt th		Period			
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	Name of Employer	Occupation											
	Morristown Mem Hosp ED	Emergency	Physician										
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine															
A.	Full Name (Last, First, Middle Initial) Scott E Felten Mailing Address 11122 S Harvard Ave				Date of	_	· .	/ •	v	Y	Y					
	City	State	Zip Code	_	01		22	C263679	2	014						
	Tulsa	ОК	74137-7810					eceipt th		Period						
	FEC ID number of contributing federal political committee.	С					7			83	.33					
	Name of Employer	Occupation														
	St Francis Hosp Receipt For:	Emergency		_												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	1												
В.	Full Name (Last, First, Middle Initial) Scott E Felten				Date of	Re	eceipt									
	Mailing Address 11122 S Harvard Ave			02 / Y Y Y Y 02 20 / 2014												
	City	Zip Code					C264995 eceipt th									
	Tulsa FEC ID number of contributing federal political committee.										33					
	Name of Employer St Francis Hosp	Occupation Emergency		_			,									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 249.99]												
с.	Full Name (Last, First, Middle Initial) Scott E Felten			1	Date of	Re	eceipt									
	Mailing Address 11122 S Harvard Ave				м м 03	/	20	/ Y		y)14	Y					
	City Tulsa	State OK	Zip Code 74137-7810					C267008 eceipt th		Period	_					
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	Name of Employer	Occupation	1													
	St Francis Hosp	Emergency	Physician													
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\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine P	'olitical A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) David N Ferrand				Date of	Re	ceipt				
	Mailing Address 119 Dorie Dr				м м 01	/	22			y y 2014	Y
	City Belmont	State NC	Zip Code 28012-9545	-	Trans Amount		on ID :			Poriod	
	FEC ID number of contributing federal political committee.	С			Amoun			heceip	, uns		.33
	Name of Employer	Occupation									
	David N Ferrand, MD	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		264.99								
в.	Full Name (Last, First, Middle Initial) David N Ferrand				Date of	Re	ceipt				
	Mailing Address 119 Dorie Dr				M M 02	/	20		Y 2	y y 2014	Y
	City	State	Zip Code		Trans	acti	on ID :	C264	9960		
	Belmont	NC	28012-9545	_	Amount	t of	Each F	Receip	ot this	Period	
	FEC ID number of contributing federal political committee.	С					7		,	88	.33
	Name of Employer David N Ferrand, MD	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 264.99								
— c.	Full Name (Last, First, Middle Initial) David N Ferrand				Date of	Re	ceipt				
	Mailing Address 119 Dorie Dr				м м 03	/	20			2014	Y
	City	State	Zip Code		Trans	act	ion ID :	: C267	0090		
	Belmont	NC	28012-9545	_	Amount	t of	Each F	Receip	ot this	Period	
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	Name of Employer	Occupation		_							
	David N Ferrand, MD	Emergency	Physician								
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PAGE 34 OF

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	NAME OF COMMITTEE (In Full) National Emergency Medicine F										
A.	Full Name (Last, First, Middle Initial) John T Finnell II				Date of	Re	eceipt				
	Mailing Address 505 S 5th St				м м 01	1	D D D) / Y	ү 2	ү 014	Y
	City Zionsville	State IN	Zip Code 46077-1745	A			-	C252630	-	Period	
	FEC ID number of contributing federal political committee.	С					7		_	83.	34
	Name of Employer ACEP	Occupation Emergency									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02								
В.	Full Name (Last, First, Middle Initial) John T Finnell II Mailing Address 505 S 5th St				Date of	f Re	eceipt	/ Y	Y	Y	Y
	City Zionsville	State IN	Zip Code 46077-1745					C264571	6	014 Period	
	FEC ID number of contributing federal political committee.	С					,	,		83.	34
	Name of Employer ACEP	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02								
с.	Full Name (Last, First, Middle Initial) John T Finnell II				Date of	Re	eceipt				
	Mailing Address 505 S 5th St				м м 03	1	11) / Y) 014	Y
	City Zionsville	State IN	Zip Code 46077-1745	A				C26593		Period	
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	Name of Employer	Occupation	1	-							
	ACEP	Emergency	Physician								
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	y information copied from such Reports and S for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz				Date of	f Re	eceipt				
	Mailing Address 6003 84th St				м м 01	1	16) / Y		ү 014	Y
	City	State TX	Zip Code 79424-3686	_				C25279			
	Lubbock		79424-3000	_	Amoun	t of	Each F	Receipt t	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С				_	,		_	83	.34
	Name of Employer	Occupation									
	COVENANT MED GRP	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		250.02	1							
	Other (specify)		7 7 7								
В.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz				Date of	f Re	ceipt				
	Mailing Address 6003 84th St				M M	/	D D) / Y	Y	Y	Y
					02		16		20	014	
	City	State	Zip Code		Trans	acti	on ID :	C26473	27		
	Lubbock	TX	79424-3686	_	Amoun	t of	Each F	Receipt t	his F	'eriod	
	FEC ID number of contributing federal political committee.	С					,			83.	.34
	Name of Employer	Occupation									
	COVENANT MED GRP	Emergency	Physician								
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	Primary General		250.02	1							
	Other (specify)		250.02	4							
с.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz				Date of	f Re	eceipt				
	Mailing Address 6003 84th St				м м 03	/	D 16			ү 014	Y
	City	State	Zip Code		Trans	act	ion ID :	C26615	77		
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	FEC ID number of contributing federal political committee.	С					,	5	_	83	.34
	Name of Employer	Occupation		_							
	COVENANT MED GRP	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11.							
	Other (specify)		250.02	4							
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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	licit cor	ntrib	outions	from s	such c	ommitt	ee.	
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/	National Emergency Medicine	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Charles A Fleischner				Date of Receipt							
	Mailing Address 416 Fountain St				M M / D D / Y Y Y Y Y 01 06 _ 2014 _							
	City State Zip Code					Transaction ID : C2524188						
	New Haven	СТ		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			1000.00							
	Name of Employer Occupation											
	EMCare Emergency Physician											
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в.	Full Name (Last, First, Middle Initial) Kelly Foley				Date of	Re	eceipt					
	Mailing Address 1133 Pond Cypress Dr				01 16 / Y Y Y Y Y							
	City	State	Zip Code		Trans	acti	on ID :	C252	7922			
	Virginia Beach	VA	23455-6859	/	Amount	t of	Each F	Receip	t this	Period		
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	Name of Employer Occupation											
	Physician Emergency Physician											
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C.	Full Name (Last, First, Middle Initial) Kelly Foley				Date of	Re	eceipt					
	Mailing Address 1133 Pond Cypress Dr				02 16 2014							
	City	State	Zip Code		Trans	act	ion ID	: C264	7328			
	Virginia Beach	VA	23455-6859		Amount	t of	Each F	Receip	t this	Period		
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	Name of Employer Occupation											
	physician Emergency Physician											
	Receipt For:	Aggregate	Year-to-Date ▼]							
	Primary General		249.99									
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	NAME OF COMMITTEE (In Full) National Emergency Medicine											
Α.	Full Name (Last, First, Middle Initial) Kelly Foley Mailing Address 1133 Pond Cypress Dr				Date of	Re ⁄	ceipt	D	/ Y		Y	Y
	City	State	Zip Code	_	03 Trans	acti	16 Ion ID		266157		014	
	Virginia Beach	VA	23455-6859		Amount						eriod	
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	Name of Employer physician	Occupation Emergency										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		249.99									
в.	Full Name (Last, First, Middle Initial) Anita Marie Gage				Date of	Re	ceipt					
	Mailing Address 2174 N Hametown Rd				01	1	22		/ Y)14	Y
	City	State OH	Zip Code		Trans							
	Akron FEC ID number of contributing federal political committee.	С	44333-1026		Amount	of	Each	Rec	ceipt th	nis P	eriod 83.	33
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	Name of Employer EMP Ltd	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 249.99									
<u>с</u> .	Full Name (Last, First, Middle Initial) Anita Marie Gage				Date of	Re	ceipt					
	Mailing Address 2174 N Hametown Rd				м м 02	/	20		/ Y)14	Y
	City Akron	State OH	Zip Code 44333-1026		Trans Amount				264990 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	C					,		7		83	.33
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Α.	Full Name (Last, First, Middle Initial) Anita Marie Gage				Date of	Re	ceipt				
	Mailing Address 2174 N Hametown Rd				м м 03	1	20		/ Y	y y 2014	Y
	City	State	Zip Code		Trans	acti	ion ID	: C2	670091		
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	EMP Ltd	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify)		249.99								
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В.	Full Name (Last, First, Middle Initial) Angela F Gardner				Date of	Re	ceipt				
	Mailing Address 1914 Fair Field Dr				M M	/	D	D	/ Y	Y Y	Y
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	City	State	Zip Code						527923		
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	Primary General Other (specify) ▼		249.99								
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<u>с</u> .	Full Name (Last, First, Middle Initial) Angela F Gardner				Date of	Re	ceipt				
	Mailing Address 1914 Fair Field Dr				м м 02	/	D 16			y y 2014	Y
	City	State	Zip Code		Trans	act	ion ID	: C2	647329		
	Grapevine	ТХ	76051-7100		Amount	t of	Each I	Rece	eipt this	Period	
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	Name of Employer	Occupation		-							
	physician	Emergency	Physician								
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	Mailing Address 659 Lorenwood Dr				M M 01	/	22	/	y y 2(ү 014	Y		
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	EMP of Allegheny Co	Emergency	Physician										
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с.	Full Name (Last, First, Middle Initial) Michael David Garfinkel				Date of	Re	ceipt						
	Mailing Address 659 Lorenwood Dr				м м 02	/	20			014	Y		
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	EMP of Allegheny Co	Emergency	Physician										
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	y information copied from such Reports and S for commercial purposes, other than using the										ons	17
	NAME OF COMMITTEE (In Full)			9 10 5		TUTIC	Julions		1.00			
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Α.	Full Name (Last, First, Middle Initial) Michael David Garfinkel				Date of	Re	eceipt					
	Mailing Address 659 Lorenwood Dr				м м 03	1	20			ү 014	Y	
	City Hermitage	State PA	Zip Code 16148-8803					C267009		eriod		
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	Name of Employer	Occupation										
	EMP of Allegheny Co Receipt For:	Emergency	-	_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99]								
в.	Full Name (Last, First, Middle Initial) Daniel C Geary				Date of	Re	eceipt					
	Mailing Address 142 Woodshire Rd				01	/	22)14	Y	
	City	State	Zip Code		Trans	acti	ion ID :	C263679				
	Pittsburgh	PA	15215-1714		Amount	t of	Each F	Receipt th	is P	'eriod		
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99]								
с.	Full Name (Last, First, Middle Initial) Daniel C Geary				Date of	Re	eceipt					
	Mailing Address 142 Woodshire Rd				м м 02	/	20) 14	Y	
	City Pittsburgh	State PA	Zip Code 15215-1714					: C264996 Receipt th		Period		
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	EMP	Emergency	Physician									
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	y information copied from such Reports and S										ions	17
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	National Emergency Medicine F	Political A	ction Committee									
A.	Full Name (Last, First, Middle Initial) Daniel C Geary				Date o	f R	eceipt					
	Mailing Address 142 Woodshire Rd				03	1	20			2014	Y	
	City	State	Zip Code		Trans	sac	tion ID	: C2670	093			
	Pittsburgh	PA	15215-1714		Amoun	t of	Each	Receipt	this I	Period		
	FEC ID number of contributing federal political committee.	С					7	7		83.	.33	
	Name of Employer	Occupation										
	EMP	Emergency	Physician									
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	Full Name (Last, First, Middle Initial) Michael Joseph Gerardi				Date o	fR	eceipt					
	Mailing Address 32 Goldfinch Dr				02	1	21		Y Y 2	014	Y	
	City	State	Zip Code		Trans	sact	tion ID	: C2649	749			
	Hackettstown	NJ	07840-3008		Amoun	t of	Each	Receipt	this I	Period		
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	Name of Employer Emer Med Assoc	Occupation Emergency										
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	Primary General Other (specify) ▼		250.00]								
с.	Full Name (Last, First, Middle Initial) Jeffrey Michael Goodloe				Date o	f R	eceipt					
	Mailing Address 3720 E 99th Pl				01	1	/ D 16			014	Y	
	City Tulsa	State OK	Zip Code 74137-5231					: C2527				
			74137-3231	_	Amoun	t of	Each	Receipt	this I	Period	_	_
	FEC ID number of contributing federal political committee.	C			L		7		_	250	.00	
	Name of Employer	Occupation										
	UNIV OF OK	Emergency	Physician									
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F										
A .	Full Name (Last, First, Middle Initial) Louis G Graff				Date of						
	Mailing Address 130 Oakridge		7.0.1		03		30			014	Y
	City Unionville	State CT	Zip Code 06085-1480					C26712		Period	
	FEC ID number of contributing federal political committee.	С					7		_	300.	00
	Name of Employer New Britian General Hosp	Occupation Emergency									
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в.	Full Name (Last, First, Middle Initial) Stephen A D Grant				Date of	Re	eceipt				
	Mailing Address 1 Cherry Hills Dr				01	1	16		2() 014	Y
	City Aiken	State SC	Zip Code 29803-5688					C252792 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7			83.	34
	Name of Employer physician	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.02]							
С.	Full Name (Last, First, Middle Initial) Stephen A D Grant				Date of	Re	eceipt				
	Mailing Address 1 Cherry Hills Dr				м м 02	/	16			014	Y
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	physician	Emergency	Physician								
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Α.	Full Name (Last, First, Middle Initial) Stephen A D Grant				Date o	fR	eceipt					
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<u> </u>	Full Name (Last, First, Middle Initial) Michael Gary Guttenberg				Date o	fR	eceipt					
	Mailing Address 11 Glen Hill Ln				M M		·		С Y	Y 1	Y	
	City	State	Zip Code		01 Trans	act	16 tion ID :	C25279		014		
	Tarrytown	NY	10591-5055					Receipt t		Period		
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c.	Full Name (Last, First, Middle Initial) Ann Malia Haleakala				Date o	fR	eceipt					
	Mailing Address PO Box 108				01	1	/ D 16			014	Y	
	City	State	Zip Code		Trans	sac	tion ID :	C25279)28			
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	Hawaii Emer PHY Assoc	Emergency	Physician									
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	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Timothy James Hall Mailing Address 1380 Woodhurst Dr			[Date of	f Re	ceipt	ר / כ	(Y	Y Y	
	City Rock Hill	State SC	Zip Code 29732-2082					C26367 Receipt t			
	FEC ID number of contributing federal political committee.	С					7			83.3	3
	Name of Employer Piedmont Emerg Medicine Assoc Receipt For:	Occupation Emergency Aggregate	Physician Year-to-Date ▼								
	Other (specify) ▼		249.99								
В.	Full Name (Last, First, Middle Initial) Timothy James Hall			1	Date of	f Re	ceipt				
	Mailing Address 1380 Woodhurst Dr	State	Zip Code		м м 02	/	20	_ L	2014		
	Rock Hill	Sc	29732-2082	Transaction ID : C2649964 Amount of Each Receipt this Period						iod	
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	Name of Employer Piedmont Emerg Medicine Assoc	Occupation Emergency	Physician								
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	City Rock Hill	State SC	Zip Code 29732-2082				-	C26700 Receipt t		iod	
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	Name of Employer	Occupation		_							
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	AME OF COMMITTEE (In Full) Vational Emergency Medicine F	Political A	ction Committee									
	ull Name (Last, First, Middle Initial) J Brian Hancock				Date of	f Re	eceip	pt				
_	ailing Address 2215 Fulton RD Ann Arbor VA				м м 01	/		16	/ Y)14	Y
	ity Ann Arbor	State MI	Zip Code 48105						252792			
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	ame of Employer	Occupation		_								
	II State Univ Colg of Hmn Medn	Emergency	Physician									
	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1								
	ull Name (Last, First, Middle Initial) Jonathan Heidt				Date of	f Re	eceip	pt				
M	lailing Address One Hospital Dr University Hosp Dept of EM				M M 01	/		16	/ Y	20	Y 14	Y
	ity Solumbia	State MO	Zip Code 65203					-	252793		eriod	
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	nformation copied from such Reports and S commercial purposes, other than using the				for the		oose of		g conti				
	ME OF COMMITTEE (In Full)												
) N	ational Emergency Medicine F	Political A	ction Committee										
	ll Name (Last, First, Middle Initial) onathan Heidt				Date of	Re	ceipt						
Ma	ailing Address One Hospital Dr				M M	/	DD	/ Y	Y		Y		
Cit	University Hosp Dept of EM	State	Zip Code		03	۰.	16		201	4			
	y olumbia	MO	65203	_				C26615		riod			
	C ID number of contributing leral political committee.	С					7			83.3	33		
Na	me of Employer	Occupation											
	ysician	Emergency	Physician										
Re	ceipt For:	Aggregate	Year-to-Date ▼										
	Primary General		240.00	11									
	Other (specify)		249.99	4									
	ll Name (Last, First, Middle Initial) arlton E Heine				Date of	Re	ceipt						
Ma	iling Address 2986 Foster Ave			03 13 2014									
Cit	У	State	Zip Code		Trans	acti	on ID :	C26610					
Ju	neau	AK	99801-1956	Amount of Each Receipt this Period									
	C ID number of contributing leral political committee.	С								250.0	0		
	me of Employer MA	Occupation											
-	ceipt For:	Emergency											
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 250.00										
	II Name (Last, First, Middle Initial)				Date of	Re	ceipt						
Ma	iling Address 1650 S Sky Ridge Dr				м м 01		16	/ Y	201		Y		
Cit	у	State	Zip Code		Trans	acti	ion ID :	C25279	31				
W	/dm	IA	50266-3812	_	Amount	t of	Each R	eceipt th	nis Pei	riod			
	C ID number of contributing leral political committee.	С		8						83.3	33		
Na	me of Employer	Occupation											
ph	ysician	Emergency	Physician										
Re	ceipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		249.99	9									
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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political Action Committee	
Full Name (Last, First, Middle Initial) Gary Thomas Hemann Mailing Address 1650 S Sky Ridge Dr City Wdm FEC ID number of contributing federal political committee. Name of Employer physician Receipt For: Primary General Other (specify) ▼	State Zip Code IA 50266-3812 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 249.99 249.99	Date of Receipt 02 16 2014 Transaction ID : C2647332 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) B. Gary Thomas Hemann Mailing Address 1650 S Sky Ridge Dr City Wdm FEC ID number of contributing	State Zip Code IA 50266-3812	Date of Receipt 03 16 2014 Transaction ID : C2661561 Amount of Each Receipt this Period
federal political committee. Name of Employer physician Receipt For: Primary Other (specify)	C Occupation Emergency Physician Aggregate Year-to-Date ▼ 249.99	83.33
Full Name (Last, First, Middle Initial) Justin P Hensley Mailing Address 5121 Ocean Dr City Crp Christi FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78412-2661 C Occupation Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.02	Date of Receipt 01 16 2014 Transaction ID : C2527932 Amount of Each Receipt this Period 83.34
SUBTOTAL of Receipts This Page (optional))	250.00
TOTAL This Period (last page this line numb	per only)	

