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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Emergency Medicine Political Action Committee 1125 Executive Circle ADDRESS (number and street) Check if different than previously Irving ΤX 75038 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00140061 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dean Wilkerson, MBA,JD Type or Print Name of Treasurer Electronically Filed by Dean Wilkerson, MBA,JD 0 1 17 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

F	eport Covering the Period: From:	01 2007	To: 12 31 2007
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž007 Y Y		414915.04
	(b) Cash on Hand at Begining of Reporting Period	353417.65	
	(c) Total Receipts (from Line 19)	461561.74	748210.80
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	814979.39	1163125.84
7.	Total Disbursements (from Line 31)	180042.38	528188.83
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	634937.01	634937.01
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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Write or Type Committee Name

National Emergency Medicine Political Action Committee

0 1 м м 0 7 2 0 0 7 м м 1 2 3^D1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 317428.86 218465.64 (i) Itemized (use Schedule A) 231642.82 411479.14 (ii) Unitemized (iii) TOTAL (add 450108.46 728908.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 2000.00 2000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 452108.46 730908.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 1250.00 1250.00 Political Committees 17. Other Federal Receipts 8203.28 16052.80 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 461561.74 748210.80 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 461561.74 748210.80 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	176250.00	517750.00
I. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	150.20	350.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	150.20	350.20
Other Disbursements	3642.18	10088.63
). Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	180042.38	528188.83
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	180042.38	528188.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	452108.46	730908.00
34.	Total Contribution Refunds (from Line 28(d))	150.20	350.20
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	451958.26	730557.80
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any person the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Alan J Lewis Mailing Address 22943 Ostronic Dr City Woodland Hills FEC ID number of contributing federal political committee. Name of Employer Long Beach Mem Med Ctr Receipt For: Primary General	State Zip Code CA 91367-6141 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20840906 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr. William C Haselow Mailing Address 7118 W Lafayette F City Mequon FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For:	State Zip Code WI 53092-8600 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Paul Francis Walsh Mailing Address 911 Vermillion Dr City Bakersfield FEC ID number of contributing federal political committee. Name of Employer County of Kern, Krn Med Ctr Receipt For: Primary General	State Zip Code CA 93312-6507 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M O O O O O O O O O O O O O O O O O
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional		700.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 275 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political National Emergency Medicine Political	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Dr. Thomas A Brant			Date of Receipt
	Mailing Address 8823 Taunton Dr			07 07 2007
	City	State	Zip Code	Transaction ID: 20840991
	Huntersville	NC	28078-8513	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer MEMA	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr. Christopher Corbit			Date of Receipt
	Mailing Address 75 Forest Mill Ln			07 09 YYYY 2007
	City	State	Zip Code	Transaction ID: 20875029
	Akron	OH	44319-4082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Akron Gen Med Ctr Dept of EM	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Julio E Rios			Date of Receipt
	Mailing Address AERAS 3101 Marler Rd			07 11 7 2007
	City Pike Rd	State AL	Zip Code 36064-3337	Transaction ID: 20876434
	FEC ID number of contributing federal political committee.	C	30004-3337	Amount of Each Receipt this Period 250.00
	Name of Employer Julio E Rios, MD	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)			1050.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any perso the name and address of any political committee to cical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John M Deacon Mailing Address 943 Via Los Padres		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20877109
Santa Barbara	CA 93111-1325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CA Emerg Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Luke Aswegan		Date of Receipt
Mailing Address 41 Forsythia Ln		07 17 2007
City	State Zip Code	Transaction ID: 20877151
<u>Bear</u>	DE 19701-6301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Union Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Frank John Kaeberlein	1	Date of Receipt
Mailing Address 9380 Portage St NV	N	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 20877700
Massillon	OH 44646-9051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Stark County Emergency Ph- ys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	il)	1400.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 275 (check only one) X 11a 11b 11c 12 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 Medicine Pol	and Statements may not be sold or used by any person g the name and address of any political committee to stitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mitchell L Lewis Mailing Address 713 Hidden Cave City Madison FEC ID number of contributing federal political committee. Name of Employer Front Range Emer Spec Receipt For:	Rd State Zip Code WI 53717-2755 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 20878400 Amount of Each Receipt this Period 100.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James Kennedye Mailing Address	350.00	Date of Receipt
908 Fox Hill Dr City Edmond FEC ID number of contributing federal political committee. Name of Employer Naval Hosp Receipt For: Primary Other (specify)	State Zip Code OK 73034-7317 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Transaction ID: 20888253 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. William Edward Osborn, III Mailing Address 13016 Huntington City Spring Hill FEC ID number of contributing federal political committee. Name of Employer Springhill Reg Hosp	Woods Ave State Zip Code FL 34609-9337 C Occupation Emergency Physician	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 20888540 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (option	nal)	600.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any persor the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kay L Crider Mailing Address 3503 Firefly Ct City Lawrence FEC ID number of contributing federal political committee. Name of Employer Kay L Crider, MD Receipt For: Primary General	State Zip Code KS 66049-5104 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 20888660 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr. Nathan Phillip Peimann Mailing Address PO Box 20150 City Juneau FEC ID number of contributing federal political committee. Name of Employer Bartlett Hosp Receipt For: Primary General Other (specify)	State Zip Code AK 99802-0150 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 20892249 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Matthew Tyler Emery Mailing Address 942 Ogden SE City E Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Butterworth Hosp Receipt For: Primary General Other (specify)	State Zip Code MI 49506-3561 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M Z 2 3 Z 2 0 0 7 Transaction ID: 20892259 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)	700.00

Any information copied from such Reports and State or for commercial purposes, other than using the national Political Political A NAME OF COMMITTEE (In Full) National Emergency Medicine Political A Full Name (Last, First, Middle Initial) Dr. Robert W Schafermeyer Mailing Address 2932 Rock Springs Rd City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas Medical Center Receipt For: Primary General Other (specify)	me and address of any political committee to s	Date of Receipt Date of Receipt
Dr. Robert W Schafermeyer Mailing Address 2932 Rock Springs Rd City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas Medical Center Receipt For: Primary General	NC 28226-7350 C Occupation Emergency Physician Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas Medical Center Receipt For: Primary General	NC 28226-7350 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Carolinas Medical Center Receipt For: Primary General	Occupation Emergency Physician Aggregate Year-to-Date	
Receipt For: Primary General General	Occupation Emergency Physician Aggregate Year-to-Date ▼	500.00
Receipt For: Primary General	Emergency Physician Aggregate Year-to-Date ▼	
Primary General		
Full Name (Last, First, Middle Initial) Dr. Arlo F Weltge Mailing Address		Date of Receipt
5213 Valerie St		07 30 2007
City	State Zip Code	Transaction ID: 21012893
Bellaire	TX 77401-4826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer UT Med School Houston	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James Michael Cogbill, Jr		Date of Receipt
Mailing Address 2817 Witters St		07 007 2007
City	State Zip Code	Transaction ID: 21012914
<u>Saginaw</u>	MI 48602-3584	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Timberline Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	.	2500.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to cical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Julie Ann Gorchynski Mailing Address 13546 Peseta Ct City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer CHRSITUS Spohn Mem Hosp Receipt For: Primary General Other (specify)	State Zip Code TX 78418-6932 C Occupation Emergency Physician Aggregate Year-to-Date 465.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21012919 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Brien Alfred Barnewolt Mailing Address 68 Greenlawn Ave City Newton FEC ID number of contributing federal political committee. Name of Employer New England Med Ctr Receipt For: Primary General Other (specify)	State Zip Code MA 02459-1714 C Occupation Emergency Physician Aggregate Year-to-Date 583.31	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 21012922 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Dr. Frederick C Blum Mailing Address 1470 Point Marion City Morgantown FEC ID number of contributing federal political committee. Name of Employer RCB-HSC Receipt For: Primary General Other (specify)	State Zip Code WV 26508-1454 C Occupation Emergency Physician Aggregate Year-to-Date 583.31	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	266.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Benorts a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 13 / 275 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ashley E Booth		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3915 Riverside Av	e State Zip Code	Transaction ID: 21012924
<u>Jacksonville</u>	FL 32205-9336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Shands Jacksonville Educ	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Keith Thomas Borg		Date of Receipt
Mailing Address 145 Oyster Point F		07 30 7 2007
City Charleston	State Zip Code SC 29412-3632	Transaction ID: 21012925
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Med Univ of SC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Kahang Lee Chan		Date of Receipt
Mailing Address 3839 Brantley Place	ce Cir	07 30 YYYYY 2007
City	State Zip Code	Transaction ID: 21012926
<u>Apopka</u>	FL 32703-6855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kahang Lee Chan, MD, FACEP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 275 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. William Basil Felegi Mailing Address 731 Red Lion Way City Bridgewater FEC ID number of contributing federal political committee. Name of Employer Morristown Mem Hosp ED Receipt For:	State Zip Code NJ 08807-1668 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher Mailing Address 79 Lakeside Green	750.00	Date of Receipt 0 7 3 0 2 0 0 7
City The Woodlands FEC ID number of contributing federal political committee. Name of Employer Greater Houston Emer Phys Receipt For: Primary General Other (specify)	State Zip Code TX 77382-2078 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Transaction ID: 21012928 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Diana L Fite Mailing Address PO Box 2029 City Waller FEC ID number of contributing federal political committee. Name of Employer Meth Willowbrook Hosp ED	State Zip Code TX 77484-2029 C	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		440.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Political	Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr. Kelly Foley			Date of Receipt
Mailing Address			07 30 YYYY 2007
City	State	Zip Code	Transaction ID: 21012930
Virginia Bch	VA	23455-6859	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Emer Phys of Tidewater	Occupation Emergen	n cy Physician	
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	595.00	
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt
Mailing Address 6836 Alexander Rd			07 30 7 2007
City	State	Zip Code	Transaction ID: 21012931
Charlotte	NC	28270-2804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer Carolinas Med Ctr ED	Occupation Emergen	o cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69	
Full Name (Last, First, Middle Initial) Dr. Mylissa Amy Graber			Date of Receipt
Mailing Address 7809 Trieste PI			07 30 7 2007
City	State	Zip Code	Transaction ID: 21012932
Delray Beach	FL	33446-4403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Coral Springs Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional))	226.67

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/2/5 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
National Emergency Medicine Politi	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Andrea L Green			Date of Receipt
Mailing Address 5 Twin Springs Dr	01-1-	75.00-15	07 30 2007
City <u>Arlington</u>	State TX	Zip Code 76016-4027	Transaction ID: 21012933 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Andrea L Green, MD, FACEP	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Mr. Brad Gruehn	l .		Date of Receipt
Mailing Address 207 Heather Glen R	d		07 30 7 2007
City Sterling	State VA	Zip Code	Transaction ID: 21012934
FEC ID number of contributing federal political committee.	C	20165-5824	Amount of Each Receipt this Period 50.00
Name of Employer Brad Gruehn	Occupation FEC	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Dr. J Brian Hancock			Date of Receipt
Mailing Address 4827 Pebworth PI			0 7 3 0 Y Y Y Y Y
City Saginaw	State MI	Zip Code 48603-9306	Transaction ID: 21012935 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Sterling Healthcare	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any pers the name and address of any political committee to cical Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Daniel G Hankins Mailing Address 9652 55th Ave NW		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21012936
Oronoco FEC ID number of contributing federal political committee.	MN 55960-2218	Amount of Each Receipt this Period 100.00
Name of Employer Mayo Clinic Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 800.00	
Full Name (Last, First, Middle Initial) Dr. David Peter John Mailing Address 20 Hartley St City	State Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
North Haven FEC ID number of contributing federal political committee.	CT 06473-4409	Amount of Each Receipt this Period 40.00
Name of Employer Middlesex Hosp ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Jay Kaplan Mailing Address 300 Oak Ave		Date of Receipt 0 7
City	State Zip Code	Transaction ID: 21012939
San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CA Emerg Phys Med Grp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional	· l)	240.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 18 / 275 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	ne name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Eric J Lavonas Mailing Address 507 Moncure Dr City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas Med Ctr ED MEB-3 Receipt For: Primary General Other (specify)	State Zip Code NC 28209-3458 C Occupation Emergency Physician Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. William Alan May Mailing Address 515 Overlook Terr City Cumberland FEC ID number of contributing federal political committee. Name of Employer Sacred Heart Hosp Receipt For: Primary General Other (specify)	State Zip Code MD 21502-1815 C Occupation Emergency Physician Aggregate Year-to-Date 583.31	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Michelle Marie McLean Mailing Address 1301 Glendale Ave City Saginaw FEC ID number of contributing federal political committee. Name of Employer Covenant Hithcre Emer Phys Grp Receipt For: Primary Other (specify)	State Zip Code MI 48638-4723 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	433.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 275 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	13 14 15 16 on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Polit	cal Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jacob Mark Meredith, III		Date of Receipt
Mailing Address 1231A Rt 532	7.01	07 30 2007
City <u>Chatsworth</u>	State Zip Code NJ 08019-9711	Transaction ID: 21012943
FEC ID number of contributing federal political committee.	C 08019-9711	Amount of Each Receipt this Period 100.00
Name of Employer Cmmty Med Ctr ED	Occupation Emergency Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. David L Meyers		Date of Receipt
Mailing Address 2301 Ken Oak Rd		07 / 30 / 4 2007
City	State Zip Code	Transaction ID: 21012944
Baltimore FEC ID number of contributing federal political committee.	MD 21209-4421	Amount of Each Receipt this Period 100.00
Name of Employer EmCare Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. John S Milne		Date of Receipt
Mailing Address 530 Wilderness Pea	ık Dr NW	07 30 7 2007
City Issaguah	State Zip Code WA 98027-5621	Transaction ID: 21012945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	l)	450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any persor the name and address of any political committee to second Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ira R Nemeth Mailing Address		Date of Receipt
3225 Turtle Creek Bl		07 30 2007
City Dallas	State Zip Code TX 75219-5457	Transaction ID: 21012946
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Ira R Nemeth, MD Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel Mailing Address 2300 N Black Oak D	ır	Date of Receipt 0 7 3 0 2 0 0 7
City	State Zip Code	Transaction ID: 21012947
Angola	IN 46703-8195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Professional Emerg Phys Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)		
Dr. Ernest Page, II Mailing Address 11030 Ullswater Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21012948
Windermere	FL 34786-5411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Florida Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional))	450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 21 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and address o	f any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Charles F Pattavina Mailing Address Fallon Clinic@Word 123 Summer St Ste City Worcester FEC ID number of contributing	170 State Zi MA 0	p Code 1608-1216	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) General	Occupation Emergency Ph Aggregate Year-t	•	250.00
Full Name (Last, First, Middle Initial) Dr. Lee E Payne Mailing Address 904 Luke St City Travis Afb FEC ID number of contributing		p Code 4535-1354	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Emergency Ph Aggregate Year-t	•	
Full Name (Last, First, Middle Initial) Dr. Ericka Powell Mailing Address 40 Lane Rd City Derry		ip Code 3038-4194	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer EmCare Receipt For: Primary General Other (specify)	Occupation Emergency Ph Aggregate Year-t	•	100.00
SUBTOTAL of Receipts This Page (optional)		433.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Alexander Max Rosenau		Date of Receipt
Mailing Address 1140 N Broad St		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 21012953
Allentown	PA 18104-2912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lehigh Valley Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Robert Craig Rosenbloom		Date of Receipt
Mailing Address PO Box 5101		07 30 2007
City	State Zip Code	Transaction ID: 21012954
Culver City	CA 90231-5101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer California Emerg Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. David William Ross		Date of Receipt
Mailing Address 15340 Raton Rd		07 30 7 2007
City	State Zip Code	Transaction ID: 21012955
Colorado Spgs	CO 80921-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Front EM Specialties Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	583.31	
SUBTOTAL of Receipts This Page (optional		583.33

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any person g the name and address of any political committee to stitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Scott Edward Rudkin		Date of Receipt
Mailing Address 6731 E Boscana C	Ct.	07 30 2007
City	State Zip Code	Transaction ID: 21012956
Orange	CA 92867-6406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ CA Irvine	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Curtis Clinton Sandy		Date of Receipt
Mailing Address 1711 Bachelor Cir		07 30 2007
City	State Zip Code	Transaction ID: 21012957
Pocatello FEC ID number of contributing federal political committee.	ID 83201-2265	Amount of Each Receipt this Period 83.33
Name of Employer Portneuf Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Dr. Gregory L Shangold		Date of Receipt
Mailing Address 66 Beacon Hill Dr		07 30 7 2007
City <u>Storrs</u>	State Zip Code CT 06268-2756	Transaction ID: 21012958 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Windham Hosp	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.03	
SUBTOTAL of Receipts This Page (option	nal)	416.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Penerts and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any persone name and address of any political committee to all Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ronald S Strony		Date of Receipt
Mailing Address 6660 Richardson Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21012959
<u>Fairview</u>	PA 16415-1654	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hamot Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. John Morris Swanson		Date of Receipt
Mailing Address 11580 Alpine View C	t	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21012960
Truckee	CA 96161-3229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Washoe Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Tom Werlinich		Date of Receipt
Mailing Address 2303 Oak Forest Cou	ırt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21012961
Arlington	TX 76012-4285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tom Werlinich	Occupation FEC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Gordon Wheeler Mailing Address ACEP 2121 K St NW Ste 3 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20037-1886	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Gordon Wheeler Receipt For: Primary General Other (specify) ▼	Occupation FEC Aggregate Year-to-Date 583.31	
Full Name (Last, First, Middle Initial) Dr. Amy S Archer Uyenishi Mailing Address 21387 Prescott Ct City Kildeer FEC ID number of contributing federal political committee.	State Zip Code IL 60047-8859	Date of Receipt M M / D D / Y Y Y Y Y O 7 3 0 2 0 0 7 Transaction ID: 21012963 Amount of Each Receipt this Period 83.33
Name of Employer Resurrection Med Ctr Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 583.31	
Full Name (Last, First, Middle Initial) Dr. Laura Ehrhardt Crim Mailing Address 757 Burnthouse Rd City Carlisle FEC ID number of contributing	State Zip Code PA 17015-7642	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional	l) >	266.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 275 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Suzanne E Johnson Mailing Address 4329 Gregory St		Date of Receipt 0 7 3 1 2 0 0 7
City Oakland FEC ID number of contributing federal political committee.	State Zip Code CA 94619-2238	Transaction ID: 21012979 Amount of Each Receipt this Period 100.00
Name of Employer Suzanne E Johnson, DO, FA- CEP Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Dr. Philip C Van Dongen Mailing Address 75 May Apple Ln City Martinsburg	State Zip Code WV 25403-1123	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Philip C Van Dongen, MD Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Linda L Lawrence Mailing Address 3397 Pebble Beach		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fairfield FEC ID number of contributing federal political committee.	State Zip Code CA 94534-8308	Transaction ID: 21013022 Amount of Each Receipt this Period 1000.00
Name of Employer 60 MDG/SGH Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 1000.00]
SUBTOTAL of Receipts This Page (optional)	1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any personal statements may not be sold or used by any personal name and address of any political committee to call Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jonathan G Newman Mailing Address 7405 Scottsdale Rd		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fairmont FEC ID number of contributing federal political committee.	State Zip Code WV 26554-7809	Transaction ID: 21013023 Amount of Each Receipt this Period 500.00
Name of Employer Jonathan G Newman, MD, FA- CEP Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Charles Scott Harris Mailing Address 7337 Lochhaven Ct City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Allentown FEC ID number of contributing federal political committee. Name of Employer Charles Scott Harris, MD, FACEP Receipt For: Primary General	PA 18106-9127 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Jason Allen Coffey Mailing Address	250.00	Date of Receipt
Tity Hickory FEC ID number of contributing federal political committee.	State Zip Code NC 28602-8963	7 0 6 2 0 0 7 Transaction ID: 21013041 Amount of Each Receipt this Period 100.00
Name of Employer Frye Reg Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 28 / 275 (check only one) X 11a 11b 11c 12
A 's formal's a so 's d form and Donate and	01-1	, ,	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Eric J Fete			Date of Receipt
Mailing Address 5680 Pine Valley Dr			08 08 2007
City	State	Zip Code	Transaction ID: 21233309
Zanesville	OH	43701-6874	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer EMP	Occupatio		
Receipt For:		ncy Physician	\dashv
Primary General	Aggregate	e Year-to-Date ▼	7
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. Edna Ruth Hill	•		Date of Receipt
Mailing Address	M ' M / D ' D / Y ' Y ' Y		
4500 Hemlock Cone	•		08 08 2007
City	State	Zip Code	Transaction ID: 21233310
Ellicott City	MD	21042-5937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Pyramid Group Inc	Occupatio	n ncy Physician	
Receipt For:	_ ' _ <u> </u>	e Year-to-Date ▼	
Primary General Other (specify) ▼	7 iggi ogali	300.00]
Full Name (Last, First, Middle Initial) Dr. Todd A Rogers			Date of Receipt
Mailing Address 102 Craborchard Pl			08 06 2007
City	State	Zip Code	Transaction ID: 21235780
Chapel Hill	NC	27514-9553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Durham Emer Phys PA	Occupatio Emerger	n ncy Physician	
Receipt For:	_ ' _ <u> </u>	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
SUBTOTAL of Receipts This Page (optional)			650.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 275 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and addre	ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard L Stennes Mailing Address 2533 Calle Del Oro	Chata	7in Code	Date of Receipt 0 8 0 3 2 0 0 7
City <u>La Jolla</u> FEC ID number of contributing federal political committee.	State CA	Zip Code 92037-2005	Transaction ID: 21236637 Amount of Each Receipt this Period 250.00
Name of Employer Richard L Stennes, MD, FA- CEP Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate Y	Physician ear-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Sidney M Fletcher Mailing Address 2148 Selwyn Ave City Charlotte	State NC	Zip Code 28207-2454	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Mid Atlantic Emer Med Assoc Receipt For: Primary General Other (specify)	Occupation Emergency		100.00
Full Name (Last, First, Middle Initial) Dr. Edward W Ferguson Mailing Address 7415 Byron PI City St Louis FEC ID number of contributing	State MO	Zip Code 63105-2967	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 6 2 0 0 7 Transaction ID: 21236913 Amount of Each Receipt this Period
Name of Employer St Anthonys Med Ctr	Occupation Emergency		250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·····	600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 275 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica			
Full Name (Last, First, Middle Initial) Dr. David C Packo			Date of Receipt
Mailing Address 4535 Dressler Rd NW	,		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21237417
Canton	OH	44718-2545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emer Med Phys	Occupatio Emerger	n ncy Physician	
Receipt For:	 	e Year-to-Date ▼	1
Primary General Other (specify) ▼	, iggi ogaic	1000.00	
Full Name (Last, First, Middle Initial) Dr. Dara Batki	-		Date of Receipt
Mailing Address 3341 Single Peak			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21237424
San Antonio	TX	78261-1817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Fort Duncan Med Ctr	Occupation Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel L Sullivan			Date of Receipt
Mailing Address 23146 Greenleaf Blvd			08 02 7 2007
City	State	Zip Code	Transaction ID: 21237457
<u>Elkhart</u>	IN	46514-4509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Elkhart Emer Phys	Occupation Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00]
SUBTOTAL of Receipts This Page (optional) .			1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 275 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	g the name and ado	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas E Benzoni Mailing Address 4343 Far Hills Rd			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sioux City	State IA	Zip Code	Transaction ID: 21237478
FEC ID number of contributing federal political committee.	C	51104-1030	Amount of Each Receipt this Period 500.00
Name of Employer Northwest Iowa Emerg Phys	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gary Gerard March Mailing Address			Date of Receipt
10643 Arbour Dr	Ctata	Zin Codo	08 06 2007
City Brighton	State MI	Zip Code 48114-9095	Transaction ID: 21244041 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	101110000	100.00
Name of Employer Providence Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Daniel J Hull			Date of Receipt
Mailing Address 32655 NE Corral C	reek Bd		08 06 YYYYY 2007
City	State	Zip Code	Transaction ID: 21244045
Newberg	OR	97132-7006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer St Vincent Medical Ctr		cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options	al)		700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	he name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John Thomas Molnar, Jr Mailing Address Briarcliffe Acres 23 South Gate Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State SC	Zip Code	Transaction ID: 21250160
Myrtle Bch FEC ID number of contributing federal political committee.	C	29572-5622	Amount of Each Receipt this Period 100.00
Name of Employer Carolina Hith Specialists		cy Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Michael Oliver Ashwood Mailing Address			Date of Receipt
8 Pumpkin Patch Rd	l State	Zip Code	0 8 1 7 2 0 0 7 Transaction ID: 21250716
Woodbridge	CT	06525-2523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer St Marys Hosp	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	-, '	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. William E Sotack			Date of Receipt
Mailing Address 5484 Skyline Dr			M M / D D / Y Y Y Y Y O O O O O
City	State	Zip Code	Transaction ID: 21253732
Schnecksville	PA	18078-2762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Berks Emerg Phys	Occupatio Emerger	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)			700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 275 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Raymond G Hart		Date of Receipt
Mailing Address 706 Colonel Anders		08 23 7 2007
City	State Zip Code	Transaction ID: 21256708
Louisville FEC ID number of contributing federal political committee.	KY 40222-5578	Amount of Each Receipt this Period 1000.00
Name of Employer Kieinert Inst	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Edward W Ferguson Mailing Address		Date of Receipt
7415 Byron Pl		08 23 2007
City	State Zip Code	Transaction ID: 21260030
St Louis	MO 63105-2967	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Anthonys Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Dr. Matthew Deibel		Date of Receipt
Mailing Address 4090 Morningside L	<u>_n</u>	0 8
City	State Zip Code	Transaction ID: 21292038
Saginaw	MI 48603-1185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Covenant Hithcre Emer Phys Grp	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	500.00	
OUDTOTAL of Descript This Description	al)	1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 275 (check only one) X 11a 11b 11c 12
	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Timothy Martin O'Toole		Date of Receipt
Mailing Address 2661 MacNaughter	n Rd NW	08 29 2007
City	State Zip Code	Transaction ID: 21292050
North Canton	OH 44720-9546	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Aultman Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Ericka Powell		Date of Receipt
Mailing Address 40 Lane Rd		08 / 30 / 1 2007
City	State Zip Code	Transaction ID: 21292062
Derry	NH 03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer EmCare	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. David William Ross	l	Date of Receipt
Mailing Address 15340 Raton Rd		08 30 7 2007
Calamada Caras	State Zip Code	Transaction ID: 21292064
Colorado Spgs	CO 80921-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Front EM Specialties Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
SUPTOTAL of Possista This Poss (ention	al)	683.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Curtis Clinton Sandy Mailing Address 1711 Bachelor Cir	Olute	7.0.4	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City Pocatello FEC ID number of contributing federal political committee.	State ID	Zip Code 83201-2265	Transaction ID: 21292150 Amount of Each Receipt this Period 83.33	
Name of Employer Portneuf Med Ctr Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date 666.64		
Full Name (Last, First, Middle Initial) Dr. David Charles Seaberg Mailing Address 9348 Royal Mounta			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Chattanagas	State	Zip Code	Transaction ID: 21292267	
Chattanooga FEC ID number of contributing federal political committee.	C	37421-2067	Amount of Each Receipt this Period 500.00	
Name of Employer Univ TN Colg of Med-Deans Ofc Receipt For: Primary General Other (specify) ▼		n acy Physician • Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr. Gregory L Shangold Mailing Address	<u> </u>		Date of Receipt	
66 Beacon Hill Dr			08 30 2007	
City Storrs	State CT	Zip Code 06268-2756	Transaction ID: 21292403 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	00200-27-50	83.33	
Name of Employer Windham Hosp	_ , 	ıcy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36]	
SUBTOTAL of Receipts This Page (optional	al))	666.66	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	and Statements may not be sold or used by any persong the name and address of any political committee to itical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Virgil W Smaltz Mailing Address 10 Saint Charles A City Wheeling FEC ID number of contributing federal political committee.	State Zip Code WV 26003-9382	Date of Receipt M M M / D D / Y Y Y Y Y O 8 3 0 2 0 0 7 Transaction ID: 21292568 Amount of Each Receipt this Period 250.00
Name of Employer Wheeling Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Mary Jo Wagner Mailing Address 5425 Nottingham Notity Saginaw FEC ID number of contributing	N State Zip Code MI 48603-2821	Date of Receipt M M
Receipt For: Primary Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr Gordon Wheeler Mailing Address ACEP 2121 K St NW Ste City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20037-1886	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Gordon Wheeler Receipt For: Primary General Other (specify) ▼	Occupation FEC Aggregate Year-to-Date 666.64	
SUBTOTAL of Receipts This Page (option	al)	583.33