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			Detailed Summary Page		11a 13	\vdash	11b 14	\vdash	1c	12	17
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose of	f soli	citing c	contribu	itions
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Justin P Hensley Mailing Address 5121 Ocean Dr				Date of	1	D 16	;		y y 2014	Ŷ
	City Crp Christi FEC ID number of contributing federal political committee.	State TX	Zip Code 78412-2661	_	Trans Amount		ion ID : Each F				l 3.34
	Name of Employer PHYSICIAN Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate]			-				
В.	Full Name (Last, First, Middle Initial) Justin P Hensley Mailing Address 5121 Ocean Dr				Date of	F Re	eceipt		Y	y y y 2014	Y
	City Crp Christi FEC ID number of contributing federal political committee.	State TX	Zip Code 78412-2661		Trans Amount		i on ID : Each F				3.34
	Name of Employer PHYSICIAN Receipt For: Primary General Other (specify) V	Occupation Emergency Aggregate]							
C.	Full Name (Last, First, Middle Initial) George Z Hevesy Mailing Address 1177 N Byerly Hills Dr City East Peoria	State	Zip Code 61611-1283			/ act	17 ion ID :	, : C25	528682		
	FEC ID number of contributing federal political committee. Name of Employer OSF ST FRANCIS MED CTR Receipt For:	Occupation Emergency]	Amount	Of	tacn F	recel			0.00
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7		7	416	.68
Т	OTAL This Period (last page this line number	r only)			L.,		,		7		

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		Use separate schedule(s)	(check on	ly one)	L		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports and Si or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full)							
National Emergency Medicine P	Political A	ction Committee					
Full Name (Last, First, Middle Initial) A. Keia Hewitt			Date o	of Receipt			
Mailing Address 3321 Luke Crossing Dr			M - N			2014	Y
City	State	Zip Code	01 Tran	22 saction ID		2014 97	
Charlotte	NC	28226-3359	Amour	nt of Each	Receipt th	is Period	ł
FEC ID number of contributing federal political committee.	С					8;	3.33
Name of Employer	Occupation		-				
CMC Union Hosp	Emergency	Physician					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		, 249.99					
Full Name (Last, First, Middle Initial) B. Keia Hewitt			Date o	of Receipt			
Mailing Address 3321 Luke Crossing Dr			02	20		2014	Y
City	State	Zip Code	Tran	saction ID	: C264996		
Charlotte	NC	28226-3359	Amour	nt of Each	Receipt th	is Period	k
FEC ID number of contributing federal political committee.	С				7	83	3.33
Name of Employer CMC Union Hosp	Occupation						
Receipt For:	Emergency	•	_				
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		249.99					
Full Name (Last, First, Middle Initial) C. Keia Hewitt			Date o	of Receipt			
Mailing Address 3321 Luke Crossing Dr			03	/ D		ү ү 2014	Y
City Charlotte	State NC	Zip Code 28226-3359		saction ID			
	NO	20220-3339	Amour	nt of Each	Receipt th	is Period	ł
FEC ID number of contributing federal political committee.	C			7	 J	8	3.33
Name of Employer	Occupation						
CMC Union Hosp Receipt For:	Emergency		_				
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)	L	249.99					
SUBTOTAL of Receipts This Page (optional)						249	9.99
TOTAL This Period (last page this line number of	only)				,		

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck onl	ly or	ne)				
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Jon Mark Hirshon				Date o	f Re	eceipt				
	Mailing Address 1062 River Bay Rd				м м 01	/	16	/ Y	201		7
	City Annapolis	State MD	Zip Code 21409-4830					C25279: eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					7	- 7	2	250.0	0
	Name of Employer	Occupation									
	physician	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
в.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt				
	Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med	Ctr			м м 01	/	D D D 26	/ Y	y 2014		
	City Fort Myers	State FL	Zip Code 33908-1809					C26165		i e el	
	FEC ID number of contributing federal political committee.	С			Amoun		Each R	eceipt th	iis Per	83.3	4
	Name of Employer Southwest FL Emer Phys	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02								
<u> </u>	Full Name (Last, First, Middle Initial) Larry Allen Hobbs				Date o	f Re	eceipt				
	Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med	Ctr			м м 02	/	D D D 26	/ Y	۲ 2014		
	City Fort Myers	State FL	Zip Code 33908-1809					C26504		ind	
	FEC ID number of contributing federal political committee.	С					,	,		83.3	4
	Name of Employer	Occupation									
	Southwest FL Emer Phys	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.02								
s	UBTOTAL of Receipts This Page (optional)			•			7		4	16.68	В
т	OTAL This Period (last page this line number of	only)					,	,			

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			Detailed Summary Page		< 11a		11b	11c		12	
			Detailed Summary Page		13		14	15		16	17
	y information copied from such Reports and Si for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine P	olitical A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Larry Allen Hobbs				Date of	f Re	eceipt				
	Mailing Address 12717 Brewster Dr				M M	/	DI	0 /	Y Y	Y	Y
	Lee Memorial Gulf Coast Med		Zip Code		03		26			2014	_
	City Fort Myers	State FL	33908-1809				-	C26701			
	·			_	Amoun	t of	Each F	Receipt	inis f	Period	_
	FEC ID number of contributing federal political committee.	С			L		7		_	83	.34
	Name of Employer	Occupation									
	Southwest FL Emer Phys	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.02								
— B.	Full Name (Last, First, Middle Initial) Robert S Hockberger				Date of	f Re	ceipt				
	Mailing Address 1000 W Carson St			_	M M	/	DE		Y Y	Y	Y
	LAC Harbor UCLA Med Ctr EE)			01		30		2(014	
	City	State	Zip Code		Trans	acti	on ID :	C26366	<u>595</u>		
	Torrance	CA	90502-2004		Amoun	t of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					ŋ		_	250	.00
	Name of Employer	Occupation									
	LAC Harbor UCLA Med Ctr ED	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		350.00								
<u> </u>	Full Name (Last, First, Middle Initial) Robert S Hockberger				Date of	f Re	eceipt				
	Mailing Address 1000 W Carson St LAC Harbor UCLA Med Ctr EL)			м м 03	/	D 19			014	Y
	City	State	Zip Code		Trans	sact	ion ID :	C2670)69		
	Torrance	CA	90502-2004		Amoun	t of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	100	.00
	Name of Employer	Occupation		\neg							
	LAC Harbor UCLA Med Ctr ED	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)		350.00								
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Т	OTAL This Period (last page this line number of	only)		•			7				

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т	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck onl	ly or	ne)				
11			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	17
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Lisa Dianne Hrutkay Mailing Address 1464 Stoolfire Rd				Date o		ceipt	/ Y	Y	V	
					01		22	/ 1	2014		
	City Valley Grove	State WV	Zip Code 26060-7934					C263679 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					,			83.3	3
	Name of Employer	Occupation									
	EMSTAR OVMC	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99								
в.	Full Name (Last, First, Middle Initial) Lisa Dianne Hrutkay				Date o	f Re	ceipt				
	Mailing Address 1464 Stoolfire Rd				м м 02	/	20	/ Y	2014		1
	City	State	Zip Code		Trans	sacti	on ID : (C264996			
	Valley Grove	WV	26060-7934	_	Amoun	t of	Each R	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С					,	7		83.3	3
	Name of Employer EMSTAR OVMC	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99]							
<u> </u>	Full Name (Last, First, Middle Initial) Lisa Dianne Hrutkay				Date o	f Re	ceipt				
	Mailing Address 1464 Stoolfire Rd				м м 03		20	/ Y	2014		1
	City Valley Grove	State WV	Zip Code 26060-7934					C26700 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					3			83.3	3
	Name of Employer	Occupation									
	EMSTAR OVMC	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		, 249.99								
	UBTOTAL of Receipts This Page (optional)			• •			7	· · ·	24	49.99)

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••			Detailed Summary Page		✓ 11a 13		11b 14	11c 15	12	r	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the			soliciting	g contr	ibutic	ons
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Raymond Iannaccone Mailing Address 25 Oakwood Rd				Date o		eceipt	р / Y	Ý	Y Y	
	City Allendale	State NJ	Zip Code 07401-2100					C25242 Receipt th			
	FEC ID number of contributing federal political committee.	С					7	7		83.3	3
	Name of Employer Raymond lannaccone Receipt For: Primary General Other (specify)	Occupation Emergency Aggregate									
В.	Full Name (Last, First, Middle Initial) Raymond Iannaccone Mailing Address 25 Oakwood Rd				Date o	of Re	eceipt) / Y	Y	Y Y	1
	City Allendale FEC ID number of contributing	State NJ	Zip Code 07401-2100					C26442			
	PEC ID Humber of contributing federal political committee. Name of Employer Raymond lannaccone Receipt For: Primary General Other (specify) ▼	C Occupation Emergency Aggregate			L.		7			83.3	3
C.	Full Name (Last, First, Middle Initial) Raymond Iannaccone Mailing Address 25 Oakwood Rd				Date o		eceipt	у / т	Ý	Y Y	
	City Allendale	State NJ	Zip Code 07401-2100	_				C26590 Receipt th			
	FEC ID number of contributing federal political committee.	С					1	10001011		83.3	3
	Name of Employer Raymond lannaccone Receipt For: Primary General Other (specify) \checkmark	Occupation Emergency Aggregate									
\vdash	UBTOTAL of Receipts This Page (optional)			• -		-	<u>,</u>	 	2	249.99	9

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

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			Detailed Summary Page		11a 13		11b	11c		12 16	17		
	y information copied from such Reports and s for commercial purposes, other than using th				for the		pose of			ntribut	ions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine												
A .	Full Name (Last, First, Middle Initial) Julian AJ Jakubowski Mailing Address 667 Lewis Pointe Dr				Date of		eceipt			Y	Y		
	City Vincent	State OH	Zip Code 45784-9114		02 Trans	act	12 ion ID :	C26460	97	014			
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Each H	leceipt tl		225.	00		
	Name of Employer ACEP	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00										
в.	Full Name (Last, First, Middle Initial) William Paul Jaquis Mailing Address 1216 S Bouldin St				Date of	f Re	D . D	/ Y	Y	Ŷ	Y		
	City Baltimore	State MD	Zip Code 21224-5000					C26460	98	014 Period			
	FEC ID number of contributing federal political committee.	С					7		_	250.	00		
	Name of Employer ACEP	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
с.	Full Name (Last, First, Middle Initial) Andrew David Jenis	L			Date of	f Re	eceipt						
	Mailing Address 115 Cayuga Heights Rd				01	/	22			ү 014	Y		
	City Ithaca	State NY	Zip Code 14850-2102					C26367 leceipt tl		Period			
	FEC ID number of contributing federal political committee.	С					7			83	.33		
	Name of Employer	Occupation	I										
	Emerg Med Phys	Emergency	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99										
s	UBTOTAL of Receipts This Page (optional)						7			558.	33		
т	OTAL This Period (last page this line number	only)					,						

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			Detailed Summary Page		11a 13		11b 14		11c 15		12 16	17
	y information copied from such Reports and for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee									
A .	Full Name (Last, First, Middle Initial) Andrew David Jenis Mailing Address 115 Cayuga Heights Rd				Date of		eceipt	D /	/ Y	Y	- Y -	Y
	City	State NY	Zip Code 14850-2102		02 Trans Amount		20 ion ID	: C26		7	014	
	FEC ID number of contributing federal political committee.	С			Amount	. 01		nece	, ipt un	5 Г	83.	33
	Name of Employer Emerg Med Phys Receipt For:	Occupation Emergency										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99									
В.	Full Name (Last, First, Middle Initial) Andrew David Jenis	1			Date of	Re	eceipt					
	Mailing Address 115 Cayuga Heights Rd	State	Zip Code		03	'	20)	Y)14	Y
	Ithaca	NY	14850-2102		Amount		on ID : Fach I				Period	
	FEC ID number of contributing federal political committee.	С					1		, pr u		83.	33
	Name of Employer Emerg Med Phys	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99									
с.	Full Name (Last, First, Middle Initial) David Peter John				Date of	Re	eceipt					
	Mailing Address 20 Hartley St				м м 01	1	D 30		Y		ү)14	Y
	City North Haven	State CT	Zip Code 06473-4409		Trans Amount		ion ID Each I				Period	
	FEC ID number of contributing federal political committee.					т. I		7		83	33	
	Name of Employer	I										
	Northeast Emergency Medicine Specialis	Emergency	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	1								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe			• •			7	-	7		249.	99

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

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			Detailed Summary Page		11a 13	\vdash	11b 14	11c	\vdash	12 16	17
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p ddress of any political committe	erson f e to so	or the	pur htrib	pose of	soliciting		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
A .	Full Name (Last, First, Middle Initial) David Peter John Mailing Address 20 Hartley St				Date of	_					W. C
	City	State	Zip Code		02 Trans		28	C265157	20	014	Y
	North Haven	СТ	06473-4409					eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				_	7	7	_	83	.33
	Name of Employer	Occupation									
	Northeast Emergency Medicine Specialis	Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	1							
В.	Full Name (Last, First, Middle Initial) David Peter John				Date of	Re	eceipt				
	Mailing Address 20 Hartley St				м м 03	1	D D D 30	/ Y		ү)14	Y
	City	State	Zip Code					C267097			
	North Haven	СТ	06473-4409	_	Amount	t of	Each R	eceipt th	is F	eriod	
	FEC ID number of contributing federal political committee.	С					,	7		83.	33
	Name of Employer Northeast Emergency Medicine Specialis	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99]							
с.	Full Name (Last, First, Middle Initial) Steven B Kailes	l			Date of	Re	eceipt				
	Mailing Address 3780 Waterside Dr				м м 01	/	D D 21	/ Y)14	Y
	City Orange Park	State FL	Zip Code 32073-6982					C253057 eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					y			83	.34
	Name of Employer										
	TITAN EMERGENCY GROUP	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.02]							
	UBTOTAL of Receipts This Page (optional)						7	· · ·		250.	00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or used by any per and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	itical Action Committee	
Full Name (Last, First, Middle Initial) A. Steven B Kailes Mailing Address 3780 Waterside Dr		Date of Receipt
Maining Address 3780 Waterside Dr		02 21 2014
City Orange Park	StateZip CodeFL32073-6982	Transaction ID : C2649750 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	ccupation	
	mergency Physician	
Receipt For: Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 250.02]
Full Name (Last, First, Middle Initial) B. Steven B Kailes		Date of Receipt
Mailing Address 3780 Waterside Dr		03 21 2014
City Orange Park	State Zip Code FL 32073-6982	Transaction ID : C2668981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
	ccupation nergency Physician	
Receipt For: Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 250.02]
Full Name (Last, First, Middle Initial) C. Amit S Kalaria		Date of Receipt
Mailing Address 17804 Cricket Hill Dr		02 20 2014
City Germantown	StateZip CodeMD20874-3475	Transaction ID : C2649984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	ccupation	
	mergency Physician	
Receipt For: Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional)		251.68

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

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\backslash	NAME OF COMMITTEE (In Full)											
/	National Emergency Medicine F	olitical A	ction Committee									
^	Full Name (Last, First, Middle Initial) Amit S Kalaria				Doto of	Do	agint					
Α.	Mailing Address 17804 Cricket Hill Dr				Date of				. N	N/	14	
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	City	State	Zip Code			act		C264998				
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B	Full Name (Last, First, Middle Initial) Amit S Kalaria				Date of	Re	ceipt					
	Mailing Address 17804 Cricket Hill Dr				M M		D		Y	Y	Y	
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	Name of Employer	Occupation										
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_	Full Name (Last, First, Middle Initial)				D · · ·	_						
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	Mailing Address 300 Oak Ave				м м 01	1	30)14	Y	
	City	State	Zip Code		the second se	act		: C263978				
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	federal political committee.	С					7		_	250.	00	4
	Name of Employer	Occupation										
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5.	NAME OF COMMITTEE (In Full) National Emergency Medicine P			0 00							
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Α.					Date of	Re	eceipt				
	Mailing Address 300 Oak Ave				м м 02	/	02	/ Y		ү 014	Y
	City San Anselmo	State CA	Zip Code 94960-2703					C264553 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					,		_	100.	00
	Name of Employer physician	Occupation Emergency									
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	Primary General Other (specify) ▼		350.00]							
— В.	Full Name (Last, First, Middle Initial) Brian M Kelley				Date of	Re	eceipt				
	Mailing Address 128 Mellen Rd				01	1	22	/ Y	2() 014	Y
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	Name of Employer Gaston Memorial Hosp	Occupation Emergency									
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	City New Bern	State NC	Zip Code 28562-8771					C264990 eceipt th		Period	
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	Gaston Memorial Hosp	Emergency	Physician								
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в.	Full Name (Last, First, Middle Initial) Paul Daniel Kivela				Date c	of Re	eceipt					
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<u></u> с.	Full Name (Last, First, Middle Initial) Paul Daniel Kivela				Date c	of Re	eceipt					
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Α.	Full Name (Last, First, Middle Initial) Paul Daniel Kivela Mailing Address 1370 Trancas St	Otata	7in Code		Date of	/	16	;	Y	۲ 201		Y
	City Napa FEC ID number of contributing federal political committee.	CA	Zip Code 94558-2912		Trans Amount		i on ID : Each F				iod 83.3	34
	Name of Employer PHYSICIAN Receipt For: Primary General Other (specify) v	Occupation Emergency Aggregate										
Β.	Full Name (Last, First, Middle Initial) Terry Kowalenko Mailing Address 3601 W 13 Mile Rd				Date of	f Re	D I		Y	Y	Y	Y
	City Royal Oak FEC ID number of contributing federal political committee.	State MI	Zip Code 48073-6712		01 <u>Trans</u> Amount		29 <u>on ID :</u> Each F	C26	22645			34
	Name of Employer William Beaumont Hospital Receipt For: Primary General Other (specify)	Occupation Emergency Aggregate]								
C.	Full Name (Last, First, Middle Initial) Terry Kowalenko Mailing Address 3601 W 13 Mile Rd City Royal Oak	State	Zip Code 48073-6712			/ act	28 ion ID :	3 : C26	651572		4	Y
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<u>.</u>	NAME OF COMMITTEE (In Full)										
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Α.	Full Name (Last, First, Middle Initial) Terry Kowalenko				Date of	Re	eceipt				
	Mailing Address 3601 W 13 Mile Rd				м м 03	/	29	/ Y		014	Y
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	William Beaumont Hospital	Emergency	Physician								
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в.	Full Name (Last, First, Middle Initial) Joseph J Kuchinski				Date of	Re	ceipt				
	Mailing Address 32 Woodland Ave				M M 01	/	D D D 22	/ Y	2() 14	Y
	City	State	Zip Code		Trans	acti	on ID :	C263680)1		
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	Mailing Address 32 Woodland Ave				м м 02	/	20	/ Y		ү 014	Y
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		Detailed Summary Page		11a 13		11b 14	11c		12	47
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NAME OF COMMITTEE (In Full) National Emergency M	-									
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City Armonk	State NY	Zip Code 10504-1215					C252629 Receipt th	97	014 Period	
FEC ID number of contributing federal political committee.	C					7		_	-500.	00
Name of Employer North Shore Univ Hosp Emer Phys	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ -500.00								
Full Name (Last, First, Middle Initi C. David Lancaster				Date of	Re	eceipt				
Mailing Address 6633 Silver Fox F	Rd State	Zip Code		01	1	22		20)14	Y
Charlotte	NC	28270-0683					C263682 Receipt th		Period	
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Name of Employer	Occupation									
EMP Inc	Emergency	Physician								
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A	Full Name (Last, First, Middle Initial) David Lancaster Mailing Address 6633 Silver Fox Rd City Charlotte FEC ID number of contributing ederal political committee. Name of Employer EMP Inc Receipt For: Primary General Other (specify)	State NC C Occupation Emergency Aggregate		O: Tra	2 nsac			nis Perio	
B. _ M	Full Name (Last, First, Middle Initial) David Lancaster Mailing Address 6633 Silver Fox Rd Dity Charlotte	State NC	Zip Code 28270-0683	0: Tra	3 nsac				ď
f P E	EC ID number of contributing ederal political committee.	C Occupation Emergency Aggregate				7		8	3.33
C. _ M C F f	Full Name (Last, First, Middle Initial) Richard J Limperos Mailing Address 5087 Noor Park Cir City Dublin FEC ID number of contributing ederal political committee. Vame of Employer	State OH C	Zip Code 43016-7075	0 Tra	1 Insac			nis Perio	
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	City Dublin	State OH	Zip Code 43016-7075	A			-	-	C26499 eceipt th		eriod		
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	Full Name (Last, First, Middle Initial) Christopher M Lloyd				Date of	f Re	eceipt						
	Mailing Address 2286 Picket Post Ln				м м 01	/	2	22	/ Y)14	Y	
	City Columbus	State OH	Zip Code 43220-2918	A					C26368		eriod		
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	Name of Employer	Occupation	I	_									
	Emergency Medicine Physicians, Inc	Emergency	Physician										
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Α.	Full Name (Last, First, Middle Initial) Christopher M Lloyd				Date of	Re	· ·				
	Mailing Address 2286 Picket Post Ln				02	1	20		201		1
	City Columbus	State OH	Zip Code 43220-2918					C26499 Receipt t	72		
	FEC ID number of contributing federal political committee.	С					9			83.3	3
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	Emergency Medicine Physicians, Inc	Emergency	Physician								
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С.	Donald Lombino				Date of	Re	ceipt				
	Mailing Address 111 Connecticut Ave	Otata	Zin Oode		м м 01	/	22	_ L	2014		
	City Greenwich	State CT	Zip Code 06830-5710				-	C26368 Receipt t	-	iod	
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	The Stamford Hosp	Emergency	Physician								
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Α.	Full Name (Last, First, Middle Initial) Donald Lombino Mailing Address 111 Connecticut Ave				Date o		ceipt	D / Y	Y	Y	Ŷ
	City	State	Zip Code	_	02 Trans	acti	20 i on ID :	C264997		014	
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В.	Donald Lombino				Date of	f Re	ceipt				
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	Name of Employer The Stamford Hosp	Occupation Emergency									
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<u>с.</u>	Full Name (Last, First, Middle Initial) Seth A Lotterman				Date o	f Re	ceipt				
	Mailing Address 7 Willow Lane				м м 03	/	25)14	Y
	City West Hartford	State CT	Zip Code 06107-1149					C26700' Receipt th		eriod	
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	Name of Employer	Occupation	1								
	Hartford Hospital	Physician									
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	Primary General Other (specify) ▼		250.00								
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	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Michael Lozano Mailing Address 4824 Longwater Way City	State	Zip Code	Date of Receipt 03 02 2014 Transaction ID : C2653003
	Tampa FEC ID number of contributing federal political committee.	FL	33615-4216	Amount of Each Receipt this Period
	Name of Employer EmCare Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate		
В.	Full Name (Last, First, Middle Initial) Merci G Madar Mailing Address 501 Leeward Ln			Date of Receipt
	City Enola FEC ID number of contributing federal political committee.	State PA	Zip Code 17025-1348	Transaction ID : C2636830 Amount of Each Receipt this Period 83.33
	Name of Employer Dr. Merci G Madar Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate		
C.	Full Name (Last, First, Middle Initial) Merci G Madar Mailing Address 501 Leeward Ln City Enola	State PA	Zip Code 17025-1348	Date of Receipt 02 20 2014 Transaction ID : C2649974 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Dr. Merci G Madar Receipt For: Primary General Other (specify) ▼	C Occupation Emergency Aggregate		83.33
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A .	Full Name (Last, First, Middle Initial) Merci G Madar Mailing Address 501 Leeward Ln				Date of		eceipt	D /	/ Y	Y	Y	Y	
	City Enola	State PA	Zip Code 17025-1348				20 ion ID Each F	: C26		5	014 Period		
	FEC ID number of contributing federal political committee.	С					7		7		83.	.33]
	Name of Employer Dr. Merci G Madar Receipt For:	Occupation Emergency	Physician										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99]									
в.	Full Name (Last, First, Middle Initial) Rubeal S Mann Mailing Address 20 James River Road			_	Date of	f Re	eceipt	D /	Y	Y	Y	Y	
	City Beavercreek	State OH	Zip Code 45434				22 ion ID : Each I	: C26					
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	Name of Employer Akron Gen Med Ctr	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99										
C.	Full Name (Last, First, Middle Initial) Rubeal S Mann				Date of	f Re	eceipt						
	Mailing Address 20 James River Road		7.0.1		02		20	2	Y	20)14	Y	
	City Beavercreek	State OH	Zip Code 45434				i on ID Each I				eriod		
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	Akron Gen Med Ctr	Emergency	Physician										
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A.	Full Name (Last, First, Middle Initial) Rubeal S Mann			C	ate o	f Re	eceipt				
	Mailing Address 20 James River Road			11	м м 03	/	20	/ Y	201		7
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в.	Full Name (Last, First, Middle Initial) Angela F Mattke				Date o	f Re	eceipt				
	Mailing Address 1080 Pebblebrook Rd SE				м м 01	/	D D D 16	/ Y	۲ 2014		1
	City Mableton	State GA	Zip Code 30126-5612					C252793 eceipt th		iod	_
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	Name of Employer EMP	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00								
— с.	Full Name (Last, First, Middle Initial) Angela F Mattke				Date o	f Re	eceipt				
	Mailing Address 1080 Pebblebrook Rd SE				м м		D D 16	/ Y	2014		7
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	of solicitir		ontribut	ions
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Α.	Full Name (Last, First, Middle Initial) Angela F Mattke Mailing Address 1080 Pebblebrook Rd SE				Date of		eceipt			y y y 2014	Y
	City Mableton	State GA	Zip Code 30126-5612	_				: C2661 Receipt		Period	_
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	EMP Receipt For:	Emergency	Physician								
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 225.00]							
в.	Full Name (Last, First, Middle Initial) John McCourt				Date of	f Re	•				
	Mailing Address 9436 Steeplehill Dr	State	Zip Code		01		22	2		2014	Y
	Las Vegas	NV	89117-7270					: C26368 Receipt 1		Period	
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с.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt				
	Mailing Address 9436 Steeplehill Dr				м м 02	1	D 20			2014	Y
	City Las Vegas	State NV	Zip Code 89117-7270	_				: C26499 Receipt 1		Period	
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	Name of Employer	Occupation									
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Full Name (Last, First, Middle Initial) John McCourt Mailing Address 9436 Steeplehill Dr	State	Zip Code		Date of	1	eceipt 20 ion ID :	ЛL		2014	Ŷ
Las Vegas FEC ID number of contributing federal political committee.	NV	89117-7270				Each R			Period 83	.33
Name of Employer EPMG Receipt For: Primary General Other (specify)	Occupation Emergency Aggregate]							
Full Name (Last, First, Middle Initial) B. Michael McCrea Mailing Address 2017 Lexington Dr				Date of	F Re	eceipt		Y Y	014	Y
City Perrysburg FEC ID number of contributing federal political committee.	State OH	Zip Code 43551-5449				i <mark>on ID :</mark> Each R			Period 83.	34
Name of Employer PHYSICIAN Receipt For:	Occupation Emergency Aggregate]							
Full Name (Last, First, Middle Initial) Michael McCrea Mailing Address 2017 Lexington Dr City Perrysburg	State	Zip Code 43551-5449			/ act	16 ion ID :	C2647	2 337	014	Y
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A.	Full Name (Last, First, Middle Initial) Michael McCrea				Date of	Re	ceipt				
	Mailing Address 2017 Lexington Dr				м м 03	/	16	/ Y	۲ 20	ү 14	Y
	City Perrysburg	State OH	Zip Code 43551-5449					C26615 eceipt th	66		
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	Name of Employer PHYSICIAN	Occupation Emergency	Physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02								
в.	Full Name (Last, First, Middle Initial) Edward McCutcheon MHA				Date of	Re	ceipt				
	Mailing Address 605 McDonald Ave				м м 01	/	22	/ Y	201	Y 4	Y
	City Charlotte	State NC	Zip Code 28203-5323					C26368: eceipt th		eriod	
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	Name of Employer EMP	Occupation Emergency	Physician								
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— c.	Full Name (Last, First, Middle Initial) Edward McCutcheon MHA				Date of	Re	ceipt				
	Mailing Address 605 McDonald Ave				м м 02	/	20	/ Y	201		Y
	City Charlotte	State NC	Zip Code 28203-5323					C26499 eceipt th		eriod	
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Α.	Full Name (Last, First, Middle Initial) Edward McCutcheon MHA				Date of	f Re	ceipt					
	Mailing Address 605 McDonald Ave				м м 03	/	20			Y 014	Y	
	City	State NC	Zip Code		Trans	acti	on ID :	C267010)8			
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	Primary General Other (specify) ▼		249.99									
в.	Full Name (Last, First, Middle Initial) Dennis Lucas McGill				Date of	f Re	ceipt					_
	Mailing Address 19 Camden Rd				01	/	30) 14	Y	
	City	State	Zip Code		Trans	acti	on ID :	C263267	<u>′6</u>			
	Hillsborough	NJ	08844-3842	_	Amount	t of	Each R	Receipt th	is P	eriod		
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	Name of Employer	Occupation	1									
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С.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt					
	Mailing Address 19 Camden Rd				м м 02	/	28)14	Y	
	City Hillsborough	State NJ	Zip Code 08844-3842					C265157				
	Hillsborough	INJ	00044-3042		Amount	t of	Each R	Receipt th	is P	eriod		
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			Detailed Summary Page		(11a		11b		11c		12	
			Detailed Summary Page	y person for the purpose of soliciting contributions from such committee.			17					
	for commercial purposes, other than using the											
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Α.	Full Name (Last, First, Middle Initial) Dennis Lucas McGill				Date of	f Re	eceipt					
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в.	Full Name (Last, First, Middle Initial) William Joel Meggs				Date of	f Re	eceipt					
	Mailing Address 103 Hidden Hills Dr				01	/	D 1		/ Y	ү 20	y 14	Y
	City	State	Zip Code		Trans	acti	on ID	: C	252793	8		_
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	Primary General Other (specify) ▼		300.00]								
с.	Full Name (Last, First, Middle Initial) William Joel Meggs				Date of	f Re	eceipt					
	Mailing Address 103 Hidden Hills Dr				м м 02	/	D 1		/ Y)14	Y
	City Greenville	State NC	Zip Code 27858-8635	_	Trans Amoun				264733		eriod	
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Full Name (Last, First, Middle Initial) A. William Joel Meggs				Data af	Dr	opirt							
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Mailing Address 103 Hidden Hills Dr				м м 03	1	16	/ Y	2014	Y				
City	State	Zip Code			acti		C266155						
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Full Name (Last, First, Middle Initial) B. Thomas R Mitchell				Date of	Re	ceipt							
Mailing Address 3370 Sweeney Hollow	Rd			M = M / D = D / Y = Y = Y = Y 01 23 2014									
City	State	Zip Code		Transa	acti	on ID :	C263683	17					
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Name of Employer	Occupation	1											
Dr. Thomas R Mitchell	Emergency	Physician											
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		, 600.00]										
Full Name (Last, First, Middle Initial) C. Thomas R Mitchell				Date of	Re	ceipt							
Mailing Address 3370 Sweeney Hollow				м м 01	/	23	/ Y	2014	Y				
City Franklin	State TN	Zip Code 37064-9575					C263683 eceipt th		d				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Thomas R Mitchell Mailing Address 3370 Sweeney Hollow Rd				Date of		eceipt) / (YY	Y	Ŷ
	<u></u>	Chata	Zin Oada		02	Ι.	20			014	
	City Franklin	State TN	Zip Code 37064-9575					C26499 Receipt t		Period	
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	Dr. Thomas R Mitchell	Emergency	Physician								
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 600.00]							
в.	Full Name (Last, First, Middle Initial) Craig B Mittleman				Date of	f Re	eceipt				
	Mailing Address 25 Equestrian Rdg				M M 02	1	20		Y 2(у 014	Y
	City	State	Zip Code					C26499			
	Newtown	СТ	06470-1869	^	Amount	t of	Each F	Receipt t	his F	Period	_
	FEC ID number of contributing federal political committee.	С							_	90.	00
	Name of Employer Waterbury Hosp	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 270.00]							
<u>с.</u>	Full Name (Last, First, Middle Initial) Craig B Mittleman				Date of	f Re	eceipt				
	Mailing Address 25 Equestrian Rdg				м м 03	/	19) 14	Y
	City Newtown	State CT	Zip Code 06470-1869					C26700 Receipt t		Period	
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	Waterbury Hosp	Emergency	Physician								
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A .	Full Name (Last, First, Middle Initial) Craig B Mittleman Mailing Address 25 Equestrian Rdg City Newtown FEC ID number of contributing federal political committee. Name of Employer Waterbury Hosp Receipt For: Primary General Other (specify) ▼	State CT Occupation Emergency Aggregate				/ actio	19 0n ID :	7 Y C267007 receipt th	is Perio	
в.	Full Name (Last, First, Middle Initial) Kevin Monfette Mailing Address 2954 Island Point Dr City	State	Zip Code		Date of 02 Trans	1	21	C264975	2014 2	Y
	Metamora FEC ID number of contributing federal political committee.	MI	48455-9625		Amount	t of E	Each R	eceipt th		d 0.00
	Name of Employer INDEPENDENT EMERGENCY PHYSICIANS Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate]						
C.	Full Name (Last, First, Middle Initial) Karolyn K Moody Mailing Address 760 Boozy Creek Rd				Date of	f Rec	eipt 05	/ Y	2014	Y
	City Blountville FEC ID number of contributing federal political committee. Name of Employer Einstein Medical Center Receipt For:	State TN C Occupation Emergency Aggregate]				C252304 Receipt th	is Perio	d 10.00
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SCHEDULE A (FEC Form 3X)

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Α.					Date of	Re	ceipt			
	Mailing Address 760 Boozy Creek Rd				м м 02	/	05	/ Y	2014	Y
	City Blountville	State TN	Zip Code 37617-6609		Trans		ion ID :	C26406 eceipt t		1
	FEC ID number of contributing federal political committee.	С					,		100	0.00
	Name of Employer	Occupation								
	Einstein Medical Center	Emergency	Physician							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00							
В.	Full Name (Last, First, Middle Initial) Karolyn K Moody				Date of	Re	ceipt			
	Mailing Address 760 Boozy Creek Rd				м м 03	/	05	/ Y	2014	Y
	City Blountville	State TN	Zip Code 37617-6609					C26579		
	FEC ID number of contributing federal political committee.	С			Amount	I OT	Each R	eceipt ti	his Perioc 100).00
	Name of Employer Einstein Medical Center	Occupation Emergency								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00							
<u></u> с.	Full Name (Last, First, Middle Initial) Joshua B Moskovitz				Date of	Re	ceipt			
	Mailing Address 435 E 79th St				м м 01	/	30	/ Y	2014	Y
	City New York	State NY	Zip Code 10075-1076					C26326		
	FEC ID number of contributing federal political committee.	С			Amount	I OT	Each R	eceipt ti	his Perioc 8	3.33
	Name of Employer	Occupation								
	North Shore Univ	Emergency	Physician							
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	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Joshua B Moskovitz				Date of	Re	eceipt					
	Mailing Address 435 E 79th St				м м 02	/	D 2		/ Y	ү 2(ү 014	Y
	City	State	Zip Code		Trans	act	ion ID) : C	265157	4		
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	Name of Employer	Occupation	1									
	North Shore Univ	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Primary General Other (specify) ▼		249.99									
в.	Full Name (Last, First, Middle Initial) Joshua B Moskovitz	I			Date of	Re	eceipt					
	Mailing Address 435 E 79th St				03	/	3	0	/ Y	20)14	Y
	City	State	Zip Code		Trans	acti	ion ID	: C	267097	6		
	New York	NY	10075-1076	'	Amount	t of	Each	Re	ceipt th	is P	eriod	
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	Name of Employer	Occupation	1	_								
	North Shore Univ	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		249.99									
с.	Full Name (Last, First, Middle Initial) James B Mullen III				Date of	Re	eceipt					
	Mailing Address 28 Foggs Point Rd				^M 01	1	D 1	D 7	/ Y		ү)14	Y
	City	State	Zip Code		Trans	act	ion ID) : C	252868	4		_
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	Name of Employer	Occupation	1	_								
	BLUE WATER EMERGENCY PARTNERS	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date V		_							
	Primary General		250.02									
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	_
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Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any p address of any political committee	erson t e to sc	for the licit co	purp ntrib	oose of utions f	soliciting	g coi h co	ntribut mmitt	ions ee.
\backslash	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) James B Mullen III				Date of	f Re	ceipt				
	Mailing Address 28 Foggs Point Rd				м м 02	/	D [) / Y		ү 014	Y
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	Name of Employer	Occupation	1								
	BLUE WATER EMERGENCY PARTNERS	Emergency	/ Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date V								
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в.	Full Name (Last, First, Middle Initial) James B Mullen III	I			Date of	f Re	ceipt				
	Mailing Address 28 Foggs Point Rd				м м 03	/	17) / Y) 14	Y
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	FEC ID number of contributing federal political committee.	C					9		_	83.	34
	Name of Employer BLUE WATER EMERGENCY PARTNERS	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Carla Elizabeth Murphy	l			Date of	f Re	ceipt				
	Mailing Address 1196 Preserve Cir				м м 01	/	16) 14	Y
	City	State	Zip Code		Trans	acti	on ID :	C25279	39		
	Golden	CO	80401-7045	/	Amount	t of	Each F	Receipt th	nis P	eriod	
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	Name of Employer	Occupation	1								
	physicians	Emergency	/ Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a 13		11b		11c		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose d		oliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Carla Elizabeth Murphy				Date of	f Re	eceipt					
	Mailing Address 1196 Preserve Cir				м м 02	/	D 1		/ Y	21	ү 014	Y
	City Golden	State CO	Zip Code 80401-7045						264733 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	83	.33
	Name of Employer physicians	Occupation Emergency										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99									
В.	Full Name (Last, First, Middle Initial) Carla Elizabeth Murphy				Date of	f Re	eceipt					
	Mailing Address 1196 Preserve Cir City	State	Zip Code		03	'	1		/ Y)14	Y
	Golden	CO	80401-7045						266155 ceipt th		Period	
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	Name of Employer physicians	Occupation Emergency										
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<u>с</u> .	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt					
	Mailing Address 1408 Vermont St				м м 01	/	D 1	р 6	/ Y		ү 014	Y
	City Houston	State TX	Zip Code 77006-1071						252794 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	125	.00
	Name of Employer	Occupation										
	BAYLOR COLLEGE OF MEDICINE	Emergency	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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		Use separate schedule(s)	(ch	eck only	v one)			
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NAME OF COMMITTEE (In Full)								
National Emergency Medicine	Political A	ction Committee						
Full Name (Last, First, Middle Initial) A. Ira R Nemeth				Date of	Receipt			
Mailing Address 1408 Vermont St				м м 02	/ D		2014	Y
City	State	Zip Code				: C264734		
Houston	ТХ	77006-1071		Amount	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С						125	5.00
Name of Employer	Occupation							
BAYLOR COLLEGE OF MEDICINE	Emergency	Physician						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		250.00						
Full Name (Last, First, Middle Initial) B. Jeffrey R Nickel				Date of	Receipt			
Mailing Address 2300 N Black Oak Dr				0.1	/		2014	Y
City	State	Zip Code		Transa	action ID	: C252439		
Angola	IN	46703-8195	_	Amount	of Each	Receipt th	is Period	
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Name of Employer	Occupation							
Professional Emergency Physicians, Inc Receipt For:	Emergency							
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		300.00						
Full Name (Last, First, Middle Initial) C. Jeffrey R Nickel				Date of	Receipt			
Mailing Address 2300 N Black Oak Dr				м м 02	/ D 0		2014	Y
City	State	Zip Code				: C26454		
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Name of Employer	Occupation							
Professional Emergency Physicians, Inc	Emergency	Physician						
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			Detailed Summary Page		〈 11a		11b	11c		12	
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\backslash	NAME OF COMMITTEE (In Full)	_									
	National Emergency Medicine I	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Jeffrey R Nickel				Date of	Re	eceipt				
	Mailing Address 2300 N Black Oak Dr				м м 03	1	D 08) / Y		ү 014	Y
	City	State	Zip Code		Trans	acti	ion ID :	C26590	56		
	Angola	IN	46703-8195		Amount	t of	Each F	Receipt th	is P	'eriod	
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	Name of Employer	Occupation									
	Professional Emergency Physicians, Inc	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		300.00								
В.	Full Name (Last, First, Middle Initial) Ashley Booth Norse				Date of	Re	eceipt				
	Mailing Address 655 W 8th St Shands Jacksonville Educ				01	/	16) / Y	ү 20)14	Y
	City	State	Zip Code		Trans	acti	on ID :	C252791	16		
	Jacksonville	FL	32209-6511	_	Amount	t of	Each F	Receipt th	nis P	'eriod	
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		Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
с.	Full Name (Last, First, Middle Initial) Andrew Sean Nugent				Date of	Re	eceipt				
	Mailing Address 200 Hawkins Dr Univ of IA Hosp & Clinics				01	1	30) 14	Y
	City Iowa City	State IA	Zip Code 52242-1009					C26326		eriod	
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	Name of Employer	Occupation	I								
	Univeristy of Iowa Healthcare	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.02								
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SCHEDULE A (FEC Form 3X)