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 275 (check only one) X
or fo	information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and addr	ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Or. Lee E Payne Mailing Address 904 Luke St City Travis Afb EC ID number of contributing ederal political committee. Jame of Employer David Grant Med Ctr Receipt For: Primary General Other (specify)	, ' 	Zip Code 94535-1354 y Physician year-to-Date ▼ 666.64	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21297755 Amount of Each Receipt this Period 83.33
3. <u>[</u>	Full Name (Last, First, Middle Initial) Or. Jeffrey R Nickel Mailing Address 2300 N Black Oak Dr City Angola FEC ID number of contributing ederal political committee. Jame of Employer Professional Emerg Phys nc Receipt For: Primary General Other (specify)	,	Zip Code 46703-8195 y Physician ∕ear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 3 0 2 0 0 7 Transaction ID: 21297756 Amount of Each Receipt this Period 100.00
F for C C C C C C C C C C C C C C C C C C C	Full Name (Last, First, Middle Initial) Dr. Michelle Marie McLean Mailing Address 1301 Glendale Ave City Saginaw EC ID number of contributing ederal political committee. Idame of Employer Covenant Hithcre Emer Phys Arp Receipt For: Primary General Other (specify)		Zip Code 48638-4723 y Physician rear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21301299 Amount of Each Receipt this Period 100.00
SU	BTOTAL of Receipts This Page (optional)			283.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	and Statements may not be sold or used by any person g the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William Alan May Mailing Address 515 Overlook Terr City Cumberland	State Zip Code MD 21502-1815	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Sacred Heart Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 666.64	83.33
Full Name (Last, First, Middle Initial) Dr. David Peter John Mailing Address 20 Hartley St City North Haven FEC ID number of contributing federal political committee. Name of Employer Middlesex Hosp ED Receipt For: Primary General Other (specify)	State Zip Code CT 06473-4409 C Occupation Emergency Physician Aggregate Year-to-Date 540.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Daniel G Hankins Mailing Address 9652 55th Ave NW City Oronoco FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: Primary General Other (specify)	State Zip Code MN 55960-2218 C Occupation Emergency Physician Aggregate Year-to-Date 900.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	223.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics National Emergency Medicine Politics	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Rd City Charlotte FEC ID number of contributing	State Zip Code NC 28270-2804	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 333.36	41.67
Full Name (Last, First, Middle Initial) Dr. Brent F Gardner Mailing Address 640 E Club Cir City Longwood FEC ID number of contributing federal political committee. Name of Employer Florida Emer Phys Receipt For:	State Zip Code FL 32779-2256 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21351518 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Angela F Gardner Mailing Address 1914 Fair Field Dr City	State Zip Code	Date of Receipt 0 8 3 0 2 0 0 7 Transaction ID: 21351617
Grapevine FEC ID number of contributing federal political committee.	TX 76051-7100	Amount of Each Receipt this Period 250.00
Name of Employer UTMB Univ of TX Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	l) >	791.67

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 275 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any personante name and address of any political committee to	13 14 15 16 16 17 16 17 16 17 16 17 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
Full Name (Last, First, Middle Initial) Dr. J Brian Hancock Mailing Address 4827 Pebworth PI City Saginaw FEC ID number of contributing federal political committee. Name of Employer Sterling Healthcare Receipt For: Primary General	State Zip Code MI 48603-9306 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21351650 Amount of Each Receipt this Period 250.00
Other (specify) Full Name (Last, First, Middle Initial) Dr. Kelly Foley Mailing Address 1133 Pond Cypress City	Dr State Zip Code	Date of Receipt M
Virginia Bch FEC ID number of contributing federal political committee. Name of Employer Emer Phys of Tidewater Receipt For:	VA 23455-6859 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 85.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Diana L Fite Mailing Address PO Box 2029 City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Waller FEC ID number of contributing federal political committee. Name of Employer Meth Willowbrook Hosp ED	TX 77484-2029 C Occupation	Amount of Each Receipt this Period 90.00
Meth Willowbrook Hosp ED Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 720.00	
SUBTOTAL of Receipts This Page (optional))	425.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 275 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any pers the name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher		Date of Receipt
Mailing Address 79 Lakeside Green City	State Zip Code	0 8 3 0 2 0 0 7 Transaction ID: 21351788
The Woodlands	TX 77382-2078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Greater Houston Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Kahang Lee Chan Mailing Address		Date of Receipt
3839 Brantley Place	Cir	08 30 2007
City	State Zip Code	Transaction ID: 21351834
Apopka	FL 32703-6855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kahang Lee Chan, MD, FACEP	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Frederick C Blum	l	Date of Receipt
Mailing Address 1470 Point Marion F	Rd	08 / 30 / 2007
City <u>Morgantown</u>	State Zip Code WV 26508-1454	Transaction ID: 21351874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer RCB-HSC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.64	
		283.33

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 275 (check only one) X
or for cor	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Natio	onal Emergency Medicine Political	Action Con	nmittee	
Dr. Br	lame (Last, First, Middle Initial) ien Alfred Barnewolt			Date of Receipt
	g Address 68 Greenlawn Ave			08 30 7 2007
City	ton	State MA	Zip Code	Transaction ID: 21351919
	ID number of contributing al political committee.	C	02459-1714	Amount of Each Receipt this Period 83.33
Name New	e of Employer England Med Ctr	Occupatio Emerger	n ncy Physician	
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
Dr. An	lame (Last, First, Middle Initial) ny S Archer Uyenishi	l		Date of Receipt
	g Address 21387 Prescott Ct			08 30 2007
City Kilde	oor	State IL	Zip Code 60047-8859	Transaction ID: 21351967 Amount of Each Receipt this Period
FEC I	ID number of contributing al political committee.	C	00047-0039	83.33
Name Resu	e of Employer rrection Med Ctr	Occupation Emerger	n ncy Physician	
	pt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 666.64	
	lame (Last, First, Middle Initial) mothy A Burrell			Date of Receipt
	g Address 5980 W State Rd 46			08 / 31 / 2007
City	un in est e un	State	Zip Code	Transaction ID: 21352330
FEC I	mington ID number of contributing al political committee.	C	47404-9359	Amount of Each Receipt this Period 250.00
Name Unity	e of Employer Phys Grp	Occupation Emerger	n ncy Physician	
	pt For: Primary General Other (specify) ▼	, · · · · · · ·	e Year-to-Date ▼ 250.00	
SUBTO		1		416.66

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 275 (check only one) X 11a
or for commercial p	oied from such Reports and Stat urposes, other than using the na MITTEE (In Full) rgency Medicine Political A	ame and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last Dr. Ryan J Hines Mailing Address City Huntersville FEC ID number federal political of		State NC	Zip Code 28078-3738	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employ Ryan J Hines , 1 Receipt For: Primary Other (spe	General		cy Physician Year-to-Date ▼ 500.00	
Full Name (Last Dr. Michael J Bre Mailing Address City Emerald Hills FEC ID number	1025 Wilmington Way	State CA	Zip Code 94062-4069	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 3 0 2 0 0 7 Transaction ID: 21371308 Amount of Each Receipt this Period 250.00
Name of Employ Mills Hosp Receipt For: Primary Other (spe	ger General	Occupation Emergen	n cy Physician Year-to-Date ▼ 250.00	
Full Name (Last Dr. M McKim Day Mailing Address City Bedford FEC ID number federal political of	3916 Welwyn Way	State TX	Zip Code 76021-2510	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21371427 Amount of Each Receipt this Period 500.00
Name of Employ Plaza Med Ctr of Receipt For: Primary Other (spe	General		n cy Physician Year-to-Date ▼ 500.00	
SUBTOTAL of Re	ceipts This Page (optional))	1250.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 275 (check only one) X 11a
or for comr	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) al Emergency Medicine Politica	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Marc	me (Last, First, Middle Initial) M Dreier Address			Date of Receipt
	295 Richards Rd		7' 0 1	08 30 2007
City <u>Ridge</u> v	wood	State NJ	Zip Code 07450-1009	Transaction ID: 21371551
FEC ID	number of contributing political committee.	C	07450-1009	Amount of Each Receipt this Period 500.00
	f Employer ley Hosp	Occupatio Emerger	n ncy Physician	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Dr. Edw	ne (Last, First, Middle Initial) in Yi-chaio Hsu Address			Date of Receipt
iviaiiiig	14740 SW 83rd PI			08 29 2007
City		State	Zip Code	Transaction ID: 21401891
<u>Village</u>	of Palmett	FL	33158-1975	Amount of Each Receipt this Period
	number of contributing political committee.	С		250.00
Edwin \	f Employer /i-chaio Hsu, MD	,	ncy Physician	
	ror: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Dr. Jose	ne (Last, First, Middle Initial) ph R Lex, Jr Address			Date of Receipt
iviaiiiig	4 Bryn Mawr Ave			08 29 2007
City	,	State	Zip Code	Transaction ID: 21401892
<u>Bala C</u>	Synwyd	PA	19004-3111	Amount of Each Receipt this Period
	number of contributing political committee.	С		500.00
	f Employer Univ Hosp	, ' 	ncy Physician	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTA	AL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45/2/5 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Patrick R Hayes			Date of Receipt
Mailing Address 716 Lindsey Marie L	n		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State OH	Zip Code 43235-3499	Transaction ID: 21401898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Riverside Methodist Hosp	Occupatio Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Matthew John McDevitt			Date of Receipt
Mailing Address 800 S Gaylord St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21401902
Denver FEC ID number of contributing federal political committee.	C	80209-4632	Amount of Each Receipt this Period 500.00
Name of Employer Carepoint PC	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Eric J Fete			Date of Receipt
Mailing Address 5680 Pine Valley Dr			08 29 2007
City Zanesville	State OH	Zip Code 43701-6874	Transaction ID: 21401903 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer EMP	Occupatio Emerger	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics National Emergency Medicine Politics National Emergency Medicine	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Alan Davidson, III Mailing Address 34 Bluff Ridge Ct City Greensboro FEC ID number of contributing federal political committee. Name of Employer Moses H Cone Mem Hosp Receipt For: Primary General	State Zip Code NC 27455-2298 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Gerald William Bortolazzo Mailing Address 5226 Old Mountain City Powder Springs FEC ID number of contributing federal political committee. Name of Employer Gerald William Bortolazzo, MD Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Richard Gray Lassiter Mailing Address 5626 W Spur Dr City Phoenix FEC ID number of contributing federal political committee. Name of Employer Del E Webb Hosp Receipt For: Primary General Other (specify)	State Zip Code AZ 85083-1263 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt M M O O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional	l) >	1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pe name and address of any political committee	
National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Stephen Timothy Holland		Date of Receipt
Mailing Address 15 Beach Ave		0 9 0 4 2 0 0 7
City	State Zip Code	Transaction ID: 21517755
Watertown	CT 06795-2001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	95.00
Name of Employer St Marys Hosp	Occupation Emergency Physician	
Receipt For:	Emergency Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	345.00	
Full Name (Last, First, Middle Initial) Dr. Robert Anthony Giles		Date of Receipt
Mailing Address 68 Tuxedo Rd		09 05 2007
City	State Zip Code	Transaction ID: 21517772
Montclair	NJ 07042-5042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clara Maass Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. James V Antinori		Date of Receipt
Mailing Address 3060 Oak Rim Ln		09 / 05 / 7 2007
City	State Zip Code	Transaction ID: 21517785
Park City	UT 84060-6803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer EPIC LLC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		695.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso dress of any political committee to	
National Emergency Medicine Political	Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr. Roger S Perry			Date of Receipt
Mailing Address 9074 Sunny Brea Cir			09 05 YYYY 2007
City	State	Zip Code	Transaction ID: 21519556
Sandy	UT	84093-2495	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer EPIC LLC	Occupation	o cy Physician	
Receipt For:		Year-to-Date $lacktrian$	
Primary General Other (specify) ▼	, iggregate	250.00	
Full Name (Last, First, Middle Initial) Dr. Alexander Max Rosenau			Date of Receipt
Mailing Address 1140 N Broad St			0 9 0 5 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21519557
Allentown	PA	18104-2912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Lehigh Valley Hosp	Occupation Emergen	cy Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David E Van Ryn			Date of Receipt
Mailing Address 51192 Stratford Dr			09 10 7 2007
City	State	Zip Code	Transaction ID: 21521264
<u>Elkhart</u>	IN	46514-9110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Elkhart Emer Phys	Occupation Emergen	cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and addr	not be sold or used by any perso ess of any political committee to	
National Emergency Medicine Politica	al Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr. Eric Daniel Katz			Date of Receipt
Mailing Address 1943 E Everett Dr			09 10 2007
City	State	Zip Code	Transaction ID: 21521267
Phoenix	AZ	85022-3939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Medpro Emer Phys	Occupation Emergence	y Physician	
Receipt For:	_ ' 	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. Dan Donnell	-1		Date of Receipt
Mailing Address 2804 Cactus Dr			09 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21521287
Edmond	OK	73013-7936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Midwest City Regional Hosp	Occupation Emergence	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James Matthew Fox			Date of Receipt
Mailing Address 2 Cherry Hurst Ln			0 9 1 0 7 Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21521289
Grosse Pointe Farm	MI	48236-3796	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emerg Med Spec PC	Occupation Emergence	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		1300.00