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IT.			Use separate schedule(s)	(ch	eck only	y or	ne)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12		17
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	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Andrew Sean Nugent				Date of	f Re	eceipt				
	Mailing Address 200 Hawkins Dr				M M	/	DE	D / Y	Y	Y	<i>(</i>
	Univ of IA Hosp & Clinics	Ctoto	Zin Codo	_	02	Ι.	28		2014	4	
	City Iowa City	State IA	Zip Code 52242-1009					C26515 Receipt th		iod	
	FEC ID number of contributing federal political committee.	С					,			83.3	34
	Name of Employer	Occupation									
	Univeristy of Iowa Healthcare	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.02								
— B.	Full Name (Last, First, Middle Initial) Andrew Sean Nugent				Date of	f Re	ceipt				
	Mailing Address 200 Hawkins Dr Univ of IA Hosp & Clinics				03	1	30		2014	Y III L	
	City	State		Trans	acti	on ID :	C26709				
	Iowa City	IA		Amount	nis Peri	iod					
	FEC ID number of contributing federal political committee.	С					,	7		83.3	4
	Name of Employer Univeristy of Iowa Healthcare	Occupation Emergency									
	Receipt For:	0,	Year-to-Date ▼	_							
	Primary General Other (specify)	Aggregate	250.02								
— C.	Full Name (Last, First, Middle Initial) Robert E O'Connor				Date of	f Re	eceipt				
	Mailing Address 515 Foxdale Ln				0 <u>1</u>	/	16		_2014		
	City	State	Zip Code		Trans	sact		C25279			-
	Charlottesvle	VA	22903-9201		Amount	t of	Each F	Receipt tl	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					,		2	250.0	00
	Name of Employer	Occupation									
	physician	Emergency	Physician								
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	Primary General		250.00								
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•••			Detailed Summary Page		< 11a 13		11b	11c		12 16	<u> </u>	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		rpose o	f solicitin		ntributi	ons	17
	NAME OF COMMITTEE (In Full) National Emergency Medicine F											
A .	Full Name (Last, First, Middle Initial) Susan A O'Malley Mailing Address 6 Prospect Dr				Date o	f R	eceipt	D / Y	(= Y	Y	Y	
	City Brentwood	State NY	Zip Code 11717-2352					: C26368 Receipt t	41	014 Period	_	
	FEC ID number of contributing federal political committee.	С					7	7		83.	33	
	Name of Employer Brookhaven Mem Hosp Receipt For: Primary General	Occupation Emergency Aggregate										
	Other (specify)		249.99									
в.	Full Name (Last, First, Middle Initial) Susan A O'Malley Mailing Address 6 Prospect Dr				Date o		eceipt		2() 014	Y	
	City Brentwood	State NY	Zip Code 11717-2352		Trans		tion ID :	C26499 Receipt t	91			_
	FEC ID number of contributing federal political committee.	C					7		_	83.	33	
	Name of Employer Brookhaven Mem Hosp Receipt For:	Occupation Emergency	Physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99]								
c.	Full Name (Last, First, Middle Initial) Susan A O'Malley Mailing Address 6 Prospect Dr				Date o	f R	eceipt			Y	V	
	City	State	Zip Code	_	03 Tran	sac	20		20	014		
	Brentwood FEC ID number of contributing federal political committee.	NY C	11717-2352		Amoun	it of	f Each F	Receipt t	his F	Period 83.	33]
	Name of Employer	Occupation										
	Brookhaven Mem Hosp Receipt For: Primary General Other (specify)	Aggregate	Physician Year-to-Date ▼ 249.99	1								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		✓ 11a 13		11b 14	11c		12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting		ntributi	ions				
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee												
Α.	Full Name (Last, First, Middle Initial) Michael B Osmundson				Date of	Re	eceipt								
	Mailing Address 62 East Dr				м м 01	/	D 22			ү 014	Y				
	City Hartville	State OH	Zip Code 44632-8890	_				C263684 Receipt th		Period					
	FEC ID number of contributing federal political committee.	С					7		_	83.	33				
	Name of Employer GEPS	Occupation Emergency													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99												
в.	Full Name (Last, First, Middle Initial) Michael B Osmundson				Date of	Re	eceipt								
	Mailing Address 62 East Dr			02 20 2014											
	City Hartville	State OH	Zip Code 44632-8890	_	Transaction ID : C2649992 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,			83.	33				
	Name of Employer GEPS	Occupation Emergency													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99												
с.	Full Name (Last, First, Middle Initial) Michael B Osmundson				Date of	Re	eceipt								
	Mailing Address 62 East Dr				м м 03	1	20			у 014	Y				
	City Hartville	State OH	Zip Code 44632-8890	_				C267011 Receipt th		Period					
	FEC ID number of contributing federal political committee.	С					,		_	83.	33				
	Name of Employer	Occupation	1												
	GEPS	Emergency	Physician												
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b	11c		12 16	17					
	y information copied from such Reports and for commercial purposes, other than using t				for the		pose of	solicitin		ntribut	ions					
$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine															
A .	Full Name (Last, First, Middle Initial) Jorge E Otero Mailing Address 22 Turtle Bay Dr				Date of		eceipt	/ Y	Y	Ŷ	Y					
	City Branford	State CT	Zip Code 06405-4970					C25278	49	014 Period						
	FEC ID number of contributing federal political committee.	С					,		_	83.	34					
	Name of Employer JORGE OTERO Receipt For:	Occupation Emergency	Physician													
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1												
В.	Full Name (Last, First, Middle Initial) Jorge E Otero				Date of	f Re	eceipt									
	Mailing Address 22 Turtle Bay Dr	State	Zip Code		02 14 2014 Transaction ID : C2647700											
	Branford	СТ	06405-4970					eceipt th		Period						
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	Name of Employer JORGE OTERO	Occupation Emergency														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1												
C.	Full Name (Last, First, Middle Initial) Jorge E Otero				Date of	f Re	eceipt									
	Mailing Address 22 Turtle Bay Dr		7.0.1		03		D D D	JL	20) 014	Y					
	City Branford	State CT	Zip Code 06405-4970					C26700		Period						
	FEC ID number of contributing federal political committee.	С					7			83	.34					
	Name of Employer	Occupation														
	JORGE OTERO	Emergency	Physician													
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SCHEDULE A (FEC Form 3X)

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	ny information copied from such Reports and S for commercial purposes, other than using the								g cont		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Anar Patel				Date of	Re	ceipt				
	Mailing Address 4930 Herzog Way				0.1	/	22) / Ү	y 201	Y Y	
	City Palm Springs	State CA	Zip Code 92262-0547		Trans		on ID :	C263684 Receipt th	44		
	FEC ID number of contributing federal political committee.	С					7			83.3	3
	Name of Employer Kaiser Permanente Orange Cnty	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99								
в.	Full Name (Last, First, Middle Initial) Anar Patel				Date of	Re					
	Mailing Address 4930 Herzog Way	State	Zip Code		02	/	20		201	4 4	
	Palm Springs	CA	92262-0547				-	C264999 Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					9			83.3	3
	Name of Employer Kaiser Permanente Orange Cnty	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99								
<u>с</u> .	Full Name (Last, First, Middle Initial) Anar Patel				Date of	Re	ceipt				
	Mailing Address 4930 Herzog Way				03	/	20		y 201	ү ү 4	
	City Palm Springs	State CA	Zip Code 92262-0547				-	C26701 Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					,	1000.pt 1		83.3	33
	Name of Employer	Occupation									
	Kaiser Permanente Orange Cnty Receipt For:	Emergency		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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ITEIMIZED RECEIPTS		Detailed Summary Page		< 11a		11b		11c		12	
		Detailed Summary Faye		13		14		15		16	17
Any information copied from such Reports a or for commercial purposes, other than usin											
NAME OF COMMITTEE (In Full) National Emergency Medicir	ne Political A	ction Committee									
Full Name (Last, First, Middle Initial) A. Charles F Pattavina				Date of	Re	ceipt					
Mailing Address 360 Broadway St Joseph Hosp City	State	Zip Code		01	/	17	7		20	ү 14	Y
Bangor	ME	04401-3979		Amount				252868 eint thi		eriod	
FEC ID number of contributing federal political committee.	С					7				100.	00
Name of Employer ST JOSEPH HEALTHCARE	Occupation Emergency										
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 300.00	1								
Full Name (Last, First, Middle Initial) B. Charles F Pattavina			-	Date of	Re	eceipt					
Mailing Address 360 Broadway St Joseph Hosp				м м 02	/	D 17		/ Y	y 201	ү 14	Y
City	State ME	Zip Code						264737			
Bangor FEC ID number of contributing federal political committee.	С	04401-3979		Amount	of	Each	Rec	eipt th	is Pe	eriod 100.	00
Name of Employer ST JOSEPH HEALTHCARE	Occupation Emergency										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]								
Full Name (Last, First, Middle Initial) C. Charles F Pattavina				Date of	Re	eceipt					
Mailing Address 360 Broadway St Joseph Hosp				м м 03	/	D 17		/ Y	20 ²	ү 14	Y
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FEC ID number of contributing federal political committee.	C					7		3		100.	00
Name of Employer	Occupation	1									
ST JOSEPH HEALTHCARE	Emergency	Physician									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]								
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			Detailed Summary Page		11a 13		11b 14	11c		12	47				
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of								
	NAME OF COMMITTEE (In Full) National Emergency Medicine F														
A .	Full Name (Last, First, Middle Initial) Lee E Payne Mailing Address 6323 Wilmington Dr				Date of		D I) /		Y Y	Y				
	City Burke	State VA	Zip Code 22015-4070					C25248 Receipt	382	2014 Period					
	FEC ID number of contributing federal political committee.	С					,		_	83.	33				
	Name of Employer USAF Receipt For:	Occupation Emergency													
	Primary General Other (specify)		249.99]											
B.	Full Name (Last, First, Middle Initial) Lee E Payne				Date of	Re	eceipt								
	Mailing Address 6323 Wilmington Dr	State	Zip Code	02 09 2014 Transaction ID : C2645500											
	City Burke	VA	22015-4070	-				C26455		Poriod					
	FEC ID number of contributing federal political committee.	С			Anoun		,	, ieceipi	.1115 1	83.	33				
	Name of Employer USAF	Occupation Emergency													
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C.	Full Name (Last, First, Middle Initial) Lee E Payne				Date of	Re	eceipt								
	Mailing Address 6323 Wilmington Dr				м м 03	/	09			014	Y				
	City Burke	State VA	Zip Code 22015-4070					C2659		Period					
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	USAF	Emergency	Physician												
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SCHEDULE A (FEC Form 3X)

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	y information copied from such Reports and St		y not be sold or used by any pe		the p	ourpo			g conti		
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	to solici	c con	tribut	tions ti	rom suc	n com	mittee	9.
\rangle	National Emergency Medicine P	olitical A	ction Committee								
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	Mailing Address 59 Windswept Way				01	/	D D	/ Y	201		1
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в.	Full Name (Last, First, Middle Initial) Alberto Perez			Dat	te of	Rece	eipt				
	Mailing Address 59 Windswept Way				 02	/	D D 11	/ Y	2014	у у 4	1
	City	State	Zip Code					C264768			
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee													
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	Greenwich	СТ	06831-4254					Receipt th		Period						
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Α.	Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 384 Spring Haven Dr				Date of	F Re	D - 1				Y				
	City Lancaster	State PA	Zip Code 17601-5193					C2527 Receipt	944	2014 Period					
	FEC ID number of contributing federal political committee.	Occupation				_	<u></u>		_	100.	.00				
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в.	Full Name (Last, First, Middle Initial) Ericka Powell				Date of	Re	eceipt								
	Mailing Address 384 Spring Haven Dr	State	Zip Code	02 / 16 2014 Transaction ID : C2647343											
	Lancaster	PA	21p Code 17601-5193					<u>C2647:</u> Receipt		Pariod					
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A.	Full Name (Last, First, Middle Initial) R Lynn Rea				Date of			_								
	Mailing Address 7618 Tanglecrest Dr	State	Zip Code	_	01		30 ion ID :			2014	Y					
	Dallas	ТХ	75254-8021	_	Amount					Period						
	FEC ID number of contributing federal political committee.	С					,		,	250	.00					
	Name of Employer	Occupation Emergency														
	Emer Med Consultants Ltd Receipt For:		Year-to-Date ▼	_												
	Primary General Other (specify) ▼	Aggregate	250.00													
в.	Full Name (Last, First, Middle Initial) Julio E Rios	I			Date of	Re	ceipt									
	Mailing Address 3101 Marler Rd AERAS				01 / D D / Y Y Y Y 02 03 2014											
	City Dive Deed	State AL	Zip Code				on ID :									
	Pike Road FEC ID number of contributing federal political committee.	C	36064-3337		Amount	t of	Each F	Receip	t this	Period	.00					
	Name of Employer TeamHealth	Occupation Emergency														
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с.	Full Name (Last, First, Middle Initial) Julio E Rios				Date of	Re	ceipt									
	Mailing Address 3101 Marler Rd AERAS				м м 02	1	03			y y 2014	Y					
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	Mailing Address 3101 Marler Rd <u>AERAS</u> City	State	Zip Code		03 Trans	sact	03 ion ID :	C26546	20)14	Y
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	Other (specify) ▼		300.00								
в.	Full Name (Last, First, Middle Initial) Alexander Max Rosenau				Date o	f Re	eceipt				
	Mailing Address PO Box 689 LVH-CC JDMCC # 214				01	/	16		20	ү 14	Y
	City Allentown	State PA	Zip Code 18105-1556					C252794 Receipt th		eriod	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
<u> </u>	Full Name (Last, First, Middle Initial) Mark S Rosenberg				Date o	of Re	eceipt				
	Mailing Address 38 N Ridge Rd				03	/	06		20	ү 14	Y
	City Denville	State NJ	Zip Code 07834-9629					C26588 Receipt th		eriod	
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\backslash	NAME OF COMMITTEE (In Full)												
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Α.	Full Name (Last, First, Middle Initial) David William Ross			[Date o	f Re	eceipt						
	Mailing Address 15340 Raton Rd				м м 01	/	16	D / S		ү ү 2014	Y		
	City	State	Zip Code		Trans	sacti	ion ID	: C252	7946				
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В.	Luke Chris Saski			1	Date of	f Re	eceipt						
	Mailing Address 7573 Knoll Crest Dr				м м 01	/	04	D / 1		2014	Y		
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C.	Lawrence J Satkowiak			[Date o			_					
	Mailing Address 2807 W Decatur Ave				м м 01	/	22			ү ү 2014	Y		
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Α.	Full Name (Last, First, Middle Initial) Lawrence J Satkowiak				Date of	f Re	eceipt						
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C.	Full Name (Last, First, Middle Initial) David L Scott				Date of	Re	ceipt							
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A .	Full Name (Last, First, Middle Initial) David L Scott				Date of		eceipt									
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	Mailing Address 4733 N Ridge Dr				м м 03	1	20	/ Y	Y 2(у 014	Y					
	City Akron	State OH	Zip Code 44333-4703	Transaction ID : C2670114 Amount of Each Receipt this Period												
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	Name of Employer Emer Med Phys	Occupation Emergency														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99													
С.	Full Name (Last, First, Middle Initial) David Charles Seaberg				Date of	Re	eceipt									
	Mailing Address 960 E 3rd St Univ TN Colg of Med-Deans 0		7: 0-1		м м 02	/	05	JL	20	014	Y					
	City Chattanooga	State TN	Zip Code 37403-2133					C26613 eceipt t		Period						
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NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political Action Committee	
Full Name (Last, First, Middle Initial) David Charles Seaberg Mailing Address 960 E 3rd St Univ TN Colg of Med-Dean City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Univ TN Colg of Med-Deans Ofc Receipt For: Primary General Other (specify)	s Ofc State Zip Code TN 37403-2133 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 204 Glenn Abby Dr	State Zip Code	Date of Receipt 01 22 2014 Transaction ID : C2636822
Morehead City FEC ID number of contributing federal political committee. Name of Employer Lehigh Valley Hosp/Muhlenberg Receipt For: Primary General Other (specify)	NC 28557-2578 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 249.99	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Victoria Hutto Selley Mailing Address 204 Glenn Abby Dr City Morehead City FEC ID number of contributing federal political committee. Name of Employer Lehigh Valley Hosp/Muhlenberg Receipt For: Primary General Other (specify) ▼	State Zip Code NC 28557-2578 C Occupation Emergency Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 249.99	Date of Receipt 02 20 2014 Transaction ID : C2649983 Amount of Each Receipt this Period 83.33
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A .	Full Name (Last, First, Middle Initial) Victoria Hutto Selley				Date o	f Re	ceipt	t					
	Mailing Address 204 Glenn Abby Dr				м м 03	/	D	20			014	Y	
	City Morehead City	State NC	Zip Code 28557-2578						C26700 eceipt t		Pariod		
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в.	Full Name (Last, First, Middle Initial) Jeremy Wendell Simonsen	I			Date o	f Re	ceipt	t					
	Mailing Address 400 N Church St				м м 01	/	D	D 22	/ 7)14	Y	
	City	State	Zip Code			acti			26368		_		
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	Name of Employer Henry Ford Hosp ED	Occupation Emergency											
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в.	Full Name (Last, First, Middle Initial) Mark Slabinski				Date of	Re	eceipt									
	Mailing Address 4535 Dressler Rd NW	State	Zip Code		01 22 2014 Transaction ID : C2636853											
	Canton	OH	44718-2545							Poriod						
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	Name of Employer Dr. Mark Slabinski	Occupation Emergency														
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с.	Full Name (Last, First, Middle Initial) Mark Slabinski				Date of	Re	eceipt									
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Α.	Full Name (Last, First, Middle Initial) Mark Slabinski				Date of	Re	eceipt				
	Mailing Address 4535 Dressler Rd NW				м м 03	/	20		_ 2	2014	Y
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	Name of Employer	Occupation									
	Dr. Mark Slabinski Receipt For:	Emergency		_							
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в.	Full Name (Last, First, Middle Initial) Todd Slesinger				Date of	Re	eceipt				
	Mailing Address 427 Daub Ave				м м 01	/	16		2	014	Y
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в.	Full Name (Last, First, Middle Initial) Daniel Snediker				Date of	Re	ceipt							
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в.	Full Name (Last, First, Middle Initial) Steven Joseph Stack				Date of	Re	eceipt								
	Mailing Address 2083 Bridgeport Dr				01	/	16		/ Y)14	Y			
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	Full Name (Last, First, Middle Initial) Gary C Starr				Date of	f Re	eceip	ot						
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<u>с</u> .	Full Name (Last, First, Middle Initial) Brian Sutton				Date of	Re	eceipt				
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$\left \right\rangle$	National Emergency Medicine	Political A	ction Committee									
<u> </u>	Full Name (Last, First, Middle Initial) Joseph Adrian Tyndall				Date of	Re	eceipt					
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в.	Full Name (Last, First, Middle Initial) Joseph Adrian Tyndall	I			Date of	Re	eceipt					
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	Name of Employer UNIVERSITY OF FLA	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.02]								
с.	Full Name (Last, First, Middle Initial) Joseph Adrian Tyndall	1			Date of	Re	eceipt					
	Mailing Address PO Box 10186 Univ of FL - Dept of EM				03	/	D 1	р 6	/ Y) 14	Y
	City Gainesville	State FL	Zip Code 32610-0001		Trans Amount				266157 ceipt th		'eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	83	.34
	Name of Employer	Occupation	l									
	UNIVERSITY OF FLA	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
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	National Emergency Medicine	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Travis Ulmer				Date of	Re	ceipt							
	Mailing Address 1210 Oakland Ave				м м 01	/	22		/ Y	۲ 20	Y 14	Y		
	City	State	Zip Code		Trans	acti	on ID	: C2	636856	3				
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	Gaston Meml	Emergency	Physician											
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в.	Full Name (Last, First, Middle Initial) Travis Ulmer	1			Date of	Re	ceipt							
	Mailing Address 1210 Oakland Ave				M M 02	/	20		/ Y	y 201	ү 4	Y		
	City	State	Zip Code		Trans	acti	on ID :	: C2	650004	L .				
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<u></u> с.	Full Name (Last, First, Middle Initial) Travis Ulmer				Date of	Re	ceipt							
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	City	State	Zip Code		Trans	act	ion ID	: C2	2670119	Э				
	Columbus	OH	43212-3317		Amount	t of	Each I	Rece	eipt this	s Pe	eriod			
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$\Big/$	National Emergency Medicine	Political A	ction Committee												
A.	Full Name (Last, First, Middle Initial) Allin Cornelius Vesa				Date of	Re	ceipt								
	Mailing Address 180 Greyfriars Rd				01	1	22) / Y		014	Y				
	City	State NC	Zip Code 28117-7333	-				C26368							
	Mooresville	NC	20117-7333	Amount of Each Receipt this Period											
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	Mailing Address 180 Greyfriars Rd				м м 03	1	20) 14	Y				
	City	State	Zip Code			act		C26701							
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	Name of Employer	Occupation		-											
	EMP	Emergency	Physician												
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Α.	Full Name (Last, First, Middle Initial) Bradley Alan Watling			I	Date o	f Re	eceipt						
	Mailing Address 109 Viewpoint Ln				м м 01	1	2	22	/ Y		ү 014	Y	
	City	State	Zip Code		Trans	sact	ion ID) : C	263685				
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	Name of Employer	Occupation	I										
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в.	Full Name (Last, First, Middle Initial) Bradley Alan Watling				Date o	f Re	eceipt						
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	City	State	Zip Code		Trans	acti	ion ID) : C	265000				
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с.	Full Name (Last, First, Middle Initial) Bradley Alan Watling				Date o	f Re	eceipt						
	Mailing Address 109 Viewpoint Ln				м м 03	/	2	D 20	/ Y) 14	Y	
	City	State	Zip Code		Trans	sact	ion ID) : C	267012	21			
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PAGE 116 OF

			Detailed Summary Page		11a 13	\vdash	11b 14	┝	11c 15	\vdash	12 16	17				
	y information copied from such Reports and for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee													
A .	Full Name (Last, First, Middle Initial) David Wirtz Mailing Address 1 Highgate NE				Date of	_	· ·				V	W				
	City	State NY	Zip Code		01 Trans			2	263685	20	014	Ŷ				
	Ithaca FEC ID number of contributing federal political committee.	С	14850-1483	/	Amount	t of	Each	Re	ceipt th	is F	Period 83.	33				
	Name of Employer Emergency Medicine Physicians	Occupation Emergency														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	1												
в.	Full Name (Last, First, Middle Initial) David Wirtz				Date of	Re	eceipt									
	Mailing Address 1 Highgate NE	State	Zip Code		м м 02	1		0	/ Y)14	Y				
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	Name of Employer Emergency Medicine Physicians	Occupation Emergency														
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с.	Full Name (Last, First, Middle Initial) David Wirtz				Date of	Re	eceipt									
	Mailing Address 1 Highgate NE				м м 03	/	D 2	D 20	/ Y		ү)14	Y				
	City Ithaca	State Zip Code Transaction ID : C2670122 NY 14850-1483 Amount of Each Receipt this Perior									Period					
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	Name of Employer	Occupation	1													
	Emergency Medicine Physicians	Emergency	Physician													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99													
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PAGE 117 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political Action Committee	
Full Name (Last, First, Middle Initial) Thomas E Wyatt Mailing Address 3925 Drew Ave S City Minneapolis	State Zip Code MN 55410-1049	Date of Receipt 01 16 2014 Transaction ID : C2527953 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer physician Receipt For: ☐ Primary ☐ General Other (specify) ▼	C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) B. Liam Yore Mailing Address 15350 162nd Ave NE City Woodinville FEC ID number of contributing	State Zip Code WA 98072-8932	Date of Receipt 01 / 16 / 2014 Transaction ID : C2527954 Amount of Each Receipt this Period
federal political committee. Name of Employer North Sound Emergency Medicine Receipt For: Primary General Other (specify) ▼	C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Andrew R Zinkel Mailing Address 5215 Beard Ave S City Minneapolis	State Zip Code MN 55410-2117	Date of Receipt 01 30 2014 Transaction ID : C2632680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Health Partners Receipt For:	C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.02	83.34
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PAGE 118 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17				
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose of	solicitir		ontribut	ions				
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	Full Name (Last, First, Middle Initial) Andrew R Zinkel				Date of	Re	ceipt								
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	City Minneapolis	State MN	Zip Code 55410-2117				i on ID : Each R			Period					
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	Health Partners Receipt For:	Emergency		_											
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в.	Full Name (Last, First, Middle Initial) Andrew R Zinkel				Date of	Re	ceipt								
	Mailing Address 5215 Beard Ave S				м м 03	/	30	/		014	Y				
	City	State	Zip Code	Transaction ID : C2670977											
	Minneapolis	MN	55410-2117		Amount	of	Each R	eceipt	this I	Period					
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	Name of Employer Health Partners	Occupation Emergency													
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S	CHEDULE B (FEC Form 3X)	11		F	OR I	LINE N	IUMBER	:		F	AGE	119 (DF 162		
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	National Emergency Medicine Polit	tical Act	tion Commit	tee											
<u></u>	Full Name (Last, First, Middle Initial)						Data	4 D:-							
А.	AMERICA'S LEADERSHIP PAC						Date o		burse		V	Y Y	V		
	Mailing Address 1718 M Street, NW Suite 234						03			9		2014			
	5	State	Zip Code				Trans	sacti	on ID	: D155	516				
	Washington Purpose of Disbursement	DC	20036												
	Contributions for Federal PACs/Committees			C)11		Amoun	t of	Each	Disburs	emer	nt this	Period		
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	Full Name (Last, First, Middle Initial)														
В.	Andy Barr for Congress						Date o	f Dis	sburse	ement					
	Mailing Address P.O. Box 2059						м м 03	1	D 1	D / 9		2014	Y		
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	Lexington	State KY	Zip Code 40588				Transaction ID : D157473								
	Purpose of Disbursement Contributions for Federal Candidates			C	011		Amount of Each Disbursement this Period								
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	Rep Andy Barr				ype	<i>y</i> ,			7			-100	0.00		
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~	Full Name (Last, First, Middle Initial)						Data	(D)							
C.	Andy Barr for Congress						Date o	_							
	Mailing Address P.O. Box 2059						02	/	D 1	9		2014	Ŷ		
		State	Zip Code				Trans	sacti	ion ID	: D153	876				
	Lexington Purpose of Disbursement	KY	40588				man	5401			510				
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\square	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	itical Action Commit	tee												
۸	Full Name (Last, First, Middle Initial)					Date of	Dich	ureo	mont						
	Andy Harris For Congress						/	D	_	Y Y	Y	Y			
	Mailing Address PO Box 1527					02		19)14				
	,	State Zip Code				Trans	actio	n ID	: D153	865					
	Annapolis Purpose of Disbursement	MD 21404			_										
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	Senate	Primary General													
	President	Other (specify)													
	State: MD District: 01														
В.	Full Name (Last, First, Middle Initial) Ann Wagner for Congress					Date of	Disb	ourse	ment						
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	Mailing Address 499 S Capitol St SW Ste 420					_ 20	014								
	Washington	State Zip Code DC 20003-4027				Transaction ID : D155526									
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		ment For: 2014 Primary General													
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_	State: MO District: 02	1													
С	Full Name (Last, First, Middle Initial) Benishek for Congress					Date of	Disb	urse	ment						
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	Mailing Address 802 Pentoga Trail					02		20	6	_ 20)14				
	5	State Zip Code				Trans	actio	n ID	: D153	970					
	Crystal Falls Purpose of Disbursement	MI 49920			_										
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	National Emergency Medicine Politi	tical Act	tion Committ	ee												
Α.	Full Name (Last, First, Middle Initial) Bera for Congress							Date of	f Dis	sburse	eme	nt				
	Mailing Address PO Box 582496							03	/	D 1	2			014	Y	
	Elk Grove	State CA	Zip Code 95758					Trans	acti	on ID	: D	15419	96			
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	State: CA District: 07															
в.	Full Name (Last, First, Middle Initial) Bill Cassidy for US Senate							Date of	f Dis			nt				
	Mailing Address P.O. Box 80505							03	/		2			014	Ŷ	
	Baton Rouge	State LA	Zip Code 70898					Trans	sacti	ion ID) : D	15418	89			
	Purpose of Disbursement Contributions for Federal Candidates			C)11			Amoun	t of	Each	Dis	burse	ment	t this	Perio	d
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C.	Bill Cassidy for US Senate							Date of	f Dis		eme	nt	V V	Y	Y	
	Mailing Address P.O. Box 80505							02		1				014		
	Baton Rouge	State LA	Zip Code 70898					Trans	sacti	ion ID	: D	15387	71			
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	National Emergency Medicine Poli	tical Action Commi	ttee											
Α.	Full Name (Last, First, Middle Initial) Bill Flores for Congress						Date of	f Dis	sburse	əm	nent			
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	Mailing Address PO Box 6207						03		2	26		2	014	
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	Bryan Purpose of Disbursement	TX 77805-6207	1											
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	President	Other (specify)												
	State: TX District: 17													
-	Full Name (Last, First, Middle Initial)													
в.	Blue Dog PAC						Date of	r Dis						
	Mailing Address 412 First Street, SE Suite 100						02	/		9	/		2014	Y
	Washington	State Zip Code DC 20003					Trans	acti	ion ID):	D1538	74		
	Purpose of Disbursement Contributions for Federal PACs/Committees			011			Amount	t of	Each	П	lichurc	mon	t thic	Poriod
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	State: District:	Annual Contrib	ution											
_	Full Name (Last, First, Middle Initial)													
C.	Boustany for Congress						Date of	t Dis						
	Mailing Address PO Box 80126						03	/		2	/		014	Y
	City	State Zip Code				+	T		ar ID			0.2		
	Lafayette	LA 70598					irans	acti	ion ID	•:	D1541	92		
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	Candidate Name				mu/		Amount	ιOŤ	∟ach	U	uspurse	rnen	ii inis	Period
	Mr. Charles Boustany			tego Гуре								_	250	0.00
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S	CHEDULE B (FEC Form 3X)			F	ORI		UMBER:			P	AGE	123 (OF 162
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the			only 21b		X 23	3	24		25	26
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar												
	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Act	tion Commit	tee									
_	Full Name (Last, First, Middle Initial)												
А.	BRADY FOR CONGRESS						Date of			_			
	Mailing Address 104 Hume Ave						02	/	05			014	Y
	City	State	Zip Code				Trong	action		D1526	25		
	Alexandria	VA	22301-1015				Trans	action	שויו	: D1536	000		
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	Candidate Name				egory	y/						4000	00
	Rep. Kevin Brady			Т	ype			- 7	-		_	4000	
	Office Sought: House Disburser Senate	ment For: Primary	2014 X General										
	President	Other (spe											
	State: TX District: 08												
_	Full Name (Last, First, Middle Initial)												
В.	Bucshon for Congress						Date of	f Disbu	irsei	ment			
	Mailing Address PO Box 250						M M	/	29			014	Y
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	City	State	Zip Code				Trans	action	םו נ	: D1534	167		
	Newburgh	IN	47629-0250				mane						
	Purpose of Disbursement Contributions for Federal Candidates			(011		Amoun	t of Fa	ich	Disburs	ement	t this	Period
	Candidate Name			1.00						2102410			
	Larry Buschon			Call	egory ype	y/					_	3000	0.00
	Office Sought: X House Disburser	ment For:	2014										
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	State: IN District: 08	Other (spe	ecify) 🔻										
	State: IN District: 08 Full Name (Last, First, Middle Initial)												
C.	CHC Bold PAC						Date of	f Disbu	irsei	ment			
							M M	/	D	D /	Y Y	Y	Y
	Mailing Address 236 Massachusetts Ave., NE Suite 209						03	11	19	9	20	014	
		State	Zip Code				Turne			DIEE	-07		
	Washington	DC	20002				Trans	action	טו ו	: D155	537		
	Purpose of Disbursement Contributions for Federal PACs/Committees												
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	Office Sought: House Disburser	ment For:	2014		211.5								
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 124 OF 162
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) a category of the I Summary Page	(check only 21b 27	
	y information copied from such Reports and Stater for commercial purposes, other than using the nar				
\setminus	NAME OF COMMITTEE (In Full)				
	National Emergency Medicine Poli	tical Ac	tion Committ	ee	
Α.	Full Name (Last, First, Middle Initial) Chuck Fleischmann for Congress	Commit	tee		Date of Disbursement
	Mailing Address PO Box 11091 Suite 10000 James Building				03 12 2014
	Chattanooga	State TN	Zip Code 37401		Transaction ID : D154193
	Purpose of Disbursement Contributions for Federal Candidates			011	Amount of Each Disbursement this Period
	Candidate Name Chuck Fleischmann			Category/	1000.00
		ment For: Primary Other (sp	General	Туре	
	State: TN District: 03		<i></i>		
В.	Full Name (Last, First, Middle Initial) Democratic Congressional Campa Mailing Address 430 S Capitol St SE	ign Cor	nmittee		Date of Disbursement
		<u></u>	7.0.1		
	Washington	State DC	Zip Code 20003-4024		Transaction ID : D153445
	Purpose of Disbursement Contributions for Federal PACs/Committees			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	15000.00
	Office Sought: House Disburser Senate President X State: District:	ment For: Primary Other (spe	General		
C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign (Commit	tee		Date of Disbursement
	Mailing Address 120 Maryland Ave., NE				02 05 2014
	Washington	State DC	Zip Code 20002		Transaction ID : D153634
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name			011 Category/ Type	Amount of Each Disbursement this Period 15000.00
	Office Sought: House Disburser Senate President X State: District:	ment For: Primary Other (sp	General	Турс	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 125 OF 162
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Pol	itical Action Committ	ee	
Full Name (Last, First, Middle Initial) A. Dr. Raul Ruiz for Congress			Date of Disbursement
Mailing Address 79-925 Fred Waring Drive Suite 201			01 / D D / Y Y Y Y 2014
City Palm Desert	StateZip CodeCA92260		Transaction ID : D153524
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name Raul Ruiz		Category/ Type	1000.00
Senate President	ement For: 2014 Primary X General Other (specify) ▼		
State: CA District: 36 Full Name (Last, First, Middle Initial) B. Dr. Raul Ruiz for Congress			Date of Disbursement
Mailing Address 79-925 Fred Waring Drive Suite 201			03 12 2014
City Palm Desert	State Zip Code CA 92260		Transaction ID : D154195
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name Raul Ruiz		Category/ Type	1500.00
	ement For: 2014 Primary X General Other (specify) V	Type	
Full Name (Last, First, Middle Initial) C. DUTCH RUPPERSBERGER FOR	CONGRESS		Date of Disbursement
Mailing Address 499 S Capitol St SW Ste 422			02 / D D / Y Y Y Y 05 / 2014
City Washington	StateZip CodeDC20003-4004		Transaction ID : D153641
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name Rep. C.A. Ruppersberger		Category/ Type	3000.00
Office Sought: House Disburse Senate President State: MD District: 02	ement For: 2014 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional).		F	5500.00