SCHEDULE A (F	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpose NAME OF COMMITT	es, other than using the name and a EE (In Full)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	cy Medicine Political Action Co	mmillee	
Full Name (Last, First, Dr. Luis Quintero	Middle Initial)		Date of Receipt
Mailing Address 3 V	Valnut Trace Ct		09 10 2007
City	State	Zip Code	Transaction ID: 21521306
Simpsonville	SC	29681-4769	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			250.00
Name of Employer Luis Quintero, MD, FA	ACEP Occupati	on ency Physician	
Receipt For:	Aggrega	te Year-to-Date ▼	
Other (specify)	General	250.00	
Full Name (Last, First, Dr. Marco Coppola	Middle Initial)		Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
	05 Waldon Ct	7ia Cada	09 11 2007
City <u>Colleyville</u>	State TX	Zip Code 76034-7319	Transaction ID: 21630451 Amount of Each Receipt this Period
FEC ID number of cor federal political commi	ntributing	1 1 1 1 1 1	1000.00
Name of Employer Questcare Med Svcs	Occupati Emerge	on ency Physician	
Receipt For:		te Year-to-Date ▼	
Other (specify)	General	1100.00	
Full Name (Last, First, Dr. Thomas W Graber	Middle Initial)		Date of Receipt
Mailing Address 293	360 Lake Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21630507
Bay Village	OH	44140-1321	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			100.00
Name of Employer Team Health Midwest	Occupati Emerge	on ency Physician	
Receipt For:	00 0	te Year-to-Date ▼	
Other (specify)	General	300.00	
SUBTOTAL of Receipts	This Page (optional)		1350.00
· ·	t page this line number only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Charles Henrichs Mailing Address 602 Red Oak Dr City Hendersonville FEC ID number of contributing federal political committee. Name of Employer Hendersonville Emer Consultant Receipt For:	_ ' _ <u> </u>	Zip Code 28791-1968 n ncy Physician e Year-to-Date ▼	Date of Receipt M M / D D / 2007 Transaction ID: 21630528 Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas W Lukens Mailing Address	0 0	1000.00	Date of Receipt
City Lakewood FEC ID number of contributing federal political committee. Name of Employer Metro Hith Med Ctr-Dept of EM Receipt For: Primary General Other (specify) ▼	_ · ~	Zip Code 44107-2411 n ncy Physician e Year-to-Date ▼ 523.00	Transaction ID: 21630530 Amount of Each Receipt this Period 261.00
Full Name (Last, First, Middle Initial) Dr. Jack Henry Mitstifer Mailing Address 4877 Squire Dr City Sagamore HIs FEC ID number of contributing federal political committee.	State OH	Zip Code 44067-3287	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21630533 Amount of Each Receipt this Period 1000.00
Name of Employer GEMS Receipt For: Primary General Other (specify) ▼	- 	nocy Physician e Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)			2261.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 275 (check only one) X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas Alfred Boyle			Date of Receipt
	Mailing Address 480 S Arlington Ave			09 18 7 2007
	City Elmhurst	State IL	Zip Code 60126-3919	Transaction ID: 21630942
	FEC ID number of contributing federal political committee.	C	00120-3919	Amount of Each Receipt this Period 200.00
	Name of Employer St James Hosp Olympia Flds	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Laurence J Gavin Mailing Address			Date of Receipt
	312 S Fairfield Rd			09 18 2007
	City	State PA	Zip Code	Transaction ID: 21630952
	Devon FEC ID number of contributing federal political committee.	C	19333-1633	Amount of Each Receipt this Period 365.00
	Name of Employer Presbyterian Med Ctr ED	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Robert Edward Leyrer			Date of Receipt
	Mailing Address 4571 Grassy Point Bl	LVD		09 18 2007
	City Port Charlotte	State FL	Zip Code 33952-9181	Transaction ID: 21630970 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3332 3101	500.00
	Name of Employer Peace River Reg Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1065.00
r	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Jarrad Neil Lifshitz Mailing Address 3737 Ashworth Dr Ur City Cincinnati	nit B State OH	Zip Code 45208-1825	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Jarrad Neil Lifshitz , MD Receipt For: Primary General Other (specify)	_ '	n ncy Physician e Year-to-Date ▼	300.00
Full Name (Last, First, Middle Initial) Dr. Bonnie B Matthaeus Mailing Address PO Box 7270 City Wilmington FEC ID number of contributing federal political committee. Name of Employer Med Ctr of Delaware ED Receipt For: Primary General Other (specify)	_	Zip Code 19803-0270 n ocy Physician e Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Eric Anthony Nazziola Mailing Address 17 Orchard Ln City Dallas FEC ID number of contributing federal political committee. Name of Employer Wilkes-Barre General Hospital Receipt For: Primary General Other (specify)	- 	Zip Code 18612-9093 n nocy Physician e Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			1400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 2/5 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic			
Full Name (Last, First, Middle Initial) Dr. Steven Victor Scalise			Date of Receipt
Mailing Address 681 Lookout Ridge D	r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Westerville	State OH	Zip Code 43082-8601	Transaction ID: 21630982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10002 0001	250.00
Name of Employer Immediate Hith Assoc Inc	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	- '	year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory M Smith			Date of Receipt
Mailing Address 10222 Questa Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wadsworth	State OH	Zip Code 44281-8864	Transaction ID: 21630987
FEC ID number of contributing federal political committee.	C	44201-0004	Amount of Each Receipt this Period 500.00
Name of Employer EMP	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert V Violante			Date of Receipt
Mailing Address 1056 University Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Palo Alto	State CA	Zip Code 94301-2236	Transaction ID: 21631060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Santa Clara Valley Med Ctr	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 250.00	
			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 275 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any personal the name and address of any political committee to ical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gary David Wright Mailing Address 7135 Sunset Ridge	Cir	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21631072
Springdale	AR 72762-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Washington Reg Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert Kec Mailing Address		Date of Receipt
1900 Paradise Ln		08 07 2007
City	State Zip Code	Transaction ID: 21632534
Prescott FEC ID number of contributing federal political committee.	AZ 86305-5284	Amount of Each Receipt this Period 200.00
Name of Employer RMK MD	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Suzanne Jean Martens Mailing Address		Date of Receipt
38 Lake Breeze Ln		08 31 2007
City	State Zip Code	Transaction ID: 21632535
Random Lake FEC ID number of contributing federal political committee.	WI 53075-1679	Amount of Each Receipt this Period 500.00
Name of Employer St Nicholas Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Possints This Poss (entions	l)	1700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	I Statements may not be sold or used by any personal Statements may not be sold or used by any personal Relation Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory J Bjerke Mailing Address 2973 Peterson Pkwy		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fargo FEC ID number of contributing federal political committee.	State Zip Code ND 58102-1752	Transaction ID: 21632538 Amount of Each Receipt this Period 200.00
Name of Employer Meritcare Med Ctr ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Dr. Patrick O'Brien Mailing Address 12800 High Oak Rd City	State Zip Code	Date of Receipt M M
Knoxville FEC ID number of contributing federal political committee. Name of Employer Box 43 UTMCK Receipt For: Primary General Other (specify) ▼	TN 37934-7443 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Dr. Sandra M Schneider Mailing Address 25 Stoneham Rd City Rochester FEC ID number of contributing	State Zip Code NY 14625-1912	Date of Receipt M M M O B O O O O O O Transaction ID: 21632542 Amount of Each Receipt this Period 1000.00
Name of Employer Univ of Rochester Schl of Med Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date	
SUBTOTAL of Receipts This Page (optional)		1400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to st tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas W Lukens Mailing Address 15503 Clifton Blvd City Lakewood FEC ID number of contributing federal political committee. Name of Employer Metro Hlth Med Ctr-Dept of EM	State Zip Code OH 44107-2411 C Occupation Emergency Physician	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21632543 Amount of Each Receipt this Period 262.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 262.00	
Full Name (Last, First, Middle Initial) Dr. Michael J Bresler Mailing Address 1025 Wilmington W City Emerald Hills FEC ID number of contributing federal political committee. Name of Employer Mills Hosp Receipt For:	Vay State Zip Code CA 94062-4069 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21632547 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Alan Richardson Mailing Address	500.00	Date of Receipt
7945 Hughes Rd City N Salem FEC ID number of contributing federal political committee.	State Zip Code IN 46165-9478 C	Transaction ID: 21632548 Amount of Each Receipt this Period 300.00
Name of Employer Emergency Medicine Specia- lists Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	l	812.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas L Dourmashkin Mailing Address 199 Maple Ridge Rd City Northampton FEC ID number of contributing federal political committee. Name of Employer Berkshire Med Ctr Receipt For: Primary General Other (specify)	State Zip Code MA 01062-9749 C Occupation Emergency Physician Aggregate Year-to-Date 250.20	Date of Receipt M M M D D D Y Y Y Y Y Transaction ID: 21638114 Amount of Each Receipt this Period 250.20
Full Name (Last, First, Middle Initial) Dr. James Medina Mailing Address 320 Waters Edge Dr City Lancaster FEC ID number of contributing federal political committee. Name of Employer Lancaster Emer Assoc Receipt For: Primary General Other (specify)	State Zip Code PA 17602-4698 C Occupation Emergency Physician Aggregate Year-to-Date 365.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Gregory Conway Risk Mailing Address 113 Arbon Ln City New Bern FEC ID number of contributing federal political committee. Name of Employer Craven Reg Med Ctr ED Receipt For: Primary General Other (specify)	State Zip Code NC 28562-8729 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 21639644 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		865.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 275 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso ress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr. Jim Anthony Comes			Date of Receipt
Mailing Address 247 Goshen Ave			09 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21649362
Clovis	CA	93611-7098	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Univ Med Ctr ED	Occupation	o cy Physician	
Receipt For:		Year-to-Date $lacktrian$	_
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Dr. Swen J Hilander	l		Date of Receipt
Mailing Address 210 Woodland Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21649377
Oconomowoc	WI	53066-2733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Swen J Hilander, MD	Occupation Emergen	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. Thomas C Kupka			Date of Receipt
Mailing Address 2454 S Paseo Loma Ci	ir		0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21649382
<u>Mesa</u>	AZ	85202-6443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Emergency Physicians Inc	Occupation Emergen	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			865.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 275 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persolress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr. Leonard M Riggs, Jr			Date of Receipt
Mailing Address 6815 Baltimore Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21649404
<u>Dallas</u>	TX	75205-1229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer EMCARE Inc	Occupation Emergen	oy Physician	
Receipt For:	 	Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) Dr. John B Moskow			Date of Receipt
Mailing Address 2201 Plumbrook D	r		09 12 2007
City	State	Zip Code	Transaction ID: 21650053
Austin	TX	78746-6233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Emer Svc Partners	Occupation Emergen	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Monica M McMillan			Date of Receipt
Mailing Address 4027 Sisteron Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21650058
Merced	CA	95348-9540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Med Ctr Merced	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 275 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	and Statements may not be sold or used by any person g the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven Kulick Mailing Address 13206 N Hawthorn	e Ct	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21650086
Mequon	WI 53097-1902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Emerg Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. John Skiendzielewski Mailing Address		Date of Receipt
1325 Red Ln		09 12 2007
City	State Zip Code	Transaction ID: 21650089
<u>Danville</u>	PA 17821-8416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Geisinger Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Brooks F Bock		Date of Receipt
Mailing Address	lone	0 9 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5764 Bloomfield G	State Zip Code	Transaction ID: 21650093
W Bloomfield	MI 48322-2501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Harper Univ Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	al)	1865.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 275 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person the name and address of any political committee to cical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. George Philip Lum Mailing Address 5959 Tamarisk Wa		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21650101
San Luis Obispo FEC ID number of contributing federal political committee.	CA 93401-8930	Amount of Each Receipt this Period 250.00
Name of Employer 105 Main St # 4 Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Amanda J Zopp Mailing Address 2120 Hastings Dr	1	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21650108
Charlotte FEC ID number of contributing federal political committee.	NC 28207-2426	Amount of Each Receipt this Period 1000.00
Name of Employer Cabarrus Emerg Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1100.00]
Full Name (Last, First, Middle Initial) Dr. Rolland S Olds Mailing Address PO Box 500		Date of Receipt 0 9 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 21764239
Point Clear	AL 36564-0500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Thomas Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any pers the name and address of any political committee t cal Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory Jon Smolin Mailing Address 3435 Pebble Ridge		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21764243
York FEC ID number of contributing federal political committee.	PA 17402-4349	Amount of Each Receipt this Period 250.00
Name of Employer EMP of York County LLC Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kevin Tishkowski Mailing Address 1351 Angela Dr W		Date of Receipt Date of Receipt 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 21764244
Saginaw FEC ID number of contributing federal political committee.	MI 48609-4262	Amount of Each Receipt this Period 250.00
Name of Employer Covenant Hithcre Emer Phys Grp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Neal A Kaforey Mailing Address		Date of Receipt
2271 Cross Creek T	rl	09 17 2007
City	State Zip Code	Transaction ID: 21764739
Cuyahoga Falls	OH 44223-1271	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kaiser Permanente Emerg	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gina M Abbruzzi Mailing Address 2123 River Chase Dr City Eden FEC ID number of contributing federal political committee. Name of Employer Morehead Memorial Hosp Receipt For: Primary General Other (specify)	State Zip Code NC 27288-9463 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21767867 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Thomas M Bell Mailing Address 626 Vista Dr City Tacoma FEC ID number of contributing federal political committee. Name of Employer Thomas M Bell, DO, FACEP Receipt For: Primary General Other (specify)	State Zip Code WA 98465-1421 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 21767869 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Craig D Boone Mailing Address 23845 State Rd 37 N City Noblesville FEC ID number of contributing federal political committee. Name of Employer EMGI Receipt For: Primary General Other (specify)	State Zip Code IN 46060-6960 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine P	s and Statements may not be sold or used by any peing the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Matthew N Dommer	onition Formittee	Date of Receipt
Mailing Address 9444 Maricopa		09 / 24 / 2007
City <u>Kalamozoo</u>	State Zip Code MI 49009-4961	Transaction ID: 21767880 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Southwestern MI Emer Svc PC Receipt For: Primary General	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gloria J Kuhn	1000.00	Date of Receipt
Mailing Address 30062 White Ha	l Dr	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State Zip Code	Transaction ID: 21767891
Farmington HIs FEC ID number of contributing federal political committee.	MI 48331-1994	Amount of Each Receipt this Period 400.00
Name of Employer Med Ctr Emer Svcs	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Michael E Whiting	-	Date of Receipt
Mailing Address 1224 Camino De		09 25 2007
City <u>Santa Fe</u>	State Zip Code NM 87505-0380	Transaction ID: 21770112 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northern New Mexico Emerg- ency	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (onti	onal)	1900.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 275 (check only one) X
or for comn	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full)	statements mage name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	al Emergency Medicine Political	I Action Con	nmittee	
Dr. Louis	ne (Last, First, Middle Initial) s-Marcel A Cesar			Date of Receipt
Mailing A	Address PO Box 180253			09 18 2007
City Delafie	ald	State WI	Zip Code 53018-0253	Transaction ID: 21770159
FEC ID	number of contributing political committee.	C	33016-0233	Amount of Each Receipt this Period 300.00
Name of Louis-M	f Employer larcel A Cesar, MD	Occupatio Emerger	n ncy Physician	
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Dr. Chris	ne (Last, First, Middle Initial) stopher C Steffy			Date of Receipt
Mailing A	1328 Sunset Dr			09 18 2007
City		State	Zip Code	Transaction ID: 21770179
	number of contributing political committee.	C	46807-2952	Amount of Each Receipt this Period 500.00
Name of Parkview	f Employer v Hosp	Occupatio Emerger	n ncy Physician	
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ne (Last, First, Middle Initial) M Dreier	1		Date of Receipt
Mailing A	Address 295 Richards Rd			09 / 24 / 2007
City		State	Zip Code	Transaction ID: 21774699
	number of contributing political committee.	NJ C	07450-1009	Amount of Each Receipt this Period 100.00
Name of The Val	f Employer ley Hosp	Occupatio Emerger	n ncy Physician	
	For: imary General ther (specify) ▼	, · · · · · ·	e Year-to-Date ▼ 600.00	
SURTOTA	AL of Receipts This Page (optional)	1		900.00

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 275 (check only one) X
or for commercial purposes NAME OF COMMITTE	s, other than using the name and	d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, I Dr. Rashid J Baddoura			Date of Receipt
	Heights Rd		09 24 2007
City	State NJ	'	Transaction ID: 21774749
Ridgewood FEC ID number of cont federal political committed	ributing	07450-2412	Amount of Each Receipt this Period 1000.00
Name of Employer Valley Hospital	Occup Emer	oation rgency Physician	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 1000.00	
Full Name (Last, First, In Dr. Irma E Nin Mailing Address	Middle Initial)		Date of Receipt
	N Beach Rd # B 421		09 24 2007
City	State	'	Transaction ID: 21782978
Englewood FEC ID number of cont federal political committed		34223-9000	Amount of Each Receipt this Period 500.00
Name of Employer Bon Secours Venice Ho	Occup Emer	pation rgency Physician	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 500.00	
Full Name (Last, First, I	Aiddle Initial)		Date of Receipt
	7 Mott-Smith Dr #1908		09 24 2007
City Honolulu	State HI	e Zip Code 96822-2830	Transaction ID: 21782979 Amount of Each Receipt this Period
FEC ID number of cont federal political committed	ributing	30022-2030	400.00
Name of Employer Queens Med Ctr Emerg Inc	Grp Occup	pation rgency Physician	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts	his Page (optional)		1900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any perso the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Andrew Prechtel Mailing Address 4238 Cantey PI City Charlotte FEC ID number of contributing federal political committee. Name of Employer MEMA Receipt For: Primary General	State Zip Code NC 28211-3401 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21782981 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Howard Willson Mailing Address 6105 Fremont Ave N City Seattle FEC ID number of contributing federal political committee. Name of Employer Howard Willson, MD Receipt For:	State Zip Code WA 98103-5646 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Dr. Mark Gordon Flammer Mailing Address 1691 N 200 W City Centerville FEC ID number of contributing federal political committee.	300.00 State Zip Code UT 84014-1160 C	Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer EPIC LLC Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Emergency Physician Aggregate Year-to-Date 365.00	915.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 275 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠	Full Name (Last, First, Middle Initial) Dr. Neil E Winston Mailing Address 1476C S Prairie Ave			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21783012
	Chicago	<u> </u>	60605-2884	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Neil E Winston, MD	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Suvir Philip Kovoor Mailing Address			Date of Receipt
	700 Muirwood Dr NE			09 28 2007
	City	State	Zip Code	Transaction ID: 21783023
	Warren	OH	44484-4136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Howland Surgery Ctr	,	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert H Potts, Jr			Date of Receipt
	Mailing Address PO Box 3319			09 28 2007
	City	State	Zip Code	Transaction ID: 21783026
	Copper Mountain	CO	80443-3319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Vail Valley Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee t	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. David Paul Ruby Mailing Address 1119 E LeMarche Ave City Phoenix FEC ID number of contributing federal political committee. Name of Employer David Paul Ruby, DO Receipt For: Primary General Other (specify)	State Zip Code AZ 85022-3136 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M C D D C D C D C D C D C D C D C D
Full Name (Last, First, Middle Initial) Dr. Lloyd J Gueringer, Jr Mailing Address 124 Chestnut St City Mandeville FEC ID number of contributing federal political committee. Name of Employer Louisiana Heart Hosp Receipt For: Primary General Other (specify)	State Zip Code LA 70471-3002 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M C 25 25 2007 Transaction ID: 21783032 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Lisa Dianne Hrutkay Mailing Address RR #1 Box 156 City Valley Grove FEC ID number of contributing federal political committee. Name of Employer EMSTAR OVMC Receipt For: Primary General Other (specify)	State Zip Code WV 26060-8910 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Julian L Kadish		Date of Receipt
Mailing Address 72 Reservoir St City	State Zip Code	M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Norton	MA 02766-2202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Milford Whitinsville Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael J Werdmann		Date of Receipt
Mailing Address 240 Porters Hill Rd		09 / 05 / 2007
City	State Zip Code	Transaction ID: 21788221
<u>Monroe</u>	CT 06468-2236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Bridgeport Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Beverly H Bauman		Date of Receipt
Mailing Address PO Box 3035		0 9 / 2 0 / Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21788251
Reno FEC ID number of contributing federal political committee.	NV 89505-3035	Amount of Each Receipt this Period 275.00
Name of Employer Beverly H Bauman, MD, FAC- EP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 275.00	
□ Other (specify) ♥		
SUBTOTAL of Receipts This Page (optional)		1275.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any perso g the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph J Calabro Mailing Address		Date of Receipt
15 Hance Rd		09 20 2007
City	State Zip Code	Transaction ID: 21788254
<u>Fair Haven</u>	NJ 07704-3206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	900.00
Name of Employer Phys Pract Enhancement	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Nathan P Watkins		Date of Receipt
Mailing Address 615 Williams St		09 / 20 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21788257
<u>Denver</u>	CO 80218-3641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Lutheran Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Robert W Kottman		Date of Receipt
Mailing Address 224 Canada Verde	St	09 / 26 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 21788259
San Antonio	TX 78232-1141	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer MedaPhase	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al) >	2100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 275 (check only one) X 11a
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may no e name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Comm	ittee	
۸.	Full Name (Last, First, Middle Initial) Dr. Hugh F Hill, III			Date of Receipt
	Mailing Address 6915 Radnor Rd			09 25 2007
	City Bethesda	State MD	Zip Code 20817-6328	Transaction ID: 21794285 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	1100.00
	Name of Employer John Hopkins Bayview Dept EM	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1100.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Thomas B Ramirez			Date of Receipt
	Mailing Address 7304 Ivycrest Place			09 / 25 / 2007
	City	State	Zip Code	Transaction ID: 21800882
	Annandale FEC ID number of contributing federal political committee.	C	22003-1657	Amount of Each Receipt this Period 200.00
	Name of Employer Silver Spring Emergency Physic	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Diane Sigrid Ruschke			Date of Receipt
	Mailing Address 1733 E 6400 S			09 25 2007
	City	State	Zip Code	Transaction ID: 21800885
	Salt Lake City FEC ID number of contributing federal political committee.	C	84121-2010	Amount of Each Receipt this Period 1000.00
	Name of Employer EPIC LLC	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	+ +	ear-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		2300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 74 / 275 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Patricia A Ryan Mailing Address		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
7040 E Soyaluna Pl City	State Zip Code	Transaction ID: 21800887
Tucson	AZ 85715-3342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Northwest Tucson Emerg Phy	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. William K Sheffield		Date of Receipt
Mailing Address 5703 S 950 E	State 7'n Code	09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Ogden	State Zip Code UT 84405-4983	Transaction ID: 21800892 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer EPIC LLC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. James G Sowards		Date of Receipt
Mailing Address 6531 N Greenwich P		09 25 2007
City	State Zip Code	Transaction ID: 21800895
Peoria	IL 61615-6627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CES	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	>	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pename and address of any political committee	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Dennis T Uehara		Date of Receipt
Mailing Address 5092 Crofton Dr		09 25 2007
City	State Zip Code	Transaction ID: 21800897
Rockford	IL 61114-5422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rockford Memorial Hosp ED	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Wesley Zeger		Date of Receipt
Mailing Address 290 Skyline Dr		0 9 2 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21800900
<u>Elkhorn</u>	NE 68022-1788	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ of NE Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	•
Full Name (Last, First, Middle Initial) Dr. Teresa M Rainone		Date of Receipt
Mailing Address 11 Tinker Bluff Ct		09 25 7 2007
City	State Zip Code	Transaction ID: 21800905
Setauket	NY 11733-4051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer J T Mather Hospital, ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 275 (check only one) X 11a
Any information copied from such R or for commercial purposes, other the NAME OF COMMITTEE (In Full National Emergency Medici	an using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Init Dr. Steven C Eccher Mailing Address 3808 Donald City Key West FEC ID number of contributing federal political committee. Name of Employer Steven C Eccher, MD, FACEP Receipt For: Primary General Other (specify)	State FL C Occupat Emerge	Zip Code 33040-4511 ion ency Physician te Year-to-Date ▼ 300.00	Date of Receipt M M M C D D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C
Full Name (Last, First, Middle Init Dr. Marc M Dreier Mailing Address 295 Richard City Ridgewood FEC ID number of contributing federal political committee. Name of Employer The Valley Hosp Receipt For: Primary General Other (specify)	State NJ C Occupat Emerge	Zip Code 07450-1009 ion ency Physician tte Year-to-Date ▼ 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21800908 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Init Dr. Jorge del Castillo Mailing Address 614 Knox Av City Wilmette FEC ID number of contributing federal political committee. Name of Employer Evanston Hosp Receipt For: Primary General Other (specify)	State IL C Occupat Emerge	Zip Code 60091-2117 ion ency Physician ate Year-to-Date ▼	Date of Receipt 0 9 25 2007 Transaction ID: 21800909 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page	(optional)		1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any persor the name and address of any political committee to stical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ben C Corballis Mailing Address 906 Greenhill Ave City Wilmington FEC ID number of contributing federal political committee. Name of Employer Drs for Emergency Service PA Receipt For: Primary General	State Zip Code DE 19805-2640 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 21800911 Amount of Each Receipt this Period 200.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David E Custodio Mailing Address 550 Oakmont Ln	300.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Aurora FEC ID number of contributing federal political committee. Name of Employer Summa Emer Assocd Inc Receipt For: Primary General Other (specify)	State Zip Code OH 44202-8596 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	Transaction ID: 21800932 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Amy S Archer Uyenishi Mailing Address 21387 Prescott Ct City Kildeer FEC ID number of contributing federal political committee. Name of Employer Resurrection Med Ctr Receipt For: Primary General Other (specify)	State Zip Code IL 60047-8859 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	0 0 0 0 0 0 0 0 0	383.37