S	CHEDULE B (FEC Form 3X)			F	OR		NUM	BER	:			PA	GE	126	OF	162
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_	Full Name (Last, First, Middle Initial)						D	ato o	f Die	sburse	om	aant				
	EDPAC						_			D			Y Y	Y	Y	
	Mailing Address 499 SOUTH CAPITOL ST SW SU	ITE 422						03			12			014	_	
	City WASHINGTON	State DC	Zip Code 20003				٦	Frans	acti	ion ID):	D15419	97			
	Purpose of Disbursement Contributions for Federal PACs/Committees			C	011		Ar	noun	t of	Fach	D	Disburse	men	t this	Perio	bd
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	Full Name (Last, First, Middle Initial)															
В.	Every Republican is Crucial PAC (ERIC P	PAC)					ate o	f Dis	sburse				Y	V	
	Mailing Address 209 Pennsylvania Ave., SE						Ľ	02	Í		19			014		
	City Washington	State DC	Zip Code 20003				-	Trans	sact	ion ID):	D1538	68			
	Purpose of Disbursement Contributions for Federal PACs/Committees		20000		011		Δ.	noun	t of	Fach		Viahuraa	mon	t thio	Doric	d
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	Senate President	Primary Other (spe	ecify) T													
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c.	Full Name (Last, First, Middle Initial) Fitzpatrick For Congress						Di	ate o	f Di	sburse	em	nent				
								M M	/	D				Y	Y	
	Mailing Address P.O. Box 185							03		2	26		2	014	_	
	City Langhorne	State PA	Zip Code 19047				-	Frans	sact	ion ID):	D1556	94			
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	Candidate Name)11		Ar	noun	t of	Each	D	Disburse	men	t this	Perio	bd
	Mr. Michael Fitzpatrick				egor ype	'y/								100	0.00	
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	State: PA District: 08															
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			Summary Page			21b 27	22 		23 28b	24		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
$\left \right $	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Ac	tion Commit	tee									
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Α.	Fleming for Congress						Date of	f Disl	burse	ment			
	Mailing Address PO Box 1236						03	/	D 1			014	Y
	5	State	Zip Code				Trans	actio	n ID	: D155	521		
	Minden Purpose of Disbursement	LA	71058-1236				mano	aone					
	Contributions for Federal Candidates			C	011		Amount	t of E	Each	Disburs	semen	t this I	Period
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	Dr John Fleming				ype				,			1500	.00
	Office Sought: House Disburser Senate X President	ment For: Primary Other (spe	General										
	State: LA District: 04		••••••••••••••••••••••••••••••••••••••										
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В.	Friends of Dan Maffei						Date of	f Disl	burse	ment			
	Mailing Address PO Box 74						м м 03	/	D 1	D / 9		2014	Y
	Syracuse	State NY	Zip Code 13214				Trans	actio	on ID	: D155	518		
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	Full Name (Last, First, Middle Initial)												
C.	Friends of Dave Joyce						Date of	f Disl	burse	ment			
	Mailing Address 217 Third Street, SE						м м 03	/	2			014	Y
	City	State	Zip Code				Trans	actio	on ID	: D155	686		
	Washington Purpose of Disbursement	DC	20003				mana				000		
	Contributions for Federal Candidates			C)11		Amouni	t of F	- ach	Disburg	semen	t this I	Period
	Candidate Name			Cat	egor	ry/	-			2.000.010			
	David Joyce				ype				,			1000	.00
	Office Sought: House Disburser Senate President State: OH District: 14	ment For: Primary Other (spe	General										
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	y information copied from such Reports and States for commercial purposes, other than using the nar					y pers		for the		pose (of solicit	ing c	ontribu	itions
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	National Emergency Medicine Poli	tical Ac	tion Commit	tee										
Α.	Full Name (Last, First, Middle Initial) Friends of David Jolly							Date of	Dis	sburse	ment			
								M M	/	D			Y Y	Y
	Mailing Address P.O. Box 1158							03	5	0	7	Ż	2014	
	City Indian Rocks Beach	State FL	Zip Code 33785					Trans	acti	ion ID	: D1540	94		
	Purpose of Disbursement Contributions for Federal Candidates)11			Amount	of	Fach	Disburs	omor	nt this	Period
	Candidate Name			Cat	-	ory/		Amount		Laon	Disbuis	cinci		D.00
	David Jolly Office Sought: V House Disburse	ment For:	2014	Т	ype)			-	7	7	_	500	5.00
	Senate	Primary	General											
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R	Full Name (Last, First, Middle Initial) Friends of Val Arkoosh							Date of		shuree	mont			
υ.									/		D /	Y	Y Y	Y
	Mailing Address PO Box 1011							02	1	1	2	2	2014	
	Glenside	State PA	Zip Code 19038-6011					Trans	acti	ion ID	: D153	760		
	Purpose of Disbursement Contributions for Federal Candidates				011			Amount	of	Each	Disburs	emer	nt this	Period
	Candidate Name Dr Valerie Arkoosh			Cat	ego ype								250	0.00
	Office Sought: X House Disburse	ment For:	-	1	ype	;				7				
	President	Primary Other (sp	ecify) v											
_	State: PA District: 13 Full Name (Last, First, Middle Initial)													
C.	Full House PAC							Date of	Dis					
	Mailing Address 1006 Pendleton Street							03	/	D 1	2		2014	Y
	City Alexandria	State VA	Zip Code 22314					Trans	acti	ion ID	: D154 [,]	194		
	Purpose of Disbursement Contributions for Federal PACs/Committees		22017			-								
	Candidate Name			Cat	ego ype			Amount	of	Each	Disburs	emer	nt this 500	
	Office Sought: House Disburse Senate President	ment For: Primary Other (sp	General		<u> </u>	·				3				
_	State: District:		annual contribu	ition										
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S	CHEDULE B (FEC Form 3X)						NUMBE	R:				PA	GE	129	OF 162
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	National Emergency Medicine Poli	tical Ac	tion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Georgians For Isakson						Date	of D	isbu	irse	men	ıt			
	Mailing Address P.O. Box 250116						м 0	M	/ 🗌	29		/ Y		014	Y
		<u></u>	7.0.1				U			23	9		20	014	
	Atlanta	State GA	Zip Code 30325				Tra	nsac	tion	ID	: D1	5344	4		
	Purpose of Disbursement Contributions for Federal Candidates			()11		Amo	unt of	f Ea	ich	Dist	oursei	ment	t this	Period
	Candidate Name Sen. Johnny Isakson			Cat			Г							100	0.00
		nent For:	2016		ype				- 7			- 7			
	Senate X President	Primary Other (spe	General												
	State: GA District:	Other (Sp													
в.	Full Name (Last, First, Middle Initial)						Date	of D	isbu	irse	mer	ıt			
	Mailing Address PO Box 30344						м 0		/		D 9	/ Y		014	Y
	Bethesda	State MD	Zip Code 20824-0344				Tra	nsac	tion	ID	: D1	5553	2		
	Purpose of Disbursement Contributions for Federal PACs/Committees			(011		Amo	unt of	f Ea	ich	Dist	oursei	ment	t this	Period
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C.	Full Name (Last, First, Middle Initial) GOP GENERATION Y FUND						Date	of D	isbu	irse	mer	ıt			
	Mailing Address PO Box 9055						0			29	9	/ Y		014 014	Y
	City Second Seco	State IL	Zip Code 61612				Tra	nsac	tion	ID	: D1	5344	6		
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	Candidate Name			Cat			Amo	unt of	r Ea	ICN	Disc	oursei	nent	5000	Period).00
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
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•	Full Name (Last, First, Middle Initial)						Doto o	ن د ب	hurod	mont			
А.	Guthrie For Congress						Date o	_	_				
	Mailing Address PO Box 9639						01		2	9		2014	Y
	5	State	Zip Code				Trans	acti	ion ID	: D153	457		
	Bowling Green Purpose of Disbursement	KY	42102				man	Jact		. 0100	-57		
	Contributions for Federal Candidates			C)11		Amoun	t of	Each	Disbur	semer	nt this	Period
	Candidate Name			Cat	egoi	ry/						2000	00
	Mr. Brett Guthrie			Т	ype				7			2000	5.00
	Office Sought: House Disburser Senate President Image: Constraint of the senate of the senat of the senate of the senate of the senate of the senat of the se	nent For: 2 Primary Other (spec	X General										
	State: KY District: 02												
_	Full Name (Last, First, Middle Initial)												
В.	Hawkeye PAC						Date o	f Dis	sburse	ement			
	Mailing Address PO Box 7255						02	/		D / 9		2014	Y
	City Solution Solutio	State IA	Zip Code 50309				Trans	sact	ion ID	: D153	870		
	Purpose of Disbursement Contributions for Federal PACs/Committees			(010		Amoun	t of	Fach	Disburs	semer	nt this	Period
	Candidate Name			Cat									
	Sen. Charles Grassley				ype				7			100	0.00
		ment For: 2	2014										
	X Senate	Primary	General										
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_	State: District: 00 Full Name (Last, First, Middle Initial)		annual contributi	on									
C.	Healthcare Freedom Fund						Date o	_					_
	Mailing Address PO Box 2485						м м 02	/		6 /		2014	Y
	City	State	Zip Code				T			. 0450	060		
	Springfield	VA	22152-0485				Irans	sact	ion ID	: D153	966		
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	CHEDULE B (FEC Form 3X)		parate schedule(s)					MBER:			F	AGE	131	OF 162
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$\left \right $	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine Poli	tical Ac	tion Committ	ee										
Α.	Full Name (Last, First, Middle Initial) Hoyer For Congress						[Date of	Dis	sburse	ment			
	Mailing Address 4201 Northview Dr, Ste 307							м м 02	/	D 1	D / 9		2014	Y
		State	Zip Code					_		_				
	Bowie	MD	20716					Trans	acti	on ID	: D153	363		
	Purpose of Disbursement Contributions for Federal Candidates			0)11		A	Amount	of	Each	Disburs	emer	nt this	Period
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	Rep. Steny H. Hoyer				ype					7		_	250	5.00
	Office Sought: X House Disburser Senate President	ment For: Primary Other (sp	General											
	State: MD District: 05													
В.	Full Name (Last, First, Middle Initial) Jenkins for Congress						[Date of	Dis	sburse	ment			
	Mailing Address P.O. Box 727							м м 03	/		D / 2		2014	Y
	Huntington	State WV	Zip Code 25711					Trans	acti	ion ID	: D154	177		
	Purpose of Disbursement Contributions for Federal Candidates			C	011		A	Amount	of	Each	Disburs	emer	nt this	Period
	Candidate Name			Cate									250	0.00
	Evan Jenkins Office Sought: Y House Disburser	ment For:		Ty	ype				-	7				
		Primary	2014 General											
	State: WV District: 03	Other (sp	ecify) ▼											
_	Full Name (Last, First, Middle Initial)													
C.	Jim Tracy for Congress							Date of	Dis					
	Mailing Address 2 West Windsor Avenue							01	1	D 1	5		2014	Y
	City Silver Silv	State VA	Zip Code 22301					Trans	acti	ion ID	: D151	514		
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\square	National Emergency Medicine Poli	tical Act	tion Commit	ee											
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	Mailing Address 104 Hume Avenue							02	/	D)5	/		014	Y
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в.	Full Name (Last, First, Middle Initial) Kirk For Senate						Dat	te of	f Dis	burse	em	nent			
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C.	Full Name (Last, First, Middle Initial)						Dat	te of	f Dis	burse	em	nent			
	Mailing Address 370 Tall Tree Ct							03	/		D 2	/		014	Y
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	Mailing Address 181-A Knight St							м м 01	/	D	15			014	Y
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Candidate Name OTT Amount of Each Disbursement this Period Candidate Name Category/ Type 2500.00 Office Sought: House Disbursement For: 2014 Senate Primary General President Other (specify) State: District: Annual Contribution		Purpose of Disbursement	20	2000-1013	-									
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\setminus	NAME OF COMMITTEE (In Full)				
	National Emergency Medicine Poli	tical Acti	ion Committ	ee	
Α.	Full Name (Last, First, Middle Initial) National Republican Congressiona	al Comm	ittee		Date of Disbursement
	Mailing Address 320 1st St SE				01 15 2014
	City Washington Purpose of Disbursement	State DC	Zip Code 20003-1838		Transaction ID : D151534
	Contributions for Federal PACs/Committees			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	15000.00
	Office Sought: House Disburser Senate President	ment For: 2 Primary Other (spec	General		
	State: District:				
В.	Full Name (Last, First, Middle Initial) National Republican Senatorial Co	ommittee	9		Date of Disbursement
	Mailing Address 425 2nd St NE				03 14 2014
	Washington	State DC	Zip Code 20002-4914		Transaction ID : D154245
	Purpose of Disbursement Contributions for Federal PACs/Committees			· · · · ·	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	15000.00
	Office Sought: House Disburser Senate President X	ment For: 2 Primary Other (spec	2014 ☐ General cify) ▼ Annual Contribu	tion	
	Full Name (Last, First, Middle Initial)		Annual Contribu		
C.	New Pioneers PAC				Date of Disbursement
	Mailing Address 228 S. Washington Street Suite 115				03 26 2014
	Alexandria	State VA	Zip Code 22314		Transaction ID : D155692
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name			Category/	Amount of Each Disbursement this Period
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\square	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Politi	tical Action Commit	tee									
Ľ	Full Name (Last, First, Middle Initial)											
Α.	Pat Meehan for Congress					Date of	Disbu	rse	ment			
	Mailing Address P.O. Box 308					03	/ [19			2014	Y
	,	State Zip Code				Trans	action	ID	: D155	514		
	Drexel Hill Purpose of Disbursement	PA 19026			_							
	Contributions for Federal Candidates		0	11		Amount	of Ea	ch	Disbur	seme	nt this	Period
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	Pat Meehan Office Sought: Y House Disburser	ment For: 2014	Ту	ype						7		
	Senate	Primary General										
	President	Other (specify)										
_	State: PA District: 07 Full Name (Last, First, Middle Initial)											
В.	People for Derek Kilmer					Date of	Disbu	rse	ment			
	·					M M	/ [Y Y	Y
	Mailing Address P.O. Box 1574					01		29	9	<u> </u>	2014	
	Gig Harbor	State Zip Code WA 98335				Trans	action	ID	: D15:	8447		
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	Rep. Derek Kilmer			ype	·	<u> </u>	7	-		7	200	0.00
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С	Full Name (Last, First, Middle Initial) PORT PAC - Promoting our Repub	licon Toom DAC				Date of	Disbu	rsei	ment			
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	Mailing Address 900 19th Street, NW 8th Floor					02		26	6		2014	_
	,	State Zip Code DC 20006				Trans	action	ID	: D153	8972		
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	itical Ac	tion Commit	tee											
Α.	Full Name (Last, First, Middle Initial) Renacci for Congress							Date o	f Di∘	sburse	ement				
	Renacci for Congress							MM	_	D		Y	Y	Y	Y
	Mailing Address 2729 - B Fulton Drive NW							01			9	L	201		
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	Jim Renacci				ype					7		7	-	1000	.00
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	President	Other (spe	ecify)												
_	State: OH District: 16 Full Name (Last, First, Middle Initial)						_								
В.	Renacci for Congress							Date o	f Dis	sburse	ement				
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	Mailing Address 2729 - B Fulton Drive NW							03		1	9		20	14	
	Canton	State OH	Zip Code 44718					Trans	sacti	ion ID	: D1	5535	5		
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	Jim Renacci			Cate T	ego ype			L.		,		7		1500	.00
		ment For: Primary Other (spe	General												
	State: OH District: 16														
C.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS							Date o				_			_
	Mailing Address 555 Capitol Mall, Suite 1425							03	/	2	6	Y	202	14	Y
	City Sacramento	State CA	Zip Code 95814					Trans	sacti	ion ID	: D1	5690)		
	Purpose of Disbursement Contributions for Federal Candidates			-											
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	Rep. Anna G. Eshoo			Cate T	ego ype									2500	.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		<u>, , , , , , , , , , , , , , , , , , , </u>	·						7			
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\land	NAME OF COMMITTEE (In Full)		_													
	National Emergency Medicine Polit	tical Ac	tion Committ	ee												
Α.	Full Name (Last, First, Middle Initial) BILL JOHNSON FOR CONGRESS		MITTEE				_	te o	_	sbur	ser		ent	V	YY	Y
	Mailing Address 104 Hume Avenue							03		L	19				014	
	Alexandria	State VA	Zip Code 22301				Т	rans	acti	ion	ID :	: D	01555	36		
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	Candidate Name Rep. Bill Johnson			Cate Ty	egor ype	·y/				,	l				250	0.00
		nent For: Primary Other (sp	K General													
в.	Full Name (Last, First, Middle Initial) BILL JOHNSON FOR CONGRESS	6 COM	MITTEE					M	_	sbur		D	ent 7		Y	Y
	Mailing Address 104 Hume Avenue							02			19	9		2	2014	
	Alexandria	State VA	Zip Code 22301				т	rans	sact	ion	ID	: C	01538	64		
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name			C)11		Am	oun	t of	Eac	h I	Dis	sburse	emen	it this	Period
	Rep. Bill Johnson			Cate	egor ype	y/					į.				150	0.00
	Office Sought: House Disbursen Senate X	nent For: Primary Other (sp	General		уре					,						
С.	Full Name (Last, First, Middle Initial) BILLY LONG FOR CONGRESS						Da	te o	f Di	sbur			ent			
	Mailing Address 3246 E. RIDGEVIEW STREET							03	/	D	19		/		014	Y
	5	State MO	Zip Code 65804				т	rans	sact	ion	ID	: C	01555	19		
	Purpose of Disbursement Contributions for Federal Candidates			0)11		Am	oun	t of	Eac	:h I	Dis	sburse	emen	it this	Period
	Candidate Name Rep. Billy Long			Cate Ty	egor ype	·y/					Ì				250	0.00
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	OF COMMITTEE (In Full)			
/	onal Emergency Medicine Poli	tical Action Commit	tee	
	ame (Last, First, Middle Initial)	c		Date of Disbursement
	REIE DENT FOR CONGRESS	5		
Mailing	Address 1217 Delafield Place, NW			01 15 2014
City		State Zip Code		Transaction ID : D151516
Washir	ngton se of Disbursement	DC 20011		
	ibutions for Federal Candidates		011	Amount of Each Disbursement this Period
	late Name		Category/	1000.00
	Charlie Dent		Туре	4000.00
Office		ment For: 2014		
	Senate President	Primary General Other (specify)		
State:	PA District: 15			
Full Na	ame (Last, First, Middle Initial)			
B. DAV	/E CAMP FOR CONGRESS			Date of Disbursement
Mailing				
wanng	Address 20 F St NW Ste 500			03 12 2014
City		State Zip Code		Transaction ID : D154181
Washi	0	DC 20001-6703		
	e of Disbursement ibutions for Federal Candidates		011	Amount of Each Disbursement this Period