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. Brien Alfred Barnewolt Mailing Address 68 Greenlawn Ave		Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Newton	State Zip Code MA 02459-1714	Transaction ID: 21809422		
FEC ID number of contributing federal political committee.	C 02433-1714	Amount of Each Receipt this Period 83.37		
Name of Employer New England Med Ctr	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.01			
Full Name (Last, First, Middle Initial) Dr. Frederick C Blum Mailing Address	-	Date of Receipt		
1470 Point Marion	0 9 2 9 2 0 0 7 Transaction ID: 21809594			
City	·			
Morgantown FEC ID number of contributing federal political committee.	C 26506-1454	Amount of Each Receipt this Period 83.37		
Name of Employer RCB-HSC	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.01			
Full Name (Last, First, Middle Initial) Dr. Kelly Foley		Date of Receipt		
Mailing Address 1133 Pond Cypress	s Dr	09 29 2007		
City	State Zip Code	Transaction ID: 21809719		
Virginia Bch	VA 23455-6859	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	85.00		
Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00			
		251.74		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 79 / 275 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) National Emergency Medicir	n using the name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initi Dr. Marsha D Ford Mailing Address 6836 Alexand City Charlotte	ler Rd State Zip	Code 270-2804	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	270-2804	Amount of Each Receipt this Period 41.63
Name of Employer Carolinas Med Ctr ED Receipt For: Primary General Other (specify) ▼	Emergency Phy Aggregate Year-to-		
Full Name (Last, First, Middle Initi Dr. Daniel G Hankins Mailing Address 9652 55th Av	e NW	Code	Date of Receipt M M D D Y Y Y Y Y Y Y
Oronoco FEC ID number of contributing federal political committee.	C	960-2218	Amount of Each Receipt this Period 100.00
Name of Employer Mayo Clinic Receipt For: Primary General Other (specify) ▼	Occupation Emergency Phy Aggregate Year-to-]
Full Name (Last, First, Middle Initi Dr. David Peter John Mailing Address 20 Hartley St		Code	Date of Receipt 0 9 2 9 2 0 0 7 Transaction ID: 21809906
North Haven FEC ID number of contributing federal political committee.	CT 064	473-4409	Amount of Each Receipt this Period 40.00
Name of Employer Middlesex Hosp ED	Occupation Emergency Physics		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 580.00	
SUBTOTAL of Receipts This Page	optional)		181.63

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 275 (check only one) X 11a
or for com	nation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) nal Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing City Travis FEC ID federal Name of David Of Receip	number of contributing political committee. of Employer Grant Med Ctr	_ <u> </u>	Zip Code 94535-1354 on ncy Physician e Year-to-Date ▼ 750.01	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21813300 Amount of Each Receipt this Period 83.37
Dr. Car Mailing City Yucai FEC ID federal Name of Carol F	o number of contributing political committee. of Employer Rogala, DO, FACEP		Zip Code 92399-5721 nn ncy Physician e Year-to-Date ▼ 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Dav Mailing City Colora FEC ID federal Name of Front E	ime (Last, First, Middle Initial) rid William Ross Address 15340 Raton Rd ado Spgs D number of contributing political committee. of Employer EM Specialties Inc t For: Orimary General Other (specify)		Zip Code 80921-2140 In acy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21813437 Amount of Each Receipt this Period 83.37
SUBTOT	AL of Receipts This Page (optional)			191.74

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 81 / 275 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politica	I Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Curtis Clinton Sandy			Date of Receipt
Mailing Address 1711 Bachelor Cir			09 / 29 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21813524
<u>Pocatello</u>	ID	83201-2265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.37
Name of Employer Portneuf Med Ctr	Occupation		
Receipt For:		ncy Physician e Year-to-Date ▼	\dashv
Primary General	Aggregate		7
Other (specify) ▼	0 0	750.01	
Full Name (Last, First, Middle Initial) Mr Gordon Wheeler	,		Date of Receipt
Mailing Address ACEP 2121 K St NW Ste 325	5		09 29 YYYYY 29 2007
City	State	Zip Code	Transaction ID: 21813600
Washington	DC	20037-1886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.37
Name of Employer Gordon Wheeler	Occupation FEC	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.01	
Full Name (Last, First, Middle Initial) Dr. Michelle Marie McLean			Date of Receipt
Mailing Address 1301 Glendale Ave			09 29 YYYY 2007
City	State	Zip Code	Transaction ID: 21813678
Saginaw	MI	48638-4723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Covenant Hithcre Emer Phys Grp	Occupation Emergen	n ncy Physician	
Receipt For:	, ' 	e Year-to-Date ▼	
Primary General Other (specify) ▼		800.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person the name and address of any political committee to st tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William Alan May Mailing Address 515 Overlook Terr City Cumberland FEC ID number of contributing federal political committee. Name of Employer Sacred Heart Hosp Receipt For: Primary General	State Zip Code MD 21502-1815 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21813787 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher Mailing Address 79 Lakeside Green City The Woodlands FEC ID number of contributing federal political committee. Name of Employer Greater Houston Emer Phys Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21814180 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr. Ericka Powell Mailing Address 40 Lane Rd City Derry FEC ID number of contributing federal political committee. Name of Employer EmCare Receipt For: Primary General Other (specify)	State Zip Code NH 03038-4194 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 21814267 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional	al)	283.33

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 275 (check only one) X
Any information copied from such Repor or for commercial purposes, other than to NAME OF COMMITTEE (In Full) National Emergency Medicine I	ts and Statements may not be sold or used by any personal sing the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory L Shangold Mailing Address 66 Beacon Hill City Storrs FEC ID number of contributing federal political committee. Name of Employer Windham Hosp Receipt For: Primary General	Dr State Zip Code CT 06268-2756 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Kahang Lee Chan Mailing Address 3839 Brantley F	416.69 Place Cir	Date of Receipt 0 9
City Apopka FEC ID number of contributing federal political committee. Name of Employer Kahang Lee Chan, MD, FACEP Receipt For: Primary General Other (specify)	State Zip Code FL 32703-6855 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Transaction ID: 21814443 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Michelle Grant Ervin Mailing Address 4014 Mansion I City Washington FEC ID number of contributing federal political committee. Name of Employer Washington Hosp Ctr Receipt For: Primary General	State Zip Code DC 20007-2147 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M O G O G O G O G O G O G O G O G O
Other (specify) ▼ SUBTOTAL of Receipts This Page (op	250.00 tional)	433.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 84 / 275 (check only one) X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and address of	f any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. John C Benanti Mailing Address 27 Duggan Dr			Date of Receipt M	
City <u>Framingham</u>	·	p Code 1702-6109	Transaction ID: 21905433 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		150.00	
Name of Employer South Shore Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Phy Aggregate Year-to			
Full Name (Last, First, Middle Initial) Dr. Amy Jill Snover Mailing Address 100 Rhoads Hill Rd	•		Date of Receipt 10 06 2007	
City	·			
Danville FEC ID number of contributing federal political committee.	PA 17	7821-9327	Amount of Each Receipt this Period 250.00	
Name of Employer Geisinger Med Ctr ED	Occupation Emergency Physical			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Robert T Malinowski	'		Date of Receipt	
Mailing Address 660 Norborne Ave	0: :	0.1	10 / 06 / 2007	
City Dearborn Hts		p Code 8127-3707	Transaction ID: 21905436 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1 1 1 1	1000.00	
Name of Employer Sinai Grace Hosp	Occupation Emergency Ph	ysician		
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to	o-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional	l)		1400.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. William W Colgate Mailing Address 4411 Bee Rdg Rd # 0 City Sarasota FEC ID number of contributing	State FL	Zip Code 34233-2514	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rederal political committee. Name of Employer William W Colgate, MD, FA- CEP Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 300.00	200.00
Full Name (Last, First, Middle Initial) Dr. Ann Marie Garritano Mailing Address 19001 Audette St City Dearborn FEC ID number of contributing federal political committee. Name of Employer Ann Marie Garritano, MD Receipt For: Primary General Other (specify)		Zip Code 48124-4275 n ncy Physician e Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y 2007 Transaction ID: 21905459 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Robert Eduard Suter Mailing Address 5926 St Marks Cir City Dallas FEC ID number of contributing federal political committee. Name of Employer Greater Houston Emer Phys Receipt For: Primary General Other (specify)	_ ' ' 	Zip Code 75230-4048 n ncy Physician e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21905460 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)			1450.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 275 (check only one) X
Any information copied from such Repor or for commercial purposes, other than to NAME OF COMMITTEE (In Full) National Emergency Medicine Is	ts and Statements may not be sold or used by any personsing the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David E Wilcox Mailing Address 57 Highwood D City S Glastonbury FEC ID number of contributing federal political committee. Name of Employer David E Wilcox, MD, FACEP Receipt For: Primary General	State Zip Code CT 06073-2907 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. William B Solik Mailing Address 3423 Nugent Bl City Columbus FEC ID number of contributing federal political committee.	Vd State Zip Code IN 47203-1607	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Emerg Physicians Inc Columbus Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Norman A Chapin Mailing Address 699 Mountain A City Purling FEC ID number of contributing federal political committee.	State Zip Code NY 12470-3508	Date of Receipt 10 03 2007 Transaction ID: 21910483 Amount of Each Receipt this Period 500.00
Name of Employer Columbia Emerg Services Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (op	tional)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Janet Eng		Date of Receipt
Mailing Address 3810 Royale Dr		10 03 2007
City	State Zip Code	Transaction ID: 21910487
<u>Holt</u>	MI 48842-9758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Eaton Rapids Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Diana L Fite		Date of Receipt
Mailing Address PO Box 2029		10 D / Y Y Y Y 1 O O O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: 21910489
Waller	TX 77484-2029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	
Full Name (Last, First, Middle Initial) Dr. William K Hawley		Date of Receipt
Mailing Address 368 N Lake Rd		10 D D / Y Y Y Y Y Y Y X 2007
City	State Zip Code	Transaction ID: 21910495
Birmingham	AL 35242-7014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Cherokee Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optiona	l)	365.00
TOTAL This Period (last page this line numl	·	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 275 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any per ne name and address of any political committee all Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Shabbir Kanji Mailing Address 6726 Keating Ave City Lincolnwood FEC ID number of contributing federal political committee. Name of Employer Good Shepherd Hosp ED Receipt For: Primary General Other (specify)	State Zip Code IL 60712-3306 C Occupation Emergency Physician Aggregate Year-to-Date 365.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Donald C Correll Mailing Address 38 Haverhill Dr City Jackson FEC ID number of contributing federal political committee. Name of Employer Jackson Madison Cty Gen Hosp Receipt For: Primary General Other (specify)	State Zip Code TN 38305-8506 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Michael Carrasco Mailing Address 7113 Falling Water L City Plano FEC ID number of contributing federal political committee. Name of Employer Med Ctr of Plano Receipt For: Primary General Other (specify)	n State Zip Code TX 75024-7497 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 610.01	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 21922946 Amount of Each Receipt this Period 510.01
SUBTOTAL of Receipts This Page (optional)		1175.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person are name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Kenneth P Schultheis		Date of Receipt
Mailing Address 3101 Fleur Dr		10 05 2007
City Des Moines	State Zip Code IA 50321-1709	Transaction ID: 21922967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30321-1709	100.00
Name of Employer Acute Care Inc	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Bradford J Bowls		Date of Receipt
Mailing Address 3219 Oberlin Ave		10 04 2007
City	State Zip Code	Transaction ID: 21922971
Orlando FEC ID number of contributing federal political committee.	FL 32804-3840	Amount of Each Receipt this Period 1000.00
Name of Employer FL Emerg Phys	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Paul Wahlheim		Date of Receipt
Mailing Address310 W Holly St		10 04 YYYY 2007
City	State Zip Code	Transaction ID: 21940632
Phoenix FEC ID number of contributing federal political committee.	AZ 85003-1117	Amount of Each Receipt this Period 250.00
Name of Employer EMPower Emerg Phys PC	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1350.00
TOTAL This Period (last page this line number	<u> </u>	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 275 (check only one) X
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	National Emergency Medicine Politica	l Action Con	nmittee	
. <u>D</u>	ull Name (Last, First, Middle Initial) or. Howard Willson Mailing Address			Date of Receipt
IV	6105 Fremont Ave N			09 25 2007
C	City	State	Zip Code	Transaction ID: 21940654
<u>s</u>	Seattle	WA	98103-5646	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		300.00
_	lame of Employer Howard Willson, MD	Occupatio Emerger	n ncy Physician	
R	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	600.00	
. <u>D</u>	ull Name (Last, First, Middle Initial) Dr. John Agee			Date of Receipt
N	failing Address 2507 Shannon Dr			10 09 2007
C	Sity	State	Zip Code	Transaction ID: 21941122
	/alparaiso	IN	46383-2447	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N L	lame of Employer Inity Phys Grp	Occupatio Emerger	n ncy Physician	
R	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	ull Name (Last, First, Middle Initial) Dr. James B Aiken			Date of Receipt
_	failing Address 81 Yosemite Dr			10 09 7 9 2007
	ity	State	Zip Code	Transaction ID: 21941123
_	New Orleans	LA	70131-8661	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
_ <u>E</u>	lame of Employer ames B Aiken, MD MHA FAC- :P	, ' <u> </u>	ncy Physician	
R	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
		1		

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any persong the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Luther Kristian Arnold Mailing Address 45 Lincoln St City Lexington FEC ID number of contributing federal political committee. Name of Employer Luther Kristian Arnold, MD, FACEP Receipt For: Primary General Other (specify)	State Zip Code MA 02421-6805 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21941124 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Dr. Bruce S Auerbach Mailing Address 8 Saddle Club Ro City Lexington FEC ID number of contributing federal political committee. Name of Employer Sturdy Mem Hosp Receipt For: Primary General Other (specify)	State Zip Code MA 02420-2115 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Brien Alfred Barnewolt Mailing Address 68 Greenlawn Av City Newton FEC ID number of contributing federal political committee. Name of Employer New England Med Ctr Receipt For: Primary General Other (specify)	e State Zip Code MA 02459-1714 C Occupation Emergency Physician Aggregate Year-to-Date 833.34	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21941130 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (option	nal)	1283.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 275 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph Bergen Mailing Address 173 Littleton Cnty R			Date of Receipt 10 09 7 2007
City Harvard	State MA	Zip Code 01451-1459	Transaction ID: 21941133 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	111111111111111111111111111111111111111	250.00
Name of Employer Emerson Hosp	_ '	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Frederick C Blum Mailing Address			Date of Receipt
1470 Point Marion F			10 09 2007
City <u>Morgantown</u>	State WV	Zip Code 26508-1454	Transaction ID: 21941138
FEC ID number of contributing federal political committee.	C	20300-14-34	Amount of Each Receipt this Period 83.33
Name of Employer RCB-HSC	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Dr. Ashley E Booth			Date of Receipt
Mailing Address 3915 Riverside Ave			10 09 2007
City	State	Zip Code	Transaction ID: 21941139
<u>Jacksonville</u>	FL	32205-9336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Shands Jacksonville Educ		y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional			583.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 275 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Keith Thomas Borg Mailing Address 145 Oyster Point Ro	DW State Zip Code	Date of Receipt 10 09 2007 Transaction ID: 21941141
Charleston FEC ID number of contributing federal political committee.	SC 29412-3632	Amount of Each Receipt this Period
Name of Employer Med Univ of SC Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 800.00	
Full Name (Last, First, Middle Initial) Dr. Theodore A Christopher Mailing Address Jefferson Emer Phy 239 Thompson Bldg City		Date of Receipt 10 09 2007 Transaction ID: 21941144
Philadelphia FEC ID number of contributing federal political committee.	PA 19107-5002	Amount of Each Receipt this Period 1000.00
Name of Employer Jefferson Emer Phys Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1000.00]
Full Name (Last, First, Middle Initial) Dr. L Anthony Cirillo Mailing Address 91 Woodridge Dr City	State Zip Code	Date of Receipt M M
Saunderstown FEC ID number of contributing federal political committee.	RI 02874-1943	Amount of Each Receipt this Period 250.00
Name of Employer Rhode Island Dept of Hith	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l) >	1350.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 275 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Emergency Medicine P	sing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert J Cox Mailing Address		Date of Receipt
817 Thomaston		10 09 2007
City	State Zip Code GA 30204-1729	Transaction ID: 21941157
Barnesville FEC ID number of contributing federal political committee.	GA 30204-1729	Amount of Each Receipt this Period 900.00
Name of Employer EmergiNet	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Dr. James Michael Cusick		Date of Receipt
Mailing Address 10309 E Lake Dr		10 09 2007
City Englewood	State Zip Code CO 80111-5499	Transaction ID: 21941160
FEC ID number of contributing federal political committee.	CO 80111-5499	Amount of Each Receipt this Period 1000.00
Name of Employer National Medical Director AMR	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Fred Dennis		Date of Receipt
Mailing Address	od D., Ch. 107	10 09 2007
22287 Mullhollar City	State Zip Code	Transaction ID: 21941167
Calabasas	CA 91302-5157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Fred Dennis, MD MBA FACEP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti	onal)	2400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to cical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Laurence R DesRochers Mailing Address 640 Harbor Rd City Brick FEC ID number of contributing federal political committee. Name of Employer Comm Med Ctr ER/OP Svcs Receipt For: Primary General Other (specify)	State Zip Code NJ 08724-4716 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jennifer Dow Mailing Address PO Box 1229 City Girdwood FEC ID number of contributing federal political committee. Name of Employer Alaska Reg Hosp Receipt For: Primary General Other (specify)	State Zip Code AK 99587-1229 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Kelly Foley Mailing Address 1133 Pond Cypress City Virginia Bch FEC ID number of contributing federal political committee. Name of Employer Emer Phys of Tidewater Receipt For: Primary General Other (specify)	S Dr State Zip Code VA 23455-6859 C Occupation Emergency Physician Aggregate Year-to-Date 850.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 21941179 Amount of Each Receipt this Period 85.00
SUBTOTAL of Receipts This Page (optional)b	1385.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Cai Glushak		Date of Receipt
Mailing Address 1432 W Catalpa Ave		10 09 2007
City	State Zip Code	Transaction ID: 21941180
Chicago	IL 60640-1212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AXA Assistance USA	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	350.00	
Full Name (Last, First, Middle Initial) Dr. Peggy E Goodman		Date of Receipt
Mailing Address 388 Claredon Dr		10 09 YYYYY 2007
City	State Zip Code	Transaction ID: 21941181
Greenville	NC 27858-5721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Brody SOM ECU ED	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Brad Gruehn		Date of Receipt
Mailing Address 207 Heather Glen Rd	I	10 09 7 2007
City Sterling	State Zip Code VA 20165-5824	Transaction ID: 21941184
FEC ID number of contributing federal political committee.	VA 20165-5824	Amount of Each Receipt this Period 50.00
Name of Employer Brad Gruehn	Occupation FEC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Daniel G Hankins Mailing Address 9652 55th Ave NW City Oronoco FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: Primary General Other (specify)	State Zip Code MN 55960-2218 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jay Kaplan Mailing Address 300 Oak Ave City San Anselmo FEC ID number of contributing federal political committee. Name of Employer CA Emerg Phys Med Grp Receipt For: Primary General Other (specify)	State Zip Code CA 94960-2703 C Occupation Emergency Physician Aggregate Year-to-Date 900.00	Date of Receipt M M / D D / Y Y Y Y Y 1 0 0 9 2 0 0 7 Transaction ID: 21941189 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Brian F Keaton Mailing Address 164 Silver Valley Blvd City Munroe Falls FEC ID number of contributing federal political committee. Name of Employer Summa Hith Syst Receipt For: Primary General Other (specify)	State Zip Code OH 44262-1084 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 9 2 0 0 7 Transaction ID: 21941195 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 98 / 275 (check only one)
TEMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial)			
Dr. Stuart Gary Kessler Mailing Address			Date of Receipt
30 Crossridge Cir City	State	Zip Code	1 0 0 9 2 0 0 7 Transaction ID: 21941196
Marlboro	NJ	07746-1963	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Elmhurst Hosp Ctr ED	Occupation	n cy Physician	
Receipt For:		Year-to-Date V	
Primary General Other (specify) ▼	Aggregate	400.00	
Full Name (Last, First, Middle Initial) Dr. Christine A Kletti	1		Date of Receipt
Mailing Address 14764 Rosewood Rd			10 09 2007
City	State	Zip Code	Transaction ID: 21941202
Prior Lake	MN	55372-1220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Hennepin Cty Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Scott Jason Korvek			Date of Receipt
Mailing Address 1212 Lakemont Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pittsburgh	State PA	Zip Code 15243-1874	Transaction ID: 21941203
Fittsburgh FEC ID number of contributing federal political committee.	C	13243-1074	Amount of Each Receipt this Period
Name of Employer Allegheny Gen Hosp	Occupation	n	+
	_ · · _ · _ ·	cy Physician	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
Other (specify)		600.00	
	1		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 275 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Eric J Lavonas		Date of Receipt
Mailing Address 507 Moncure Dr	Ohata 7'- Ohata	10 09 2007
City <u>Charlotte</u>	State Zip Code NC 28209-3458	Transaction ID: 21941212 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Carolinas Med Ctr ED MEB-3	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Dr. Kirk Lufkin		Date of Receipt
Mailing Address 21145 Rivendell Tr		10 09 2007
City	State Zip Code	Transaction ID: 21941278
Houghton	MI 49931-9034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Portage Hith Syst	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00]
Full Name (Last, First, Middle Initial) Dr. Matthew Lyon	-	Date of Receipt
Mailing Address 180 E Shoreline Dr		10 09 2007
City	State Zip Code	Transaction ID: 21941283
North Augusta	SC 29841-5405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Medical Coll of Georgia	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
CURTOTAL of Descipts This Dags (entirely	al)	725.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 275 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any pers g the name and address of any political committee to tical Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David S McClellan Mailing Address 311 W Wilson Ave	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Spokane	WA 99208-7224	
FEC ID number of contributing federal political committee.	C 99200-7224	Amount of Each Receipt this Period 250.00
Name of Employer Sacred Heart Med Ctr ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jacob Mark Meredith, III Mailing Address 1231A Rt 532		Date of Receipt 10 09 2007
City	State Zip Code	Transaction ID: 21941338
Chatsworth	NJ 08019-9711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Cmmty Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 783.33	
Full Name (Last, First, Middle Initial) Dr. David L Meyers Mailing Address 2301 Ken Oak Rd		Date of Receipt 1 0 0 9 2 0 0 7
City	State Zip Code	Transaction ID: 21941346
<u>Baltimore</u>	MD 21209-4421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EmCare Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	
SUBTOTAL of Receipts This Page (option	al)	1333.33

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	e (Check only one)
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by and the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr. John S Milne		Date of Receipt
Mailing Address 530 Wilderness F	eak Dr NW	10 09 2007
City Issaquah	State Zip Code WA 98027-5621	Transaction ID: 21941426 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	33
Full Name (Last, First, Middle Initial) Dr. Ira R Nemeth		Date of Receipt
Mailing Address 3225 Turtle Creek	Blvd Apt 134	10 / 09 / Y Y Y Y
City Dallas	State Zip Code TX 75219-5457	Transaction ID: 21941428
FEC ID number of contributing federal political committee.	C 73219-3437	Amount of Each Receipt this Period 100.00
Name of Employer Ira R Nemeth, MD	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
Full Name (Last, First, Middle Initial) Dr. Ernest Page, II		Date of Receipt
Mailing Address 11030 Ullswater L	.n	1 0 0 9 2 0 0 7
City Windermere	State Zip Code FL 34786-5411	Transaction ID: 21941429 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Florida Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
SUBTOTAL of Receipts This Page (option	nal)	433.33

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 275 (check only one) X
or for	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) lational Emergency Medicine Political	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ull Name (Last, First, Middle Initial)			
\. <u>D</u>	r. Lee E Payne lailing Address			Date of Receipt
_	904 Luke St	State	Zip Code	10 09 2007
	ravis Afb	CA	94535-1354	Transaction ID: 21941437 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		83.33
N D	ame of Employer avid Grant Med Ctr	Occupatio Emerger	n ncy Physician	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.34	
B. <u>D</u>	ull Name (Last, First, Middle Initial) r. Louise A Prince	1		Date of Receipt
_	lailing Address 1700 North Rd			10 09 7 2007
	ity	State	Zip Code	Transaction ID: 21941438
F	ully EC ID number of contributing deral political committee.	C	13159-9450	Amount of Each Receipt this Period 250.00
N S	ame of Employer UNY Upstate Med Univ ED	Occupatio Emerger	n ncy Physician	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	ull Name (Last, First, Middle Initial) r. Christopher R Pund			Date of Receipt
_	lailing Address 872 Golden Bell Pl			10 / 09 / Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: 21941440
F	exington EC ID number of contributing ederal political committee.	C	40515-1198	Amount of Each Receipt this Period 1000.00
<u>C</u>	ame of Employer phraim McDowell Reg Med tr	Occupatio Emerger	n ncy Physician	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
CITE	BTOTAL of Receipts This Page (optional) .	1		1333.33