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Rep	. Dave Camp		Category/ Type	2500.00
Office		ment For: 2014		
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C. DEV	IN NUNES CAMPAIGN COM	MITTEE		Date of Disbursement
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Mailing	Address PO BOX 6545			03 19 2014
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VISALI		CA 93290		Transaction ID : D155527
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	. Devin Nunes		Category/ Type	2500.00
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$\left[\right]$	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Poli	itical Action Comm	nittee	
_	Full Name (Last, First, Middle Initial)	、 、		Date of Disbursement
	BLUMENAUER FOR CONGRESS)		
	Mailing Address 830 NE Holladay, #105			03 26 2014
	-)	State Zip Code		Transaction ID : D155696
	Portland Purpose of Disbursement	OR 97232		
	Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Rep. Earl Blumenauer		Туре	1000.00
	Office Sought: House Disbursed Senate	ment For: 2014 Primary Genera	1	
	President	Other (specify)		
	State: OR District: 03			
_	Full Name (Last, First, Middle Initial)			
В.	LOBIONDO FOR CONGRESS			Date of Disbursement
	Mailing Address c/o Carole Goeas and Associates	, L		03 26 2014
	1707 Prince Street, #5	<u></u>		
	Alexandria	StateZip CodeVA22314		Transaction ID : D155689
	Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Rep. Frank A. LoBiondo		Туре	1000.00
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	President	Other (specify)	u	
	State: NJ District: 02	(
~	Full Name (Last, First, Middle Initial)			Date of Disbursement
0.	PALLONE FOR CONGRESS			
	Mailing Address PO Box 3176			02 26 2014
	City	State Zip Code		Transaction ID : D153969
	Long Branch	NJ 07740		
	Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Fools Diskumount this David
	Candidate Name		Category/	Amount of Each Disbursement this Period
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\mathbb{N}	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Po	litical Ac	tion Commit	tee											
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	Mailing Address PO Box 3176							M M 03	1	D 1	D 2	/		014	Y
	City Long Branch	State NJ	Zip Code 07740					Trans	acti	on ID):	D1541	88		
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	Rep. Frank Pallone Jr.				ype					7				350	0.00
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_	State: NJ District: 06														
В.	Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US							Date of	f Dis						
	Mailing Address 104 Hume Avenue							02	/		D 12			014	Y
	City Alexandria	State VA	Zip Code 22301					Trans	sacti	ion ID):	D1537	55		
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с.	Full Name (Last, First, Middle Initial)		PAIGN					Date of	f Dis	sburse	em	ient			
	Mailing Address PO BOX 16128						_	M M 01	/		29	1		014	Y
	City HOUSTON	State TX	Zip Code 77222					Trans	sacti	ion ID):	D1534	54		
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Ac ⁻	tion Commit	ee									
Z	Full Name (Last, First, Middle Initial)												
Α.	WALDEN FOR CONGRESS						Date o	f Dis					
	Mailing Address PO Box 1091						03	/	1			2014	Ŷ
	City S Hood River	State OR	Zip Code 97031				Trans	acti	on ID	: D155	529		
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	Candidate Name Rep. Greg Walden			Cate	egor ype	y/						2500	0.00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	K General						-				
в.	State: OR District: 02 Full Name (Last, First, Middle Initial) JAIME FOR CONGRESS						Date o	f Dis	burse		V	YY	Y
	Mailing Address PO Box 1614						03	Í	1			2014	
	Ridgefield	State WA	Zip Code 98642				Trans	sacti	on ID	: D155	531		
	Purpose of Disbursement Contributions for Federal Candidates			C)11		Amoun	t of	Each	Disburs	semer	nt this I	Period
	Candidate Name Rep. Jaime Herrera Beutler			Cate T	egor ype	y/			, .			1000	0.00
	Office Sought: X House Disbursen Senate X	nent For: Primary Other (spe	2014 General ecify) ▼										
С.	Full Name (Last, First, Middle Initial)						Date o	f Dis	burse	ment			
	Mailing Address 2150 RIVER PLAZA DR., #150						M M 03	/	2			2014	Y
	SACRAMENTO	State CA	Zip Code 95833				Trans	sacti	on ID	: D155	695		
	Purpose of Disbursement Contributions for Federal Candidates			0)11		Amoun	t of	Each	Disbur	semer	nt this I	Period
	Candidate Name Rep. Jeff Denham			Cate	egor ype	y/			, .			1500	0.00
	Office Sought: House Disburser Senate President State: CA District: 10	nent For: Primary Other (spe	General										
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_										
	National Emergency Medicine Po	litical Action Commit	tee									
Δ	Full Name (Last, First, Middle Initial)					Date of	Dish	NURSA	ment			
	JIM HIMES FOR CONGRESS						/	D		Y Y	Y	Y
	Mailing Address 857 Post Road, #312 Ste 1					03		20	6	20	014	
	City Fairfield	State Zip Code CT 06824				Trans	actio	n ID	: D1556	91		
	Purpose of Disbursement	00024	_	_								
	Contributions for Federal Candidates		C)11		Amount	of E	ach	Disburse	ement	t this I	Period
	Candidate Name Rep. Jim Himes			egor ype	у/						1000	0.00
		ement For: 2014		700								
	Senate President	Primary General										
	State: CT District: 04	Other (specify) Convention										
	Full Name (Last, First, Middle Initial)											
В.	CULBERSON FOR CONGRESS					Date of	Disb	ourse	ment			
	Mailing Address P.O. Box 41964					M M 02	/	D 1			014	Y
											•	
	City Houston	StateZip CodeTX77241				Trans	actio	on ID	: D1538	75		
	Purpose of Disbursement Contributions for Federal Candidates			011		Amount	of F	ach	Disburse	ement	t this I	Period
	Candidate Name		a series and the	egor	v/			aon			-	
	Rep. John Culberson			ype	<i>J.</i>		7		7		1000	0.00
		ement For: 2014 Primary General										
	President	Other (specify)										
	State: TX District: 07											
C.	Full Name (Last, First, Middle Initial)					Date of	Disb	ourse	ment			
	Mailing Address P. O. BOX 181546					03	/	20			014	Y
	City	State Zip Code				Trans	actio	n ID	: D1556	87		
	CASSELBERRY Purpose of Disbursement	FL 32718	_									
	Contributions for Federal Candidates		C)11		Amount	of E	ach	Disburse	ement	t this I	Period
	Candidate Name Rep. John L. Mica			egor	у/						1000	0.00
		ement For: 2014	1	ype			7		7			
	Senate	Primary General										
	State: FL District: 07	Other (specify)										
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\backslash	National Emergency Medicine Poli	tical Act	tion Committ	ee										
-	ull Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS						Date c	of Dis	sburs	em	nent			
_							M M	/	D	D		Y	Y	Y
M	lailing Address 1815 Brownsboro Road						02		2	26		20)14	
	,	State KY	Zip Code				Tran	sacti	ion IC):	D15396	67		
	ouisville urpose of Disbursement	KI	40206											
	Contributions for Federal Candidates			0	11		Amour	t of	Each	D	isburse	ment	this	Period
-	andidate Name			Cate	egor	y/							2500	00
	Rep. John Yarmuth			Ty	ype			-	7	-	- 7	-	2500	.00
0	Office Sought: X House Disburse Senate X	ment For: Primary	2014 General											
	President	Other (spe												
S	tate: KY District: 03													
	ull Name (Last, First, Middle Initial)													
В	JULIA BROWNLEY FOR CONGR	ESS					Date c	of Dis	sburs	em				
	lailing Address 1229 Morse St NE						M M	/	D	р 12) 014	Υ
IV	c/o Amy Strathdee						02			12		20	514	
	,	State	Zip Code				Tran	sacti	ion IE) :	D1537	51		
	Vashington urpose of Disbursement	DC	20002-3807								-			
	Contributions for Federal Candidates			C)11		Amour	it of	Each	D	isburse	ment	this	Period
C	andidate Name			Cate	egor	v/				2			050	
	Rep. Julia Brownley				ype	, 			7	-	7		2500	0.00
0		ment For:												
	Senate Yresident	Primary Other (spe	General											
S	tate: CA District: 26	oulei (spe	,ony) V											
F	ull Name (Last, First, Middle Initial)													
C . J	JULIA BROWNLEY FOR CONGR	ESS					Date c	of Dis	sburs	em	nent			
							03	/	D		/		Y 14	Y
IV	lailing Address 1229 Morse St NE c/o Amy Strathdee						03			19		20	014	
C		State	Zip Code				Tran	sarti	ion IF	<u>.</u>	D15552	24		
	Vashington	DC	20002-3807				IIall	Jact			510004			
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C	andidate Name			Cate			Amour	10 01	∟acn	י ני	isburse	ment	เกเร	-eriod
I	Rep. Julia Brownley			T	egor ype	y/							1000	0.00
Ō		ment For:	· · · · · ·						,					
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SC	CHEDULE B (FEC Form 3X)	<u> </u>		F	OR LINE		R:		PAC	GE 145	OF 162
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		heck on 21b 27	ly one)	× 23		24 28c	25 29	26 30b
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	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine Poli	tical Ac	tion Committ	ee							
-	Full Name (Last, First, Middle Initial) KENNY MARCHANT FOR CONGI	RESS				Date	of Disbu	Irseme		YY	Y
	Mailing Address PO Box 110187					01		29		2014	
	Carrollton	State TX	Zip Code 75011			Tran	saction	1D : [D153461	I	
	Purpose of Disbursement Contributions for Federal Candidates			0	11	Amou	nt of Ea	ich Di	sbursen	nent this	Period
	Candidate Name Rep. Kenny Marchant				egory/ /pe					250	00.00
	Senate President	ment For: Primary Other (spe	X General								
в.	State: TX District: 24 Full Name (Last, First, Middle Initial) TEXANS FOR LAMAR SMITH					Date	of Disbu	Irseme	_	Y Y	Y
	Mailing Address 104 Hume Avenue					02		05		2014	
	Alexandria	State VA	Zip Code 22301			Trar	saction	n ID : I	D15363	9	
	Purpose of Disbursement Contributions for Federal Candidates			C)11	Amou	nt of Ea	ich Di	sbursen	nent this	Period
	Candidate Name Rep. Lamar Smith				egory/ /pe					10	00.00
	Office Sought: X House Disburser	nent For: Primary Other (spe	General		/pe						
C.	Full Name (Last, First, Middle Initial)						of Disbu		_		
	Mailing Address PO Box 540098					03		19	/ Y	2014	Y
	City Omaha	State NE	Zip Code 68154			Trar	saction	n ID : I	D15553	D	
	Purpose of Disbursement Contributions for Federal Candidates			0	11	Amou	nt of Ea	ich Di	sbursen	nent this	Period
	Candidate Name Rep. Lee Terry				egory/ /pe					100	00.00
	Office Sought: House Disburser Senate President State: NE District: 02	ment For: Primary Other (spe	General								
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Ac	tion Commit	tee											
_	Full Name (Last, First, Middle Initial)														
А.	FRIENDS OF LOIS CAPPS							Date o	t Dis			t			
	Mailing Address 38 Ivy Street, SE							03	/	D 1	9			014	Y
	City	State	Zip Code					Trans	acti		• • • •	5552	0		
	Washington	DC	20003					mana	acti			5552	.0		
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	Candidate Name			Cate	ego	ory/								100	0.00
	Rep. Lois Capps				ype			<u> </u>		7	_	- 7		100	5.00
	Senate President	ment For: Primary Other (sp	K General												
	State: CA District: 24														
В.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS							Date o	f Dis	sburse	emen	t			
	Mailing Address 38 Ivy Street, SE							02	/	D	D)5	/		014	Y
	City	State	Zip Code					Trans		ion ID		526	10		
	Washington	DC	20003					Trans	Sacu			5504	ŧU		
	Purpose of Disbursement Contributions for Federal Candidates			C)11		11.	Amoun	t of	Each	Dist	urse	ment	t this	Period
	Candidate Name			Cate		_		_							
	Rep. Lois Capps				ype			L		,		- 7		150	0.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spo	X General												
_	State: CA District: 24 Full Name (Last, First, Middle Initial)														
C.	WESTMORELAND FOR CONGRE	ESS						Date o	_	sburse		t		Y	Y
	Mailing Address P.O. BOX 458							02	ĺ		26			014	
	City SHARPSBURG	State GA	Zip Code 30277					Trans	sacti	ion ID) : D1	5397	74		
	Purpose of Disbursement	UA	50211												
	Contributions for Federal Candidates Candidate Name			0)11	_		Amoun	t of	Each	Dist	urse	ment	t this	Period
	Rep. Lynn Westmoreland			Cate										100	0.00
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	Senate President	Primary Other (sp	General												
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE	NU	MBER	:			PA	GE	147	OF 162
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		-	k only 21b 27	-		X	23 28b	,	24 28c		25 29	26 30b
	ny information copied from such Reports and State for commercial purposes, other than using the nar														
$\left \right $	NAME OF COMMITTEE (In Full)														
$\langle \rangle$	National Emergency Medicine Poli	itical Act	tion Commit	ee											
Α.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MICHEL	LE LUJ	AN GRISHA	M				Date o			sen		Y Y	Y	Y
	Mailing Address 2015 DIETZ PL NW							03		L	12		2	014	
	ALBUQUERQUE	State NM	Zip Code 87107					Trans	acti	ion I	D :	D1542	00		
	Purpose of Disbursement Contributions for Federal Candidates			0)11			Amoun	t of	Eacl	h E	Disburse	ment	t this	Period
	Candidate Name			Cate		ry/					1			1000	0.00
	Rep. Michelle Lujan Grisham			Ty	ype				-	7	-	7	-	1000	
	Office Sought: House Disburse Senate President X	ment For: Primary Other (spe	General												
	State: NM District: 01										_				
в.	Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS							Date o	_	_					
	Mailing Address 9249 South Broadway							м м 03	/	D	12			014	Y
	Highlands Ranch	State CO	Zip Code 80129					Trans	sacti	ion I	D:	D1541	79		
	Purpose of Disbursement Contributions for Federal Candidates			C)11			Amoun	t of	Eacl	h E	Disburse	ment	t this	Period
	Candidate Name			Cate		ry/								100	0.00
	Rep. Mike CoffmanOffice Sought:XYHouseDisburse	ment For:	2014	Ту	ype					7		7	-		
	State: CO District: 06	Primary Other (spe	2014 X General ecify) ▼												
_	Full Name (Last, First, Middle Initial)							Data a	f Dia			nont			
С.	POMPEO FOR CONGRESS INC							Date o		_					
	Mailing Address PO BOX 780146							м м 02	/		19			014	Ŷ
	City WICHITA	State KS	Zip Code 67212					Trans	sacti	ion I	D :	D1538	69		
	Purpose of Disbursement Contributions for Federal Candidates			0)11			Amoun	t of	Eacl	hΓ	Disburse	ment	t this	Period
	Candidate Name			Cate	egor	ry/					1			2000	00
	Rep. Mike Pompeo Office Sought: V House Disburse	ment For:	0014	Ty	ype					7	4	7		2000	
	Senate President	Primary Other (spe	General												
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	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Poli	tical Ac	tion Commit	tee								
_	Full Name (Last, First, Middle Initial)						Doto o	f Dia	huraa	mont		
А.	POMPEO FOR CONGRESS INC						Date o				Y	V
	Mailing Address PO BOX 780146						03	Í	D 1:		201	
	City WICHITA	State KS	Zip Code 67212				Trans	sacti	on ID	: D15419	9	
	Purpose of Disbursement Contributions for Federal Candidates			C)11		Amoun	t of	Each	Disburse	nent tl	nis Period
	Candidate Name			Cate	egory	y/						
	Rep. Mike Pompeo				ype			_	7		2	2000.00
	Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	General									
_	State: KS District: 04											
В.	Full Name (Last, First, Middle Initial) SIMPSON FOR CONGRESS						Date o	_			Ý	VV
	Mailing Address 1487 PARKWAY DRIVE						02		2	6	201	
	BLACKFOOT	State ID	Zip Code 83221				Trans	sacti	on ID	: D15396	8	
	Purpose of Disbursement Contributions for Federal Candidates			()11		Amoun	t of	Each	Disburse	nent tl	nis Period
	Candidate Name Rep. Mike Simpson				egory	y/					1	500.00
	•	ment For:	2014	1	уре				7	7	-	
	č A	Primary Other (spe	General									
_	State: ID District: 02											
C.	Full Name (Last, First, Middle Initial) MORGAN GRIFFITH FOR CONG	RESS					Date o					
	Mailing Address PO BOX 361						01	/	2		201	
	City CHRISTIANSBURG	State VA	Zip Code 24068				Trans	sacti	on ID	: D15347	3	
	Purpose of Disbursement Contributions for Federal Candidates			C)11		Amoun	t of I	Each	Disburse	nent ti	nis Period
	Candidate Name Rep. Morgan Griffith				egory ype	y/					1	500.00
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_	State: VA District: 09											
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\square	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Polit	ical Ac	tion Committ	ee			_								
	Full Name (Last, First, Middle Initial)														
Α.	NEUGEBAUER CONGRESSIONA	L CON	1MITTEE					Date o	t Dis						
	Mailing Address PO BOX 54175							02	/	D	05			014	Y
	City S LUBBOCK	State TX	Zip Code 79453				1	Trans	sacti	ion II	D :	D1536	86		
	Purpose of Disbursement			_			-								
	Contributions for Federal Candidates			0)11			Amoun	t of	Each	ר ב	Disburse	men	t this	Period
	Candidate Name			Cate	0	,					1			1000	0 00
	Rep. Randy Neugebauer Office Sought: V House Disbursen	ant Fari	0014	T	ype					7	-	- 7	-	1000	
		Primary	General												
	President	Other (spe													
	State: TX District: 19														
_	Full Name (Last, First, Middle Initial)														
В.	NEUGEBAUER CONGRESSIONA	L CON	1MITTEE					Date o	f Dis	sburs	er	nent			
	Mailing Address PO BOX 54175						-	M M 02	1	D	12			014	Y
	Maining Address PO BOX 54175							02			12		2	014	
	,	State	Zip Code					Trans	sact	ion II	D :	D1537	56		
	LUBBOCK Purpose of Disbursement	ТХ	79453				_								
	Contributions for Federal Candidates			C)11			Amoun	t of	Each	۱Ľ	Disburse	men	t this	Period
	Candidate Name			Cate	eaoi	rv/					1			450	
	Rep. Randy Neugebauer				ype					7		- 7		150	5.00
	Office Sought: House Disbursen		-												
		Primary Other (spe	General												
	State: TX District: 19	Other (spe	echy) V												
_	Full Name (Last, First, Middle Initial)										_				
C.	RENEE ELLMERS FOR CONGRE	ss co	MMITTEE					Date o	f Dis	sburs	er	nent			
							_	M M	/	D				Y	Y
	Mailing Address P.O. Box 904							02			26		2	014	
	City	State	Zip Code					Turan			_	DAFOO			
		NC	28335					Trans	sact	ION II	: ט	: D1539	50		
	Purpose of Disbursement Contributions for Federal Candidates				44										
	Candidate Name)11	_		Amoun	t of	Each	ם ו	Disburse	men	t this	Period
	Rep. Renee Ellmers			Cate T	egoi ype				_					1000	0.00
	Office Sought: X House Disbursen	nent For:	2014				1		1	7	1				
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	y information copied from such Reports and State					/ per:		for the		oose		solicitir		ntribu	tions
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_													
	National Emergency Medicine Poli	tical Act	tion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) ROB WITTMAN FOR CONGRESS	6						Date of	f Dis			ent			
	Mailing Address P.O. BOX 999							02	/	2	6			014	Ŷ
	MONTROSS	State VA	Zip Code 22520					Trans	acti	on ID	: C	015397	71		
	Purpose of Disbursement Contributions for Federal Candidates			0)11			Amount	t of	Each	Dis	sburse	ment	t this	Period
	Candidate Name Rep. Rob Wittman			Cate T	egoi ype					,		- 7		1500	0.00
	Senate President	ment For: Primary Other (spe	X General												
в.	State: VA District: 01 Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS							Date of	f Dis	sburse	eme	ent			
	Mailing Address PO Box 37							01	/		9			014	Y
	City Roseville	State MI	Zip Code 48066					Trans	acti	ion ID) : [015344	43		
	Purpose of Disbursement Contributions for Federal Candidates			C)11			Amount	t of	Each	Dis	sburse	ment	t this	Period
	Candidate Name Rep. Sander M. Levin			Cate	egoi ype					,		. ,		1500	0.00
	Office Sought: X House Disburse	ment For: Primary Other (spe	General		<u>, , , , , , , , , , , , , , , , , , , </u>					,					
С.	Full Name (Last, First, Middle Initial) BONAMICI FOR CONGRESS							Date of	f Dis			ent			
	Mailing Address 499 South Capitol Street, SW Suite 422							03	/		^р			014	Y
	Washington	State DC	Zip Code 20003					Trans	acti	ion ID	: [015568	34		
	Purpose of Disbursement Contributions for Federal Candidates			0)11			Amount	t of	Each	Dis	sburse	ment	t this	Period
	Candidate Name Rep. Suzanne Bonamici			Cate T	egoi ype					,				1000	0.00
	Office Sought: House Disburse Senate President State: OR District: 01	ment For: Primary Other (spe	General												
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S	CHEDULE B (FEC Form 3X)			F)B I	INF N	UMBER:			F	AGE	151 (OF 162
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	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Actio	on Committe	ee									
	Full Name (Last, First, Middle Initial)												
А.	WALBERG FOR CONGRESS						Date of	r Disc					
	Mailing Address 6769 Teachout Rd.						03	/	D 19			014	Y
	City	State	Zip Code				_						
	Tipton	MI	49287				Trans	actio	on ID	: D155	013		
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Amount	t of E	ach	Disburs	emen	t this	Period
	Candidate Name Rep. Tim Walberg			Cate		y/						1000	0.00
		ment For: 20	14	13	ype								
	Senate	Primary	General										
	President	Other (specif	y) 🔻										
	State: MI District: 07												
B	Full Name (Last, First, Middle Initial)						Date of	f Dick		mont			
D.	FRIENDS OF TODD YOUNG, INC	<i>.</i>						i Dist					
	Mailing Address PO BOX 1053						02	/	D 19			014	Y
	5		Zip Code				Trans	sactio	on ID	: D153	367		
	BLOOMINGTON Purpose of Disbursement	IN	47402										
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Α.	Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS					Date of						
	Mailing Address PO Box 391					03	/ [12			014	Y
	Geneva	State Zip Code NY 14456				Trans	action	ID	: D154 [,]	191		
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В.	Republican Main Street Partnershi	ip PAC				Date of		rse			/ Y	V
	Mailing Address 1220 L Street, NW Suite 100-263					01		1			2014	
	Washington	State Zip Code DC 20005				Trans	action	ID	: D151	536		
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C.	Richard Hudson for Congress					Date of		rse		V	(Y	Y
	Mailing Address PO Box 5053					03		07			014	
	Concord	StateZip CodeNC28027-1500				Trans	action	ID	: D154	092		
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Δ	Full Name (Last, First, Middle Initial) RODNEY FOR CONGRESS						D	ate of	f Dis	sburse	mei	nt			
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С	Full Name (Last, First, Middle Initial) Ron Barber for Congress						D	ate of	f Dis	sburse	emei	nt			
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	Mailing Address 209 Pennsylvania Ave SE						ŀ	03		1			2014		
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	NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Actio	on Committ	ee									
A .	Full Name (Last, First, Middle Initial) Roskam For Congress Committee						Date	_					
	Mailing Address P. O. Box 713						03	M 7	D 1	2		2014	Y
	City S Wheaton Purpose of Disbursement	State IL	Zip Code 60189				Tran	sact	ion ID	: D15	4187		
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в.	Full Name (Last, First, Middle Initial)						Date	of Di	sburse	ement			
	Mailing Address 1006 Pendleton Street						01	И /		9	Y	2014	Y
	Alexandria	State VA	Zip Code 22314				Trar	sact	ion ID	: D15	3468		
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с.	Full Name (Last, First, Middle Initial) Ryan For Congress						Date	_					
	Mailing Address P. O. Box 1919						02	/	2	6 /		2014	Y
	Janesville	State WI	Zip Code 53547				Trar	sact	ion ID	: D15	3964		
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в.	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMIT	TEE '14						Date of	f Dis	sburs	sen	nent			
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	Mailing Address PO BOX 1496							02			05		2	014	
	LOUISVILLE	State KY	Zip Code 40201					Trans	sact	ion I	D:	D1536	33		
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	State: KY District: 00		••••)												
C.	Full Name (Last, First, Middle Initial) PAT ROBERTS FOR USSENAT	E INC						Date of	f Dis	sburs	sen	nent			
	Mailing Address PO BOX 433							^M 02	/		26			014 014	Y
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ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) [PAGE 156 OF 162 (check only one) 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. Point Purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Date of Disbursement Mailing Address 1760 Market St Stet 1205 State Zip Code City Philadelphia PA 19103-4120 Purpose of Disbursement Contributions for Federal Candidates O11 Candidate Name State: Pa Disbursement For: 2016 State: Primary Office Sought: Disbursement For: 2016 Full Name (Last, First, Middle Initial) Primary Other (specify) Date of Disbursement B. FRIENDS OF PAT TOOMEY Date of Disbursement Mailing Address 1760 Market St Disbursement For: 2016 Date of Disbursement Mailing Address 1760 Market St Disbursement For: 2016 Date of Disbursement
Detailed Summary Page 21 22 23 <
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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. FRIENDS OF PAT TOOMEY Mailing Address 1760 Market St Date of Disbursement City State Purpose of Disbursement O11 Contributions for Federal Candidates 011 Candidate Name Disbursement For: 2016 Sen. Patrick J. Toomey Disbursement For: 2016 Office Sought: Primary Mail Name (Last, First, Middle Initial) Date of Disbursement B. FRIENDS OF PAT TOOMEY Date of Disbursement
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 State Zip Code Philadelphia PA 19103-4120 Purpose of Disbursement Contributions for Federal Candidates 011 Transaction ID : D153975 Amount of Each Disbursement this Period 011 Amount of Each Disbursement this Period Office Sought: President Disbursement For: 2016 Amount of Each Disbursement this Period State: PA Disbursement For: 2016 Transaction ID : D153975 State: PA Disbursement For: 2016 Disbursement for: 2016 State: PA Disbursement For: 2016 Disbursement Other (specify) State: PA District: Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement B. FRIENDS OF PAT TOOMEY Date of Disbursement Date of Disbursement
Full Name (Last, First, Middle Initial) Date of Disbursement A. FRIENDS OF PAT TOOMEY Date of Disbursement Mailing Address 1760 Market St 02 26 2014 Ste 1205 City State Zip Code Philadelphia PA 19103-4120 Transaction ID : D153975 Purpose of Disbursement Ontributions for Federal Candidates 011 Category/ Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: 2016 Amount of Each Disbursement this Period State: PA Disbursement For: 2016 Transaction ID : D153975 State: PA Disbursement For: 2016 Disbursement For: 2016 State: PA District: Disbursement For: 2016 Full Name (Last, First, Middle Initial) Date of Disbursement B. FRIENDS OF PAT TOOMEY Date of Disbursement
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Sett. Patrick J. Foorney Type Office Sought: House Senate Primary President Other (specify) State: PA District: Other (specify) Date of Disbursement
Senate Primary General President Other (specify) ▼ State: PA District: Full Name (Last, First, Middle Initial) Date of Disbursement B. FRIENDS OF PAT TOOMEY Date of Disbursement
President Other (specify) State: PA District: Full Name (Last, First, Middle Initial) B. FRIENDS OF PAT TOOMEY Date of Disbursement
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Candidate Name
Sen. Patrick J. Toomey
Office Sought: House Disbursement For: 2016
Senate Primary General President Other (specify)
State: PA District:
Full Name (Last, First, Middle Initial)
C. PEOPLE FOR PATTY MURRAY
Mailing Address PO BOX 3662
City State Zip Code Transaction ID : D153637 SEATTLE WA 98124
Purpose of Disbursement Contributions for Federal Candidates
Candidate Name O11 Amount of Each Disbursement this Period
Sen. Patty Murray Type 1500.00
Office Sought: House Disbursement For: 2016
Senate Primary General
President Other (specify) ▼
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А.	WYDEN FOR SENATE						Date of Disbursement											
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В.	STEVE PAC						Date of Disbursement											
	Mailing Address 217 3rd Street, SE							03 19 2014										
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	Washington Purpose of Disbursement	DC	20003															
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C.	Full Name (Last, First, Middle Initial) Stivers For Congress						Date of	Dis	burse	ment								
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А.	TEXANS FOR SENATOR JOHN C	ORNY	N INC					Date of	i Dis			nt						
	Mailing Address PO BOX 13026			02 19 7 Y Y Y Y 2014														
	City S AUSTIN	State TX	Zip Code 78711				Transaction ID : D153866											
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В.	REED COMMITTEE						Date of Disbursement											
	Mailing Address PO BOX 8628						03 19 2014											
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C.	Tim Murphy For Congress						I	Date of	f Dis	sburse	eme	nt						
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	Mailing Address PO Box 10429							03		1	9		20	014				
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	IUMB	ER:				PAG	аЕ 159	OF 162		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only	ly one)									
			Summary Page		\vdash	21b 27		2 8a	×	23 28b	$\mid \mid$	24 28c	25 29	26 30b		
	y information copied from such Reports and Stater for commercial purposes, other than using the nam															
$\left \right $	NAME OF COMMITTEE (In Full)		_													
	National Emergency Medicine Poli	tical Act	tion Committe	ee												
Ľ	Full Name (Last, First, Middle Initial)															
Α.	Tim Murphy For Congress						Date of Disbursement									
	Mailing Address PO Box 10429		03 26 2014													
	City				Тг	ans	acti	on ID	• • D1	55693						
	Pittsburgh			Transaction ID : D155693												
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Am	ount	of	Each	Disb	ursem	ent this	Period		
	Candidate Name			Cate	egor	v/				-	-		450	0.00		
	Rep. Tim F. Murphy				ype			-	-	7	_	7	150	0.00		
	Office Sought: House Disburser Senate President	ment For: Primary	K General													
	State: PA District: 18	Other (spe	ecity) 🔻													
_	Full Name (Last, First, Middle Initial)															
В.	Tony Strickland for Congress							e of	Dis	sburse	emen	t				
	Mailing Address PO Box 630446							02 26 Y Y Y Y Y 02 26 2014								
	City	State	Zip Code				т.					52062				
	Simi Valley	CA	93063-0008				Transaction ID : D153963									
	Purpose of Disbursement Contributions for Federal Candidates			C		Amount of Each Disbursement this Period							Period			
	Candidate Name			Cate		2/										
	Tony Strickland				ype	<i>y</i> ,	2500.00							00.00		
	Senate X President	nent For: 2014 Primary General Other (specify) ▼														
_	State: CA District: 25															
C.	Full Name (Last, First, Middle Initial) Tuesday Group PAC							e of	[:] Dis	burse	emen		Y Y	Y		
	Mailing Address PO Box 11586							01			5	L	2014	_		
	Washington	State DC	Zip Code 20008				Т	ans	acti	on ID) : D1	51515	5			
	Purpose of Disbursement Contributions for Federal PACs/Committees			0	11		۸		4	F aab	Diele			Devied		
	Candidate Name			Cate	-	ry/	Amount of Each Disbursement this Pe									
	Office Sought: House Disburser Senate President	2014 General ccify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>					,							
	State: District:						_									
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S	CHEDULE B (FEC Form 3X)			FC)B I		UMBER:				PAGE	160 (DF 162					
	EMIZED DISBURSEMENTS	Use separate schedule(s)		-	neck	only o	y one)											
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$\left \right $	NAME OF COMMITTEE (In Full)																	
	National Emergency Medicine Poli	tical Action Co	mmitte	e														
_	Full Name (Last, First, Middle Initial)						Date of Disbursement											
А.	VINE PAC																	
	Mailing Address 236 Massachusetts Avenue, NE Suite 508								03 12 2014									
	City	State Zip Coc	de				Transaction ID : D154198											
	Washington	DC 20002					TTAIIS	acii	טו ווכ	. 0154	190							
	Purpose of Disbursement Contributions for Federal PACs/Committees			0	11	٦.	Amount of Each Disbursement this Period 2500.00											
	Candidate Name			Cate		//												
	Rep. Michael Thompson Office Sought: Y House Disburser			Ту	vpe		_	-	,			2000						
	Office Sought: House Disburser	ment For: 2014 Primary Ge	eneral															
	President	Other (specify)																
	State: CA District: 01	(1 <i>3/</i> •																
	Full Name (Last, First, Middle Initial)																	
В.	VOICE FOR FREEDOM							Date of Disbursement										
	Mailing Address 412 S Capitol St SE Apt B			02 05 2014														
	Washington	State Zip Coc DC 20003-		Transaction ID : D153638														
	Purpose of Disbursement Contributions for Federal PACs/Committees		- II	0	11	11	Amount of Each Disbursement this Period 5000.00											
	Candidate Name																	
				Cate Ty	egory vpe	//												
	Office Sought: House Disburser Senate President	ment For: 2014 Primary Ge Other (specify) ▼	eneral		1				/									
	State: District:		ship PAC	;														
с.	Full Name (Last, First, Middle Initial)						Date of	f Disl	burse	ment								
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	Mailing Address PO Box 5458		03		2	6	2	014										
		State Zip Coo	de				Trans	actio	on ID	: D155	688							
	Springfield Purpose of Disbursement	IL 62705																
	Contributions for Federal Candidates			0	11		A	h of I	- och	Diahuw		t this I	Dariad					
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	Rep. John M. Shimkus			Cate Ty	;gory /pe		L .					3000	.00					
	Office Sought: House Disburset Senate President	ment For: 2014 Primary X Ge Other (specify) ▼	nt For: 2014 imary X General						,									
_	State: IL District: 15																	
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S	CHEDULE B (FEC Form 3X)				0P		UMBEF			PA	GE 161	OF 162				
	EMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			k only	ly one)									
			Summary Page			21b 27	22 28a		23 28b	24 28c	25 X 29	26 30b				
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\square	NAME OF COMMITTEE (In Full)		_													
	National Emergency Medicine Pol	litical Act	tion Committe	ee												
~	Full Name (Last, First, Middle Initial)						Data	4 D:								
А.	CHASE BANK				Date of Disbursement											
	Mailing Address 545 E John Carpenter Fwy								01 30 2014							
	City	State TX							Transaction ID : D157448							
	Irving Purpose of Disbursement		75062-8114													
	BANK FEES JAN14						Amour	nt of	Each	Disburse	ment this	Period				
	Candidate Name			Cate T	egor ype	ry/	272.43									
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General ecify) ▼													
	State: District:															
в.	Full Name (Last, First, Middle Initial) CHASE BANK						Date of Disbursement									
	Mailing Address 545 E John Carpenter Fwy					02 03 / Y Y Y Y 2014										
	City Irving	State TX	Zip Code 75062-8114				Transaction ID : D157449									
	Purpose of Disbursement BANK FEES FEB14						Amount of Each Disbursement this Period 372.91									
	Candidate Name			Cate	egor ype	ry/										
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General Gerify) ▼													
_	Full Name (Last, First, Middle Initial)						Date o	of Di	eburec	amont						
0.	CHASE BANK						M	_	D		Y Y Y	Y				
	Mailing Address 545 E John Carpenter Fwy						03		0	3	2014	_				
	City Irving	State TX	Zip Code 75062-8114				Tran	sact	ion ID) : D1574	50					
	Purpose of Disbursement BANK FEES MAR14															
	Candidate Name	Cat	egor ype		Amount of Each Disbursement this Period 213.63											
	Senate President	ement For: Primary Other (spe	General ecify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>				7							
	State: District:															
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SCHEDULE B (FEC Form 3X)				NUMBER: PAGE 162 OF 162									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(checl	conly o										
	Detailed Summary Page		21b 27	22 	23	b	24 28c	25 X 29	26 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na			persor	n for the	purpose	e o	f solicitin	g contrib	utions				
NAME OF COMMITTEE (In Full)													
National Emergency Medicine Pol	itical Action Committe	e											
Full Name (Last, First, Middle Initial) A. Victoria Partridge Catering				Date of	f Disbur	sei	ment						
Mailing Address 121 Montgomery Avenue		03 / D D / Y Y Y Y 2014											
City Versailles	State Zip Code KY 40383			Transaction ID : D154184									
Purpose of Disbursement IK contribution to campaign of Andy Barr for Cong		011		Amouni	t of Fac	:h∣	Disburse	ment this	Period				
Candidate Name		Categor	y/						32.00				
Office Sought: House Disburse Senate President	ement For: 2014 Primary X General Other (specify) ▼	Туре			7								
State: District: Full Name (Last, First, Middle Initial)	-												
B.				Date of	_								
Mailing Address													
City	State Zip Code												
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Candidate Name		Category/ Type											
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)												
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Full Name (Last, First, Middle Initial)				Date of		sei		YY	V				
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Candidate Name	1	Categor Type	y/	Amount of Each Disbursement this Period									
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