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of saliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Date of Receipt Name of Employer Coupation Co	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Other (specify) ▼ Full Name (Last, First, Middle Initial) Description of Early State Special Specia	Dr. R Myles Riner Mailing Address 268 Princeton Ave City Mill Valley FEC ID number of contributing federal political committee. Name of Employer CA Emer Phys Med Grp Receipt For:	CA 94941-3544 C Occupation Emergency Physician	Transaction ID: 21941446 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial) Dr. Raymond Remo Rudoni Mailing Address 17115 Kings Fairway City Grand Blanc FEC ID number of contributing federal political committee.	Ln State Zip Code MI 48439-8675 C	Transaction ID: 21941458 Amount of Each Receipt this Period
Tity Danville PA 17821-8416 10 09 2007	Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼ 600.00	1325 Red Ln City Danville FEC ID number of contributing federal political committee. Name of Employer Geisinger Med Ctr	PA 17821-8416 C Occupation Emergency Physician	Transaction ID: 21941467 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Primary General Other (specify) ▼	600.00	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information cooled from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 104 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Virgil W Smaltz		Date of Receipt
Mailing Address 10 Saint Charles Ave		10 09 2007
City	State Zip Code	Transaction ID: 21941488
Wheeling	WV 26003-9382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Wheeling Hosp	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Richard L Stennes		Date of Receipt
Mailing Address 2533 Calle Del Oro		1 0 0 9 2 0 0 7
City	State Zip Code	Transaction ID: 21941520
<u>La Jolla</u>	CA 92037-2005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Richard L Stennes, MD, FA- CEP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Dr. Ronald S Strony		Date of Receipt
Mailing Address 6660 Richardson Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21941549
<u>Fairview</u>	PA 16415-1654	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Hamot Med Ctr ED	Occupation Emergency Physician]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.33	
SUBTOTAL of Receipts This Page (optional)	_	1333.33

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 275 (check only one) X
or for comm	tion copied from such Reports and Si ercial purposes, other than using the F COMMITTEE (In Full) al Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. David	e (Last, First, Middle Initial) F E Stuhlmiller ddress 2 Hillside Ave			Date of Receipt 10 09 2007
City	_	State	Zip Code	Transaction ID: 21941554
	number of contributing olitical committee.	NJ C	07940-2527	Amount of Each Receipt this Period 250.00
Receipt I	Employer fled Assoc For: mary General ner (specify)		n ncy Physician e Year-to-Date ▼	
	le (Last, First, Middle Initial) rew Sumner address 9708 Kenmore Dr			Date of Receipt 1 0 0 9 2 0 0 7
City	0,00	State	Zip Code	Transaction ID: 21941555
<u>Kensing</u>	gton	MD	20895-3231	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		800.00
Name of Sibley M	Employer em Hosp ED	Occupation Emergen	n ncy Physician	
	For: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00]
Full Nam Dr. Bradle Mailing A	address			Date of Receipt 1 0 0 9 2 0 0 7
City	255 Fairmount St	State	Zip Code	Transaction ID: 21941558
•	ore Lake	MI	48189-9581	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		250.00
Name of Univ Mic	Employer higan	Occupation Emergen	n acy Physician	7
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTA	L of Receipts This Page (optional)			1300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 275 (check only one) X 11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Matthew J Watson			Date of Receipt
	Mailing Address 1280 Longpointe Pass			10 09 7 2007
	City	State GA	Zip Code	Transaction ID: 21941560
	Alpharetta FEC ID number of contributing federal political committee.	C	30005-2284	Amount of Each Receipt this Period 900.00
	Name of Employer Matthew J Watson, MD, FAC- EP	Occupatio Emerger	ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 900.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Deborah E Weber			Date of Receipt
	Mailing Address 1420 Shawnee Trl			10 09 2007
	City	State	Zip Code	Transaction ID: 21941561
	Riverwood FEC ID number of contributing federal political committee.	C	60015-1631	Amount of Each Receipt this Period 900.00
	Name of Employer Lutheran Gen Hosp ED	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
— C.	Full Name (Last, First, Middle Initial) Mr Gordon Wheeler	1		Date of Receipt
	Mailing Address ACEP 2121 K St NW Ste 325			10 / 09 / 2007
	City Washington	State DC	Zip Code 20037-1886	Transaction ID: 21941564 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Gordon Wheeler	Occupation FEC	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.01	
s	BUBTOTAL of Receipts This Page (optional)	1		1900.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107/2/5 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Brian S Zachariah			Date of Receipt
Mailing Address 3606 Acorn Wood W	av		M M / D D / Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	State	Zip Code	Transaction ID: 21941565
Houston	TX	77059-3741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dept of Surgery ED	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael G Maxwell			Date of Receipt
Mailing Address 2222 Janet Dr			09 25 2007
City	State	Zip Code	Transaction ID: 21942683
<u>Jacksonville</u>	FL	32259-9284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer St Lukes Hosp	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
Full Name (Last, First, Middle Initial) Dr. Carla Elizabeth Murphy			Date of Receipt
Mailing Address 1196 Preserve Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21943833
Golden	CO	80401-7045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Emerg Svc Phys PC	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		250.00]

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persie name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. Robert K Anzinger		Date of Receipt
	Mailing Address 519 Edgewood PI	State Zip Code	10 10 2007
	City River Forest	State Zip Code IL 60305-1607	Transaction ID: 21944611 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Good Samaritan Hospital	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Brahim Ardolic		Date of Receipt
	Mailing Address 7 Hathaway Dr		10 10 7 2007
	City New Providence	State Zip Code NJ 07974-1632	Transaction ID: 21945275
	FEC ID number of contributing federal political committee.	C 0/9/4-1632	Amount of Each Receipt this Period 400.00
	Name of Employer Staten Island Univ Dept of EM	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Jerry Ray Balentine, Jr		Date of Receipt
	Mailing Address 237 Grace Church St		10 10 YYYYY 10 10 2007
	City	State Zip Code NY 10580-4217	Transaction ID: 21945984
	Rye FEC ID number of contributing federal political committee.	NY 10580-4217	Amount of Each Receipt this Period 250.00
	Name of Employer St Barnabas Hosp ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Г		1	900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 109 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Dr. Walter J Bradley		Date of Receipt
Mailing Address PO Box 39	7:01	10 10 2007
City Moline	State Zip Code IL 61266-0039	Transaction ID: 21945997
FEC ID number of contributing federal political committee.	C 61266-0039	Amount of Each Receipt this Period 250.00
Name of Employer Trinity Medical Center	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrea M Brault		Date of Receipt
Mailing Address Emergency Groups 444 E Huntington Di	r # 300	10 10 2007
City	State Zip Code	Transaction ID: 21945998
Arcadia FEC ID number of contributing federal political committee.	CA 91006-6258	Amount of Each Receipt this Period 350.00
Name of Employer Emergency Groups Office	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Michael L Carius		Date of Receipt
Mailing Address 75 Oak Bluff Ave		10 10 2007
City	State Zip Code	Transaction ID: 21946004
Stratford FEC ID number of contributing federal political committee.	CT 06615-7714	Amount of Each Receipt this Period 1000.00
Name of Employer Norwalk Hosp Emerg Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line numb	·	

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 275 (check only one) X
or for o	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) ttional Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr.	I Name (Last, First, Middle Initial) Cal Chaney iling Address ACEP PO Box 619911	State	Zip Code	Date of Receipt M
<u>Da</u> FE	cillas C ID number of contributing eral political committee.	TX C	75261-9911	Amount of Each Receipt this Period 250.00
	me of Employer EP ceipt For: Primary General Other (specify)	Occupatio FEC Aggregate	e Year-to-Date ▼ 250.00	
Ma	I Name (Last, First, Middle Initial) Mitchell B Cordover illing Address 14616 Adgers Wharf y nesterfield	State MO	Zip Code 63017-5606	Date of Receipt 10 10 21946008 Amount of Each Receipt this Period
fed Na Mit FA	C ID number of contributing eral political committee. me of Employer chell B Cordover, MD, CEP ceipt For: Primary General Other (specify)	, ·	n ncy Physician e Year-to-Date ▼ 300.00	200.00
Dr. Ma		State	Zip Code	Date of Receipt 1 0 1 0 2 0 0 7 Transaction ID: 21946011
FE	ouquerque C ID number of contributing eral political committee.	C	87107-5601	Amount of Each Receipt this Period 150.00
	me of Employer m Cutler ceipt For:	, ' 	n ncy Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	, iggi ogaic	250.00	
SUBT	TOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any persong the name and address of any political committee to olitical Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph S Fastow Mailing Address 7900 Wisconsin	Avo #406	Date of Receipt 1 0 1 0 2 0 0 7
City	State Zip Code	Transaction ID: 21952169
Bethesda	MD 20814-3634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Calvert Memorial Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Diana L Fite Mailing Address	 	Date of Receipt
PO Box 2029	Ctata Zin Cada	10 10 2007
City Waller	State Zip Code TX 77484-2029	Transaction ID: 21952172 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address		Date of Receipt
6836 Alexander F		10 10 2007
City Charlotte	State Zip Code NC 28270-2804	Transaction ID: 21952173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.99	
SUBTOTAL of Receipts This Page (option	onal)	1132.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any person the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael Joseph Gerardi Mailing Address 29 Heritage Ct City Randolph FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General	State Zip Code NJ 07869-3534 C Occupation Emergency Physician Aggregate Year-to-Date 684.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Michael Alfred Gibbs Mailing Address 16 Riverside Dr City Falmouth FEC ID number of contributing federal political committee. Name of Employer Maine Med Ctr ED Receipt For: Primary General	State Zip Code ME 04105-2109 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Tilliary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Theodore E Glynn Mailing Address 1715 Roseland Ave City East Lansing FEC ID number of contributing federal political committee. Name of Employer Phys Assoc PC Receipt For: Primary General	State Zip Code MI 48823-4760 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 21952188 Amount of Each Receipt this Period 250.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	1334.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any person the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mylissa Amy Graber Mailing Address 7809 Trieste Pl City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Coral Springs Med Ctr Receipt For: Primary General Other (specify)	State Zip Code FL 33446-4403 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 21952189 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Theresa Gunnarson Mailing Address 7460 Eagle Ridge	State Zip Code MN 55771-8473 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael G Guttenberg Mailing Address 71-18 Sutton PI # 2 City Fresh Meadows FEC ID number of contributing federal political committee. Name of Employer St Josephs Med Ctr	State Zip Code NY 11365-4135 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 250.00	500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert Heard Mailing Address 6007 Stefani Dr City Dallas FEC ID number of contributing federal political committee. Name of Employer Robert HeardCAE Receipt For: Primary General Other (specify)	State Zip Code TX 75225-1922 C Occupation FEC Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 21952206 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Larry Hobbs Mailing Address 12717 Brewster Dr City Ft Myers FEC ID number of contributing federal political committee. Name of Employer SW Florida Reg Med Ctr Receipt For: Primary General	State Zip Code FL 33908-1809 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 21952212 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. David Peter John Mailing Address 20 Hartley St City North Haven FEC ID number of contributing federal political committee. Name of Employer Middlesex Hosp ED Receipt For:	State Zip Code CT 06473-4409 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	680.00	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Coe separate seriodate(s)		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
National Emergency Medicine Politic	al Action Committee		
Full Name (Last, First, Middle Initial) Dr. Kevin M Kendall		Date of Receipt	
Mailing Address 5 Broad St City	State Zip Code	10 10 210F2216	
<u>Falmouth</u>	ME 04105-1504	Transaction ID: 21952216 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Central Maine Med Ctr ED	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Marvin Leibovich		Date of Receipt	
Mailing Address10618 Zuber Rd		10 10 7 2007	
City	State Zip Code	Transaction ID: 21952224	
Alexander FEC ID number of contributing federal political committee.	AR 72002-9002	Amount of Each Receipt this Period 1000.00	
Name of Employer Univ of AR for Med Sci	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial) Dr. Steven J Lipsky		Date of Receipt	
Mailing Address 6721 N 62nd St		10 10 7 2007	
City	State Zip Code AZ 85253-4309	Transaction ID: 21952226	
Paradise Valley FEC ID number of contributing federal political committee.	AZ 85253-4309	Amount of Each Receipt this Period 900.00	
Name of Employer Paradise Valley Emerg Phys	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)		2150.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	•	2130.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 116 / 275 (check only one) X 11a 11b 11c 12
Any information penied from quah Penerta an	Detailed Summary Page	13 14 15 16
or for commercial purposes, other than using	d Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Dr. Mark L Mackey		Date of Receipt
Mailing Address 1225 W Lexington S		M M / D D / Y Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1
City	State Zip Code	Transaction ID: 21952246
Chicago	IL 60607-4166	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ of IL C(H) - Room 16- 00	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) Dr. John B McCabe		Date of Receipt
Mailing Address 4447 Swissvale Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21952251
<u>Manlius</u>	NY 13104-9561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SUNY Upstate Medical Univ	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Y McConnell		Date of Receipt
Mailing Address 409 Old Landing Rd		M M / D D / Y Y Y Y Y Y 1 1 0 2 0 0 7
City	State Zip Code	Transaction ID: 21952253
Covington	LA 70433-4317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ochsner Clinic	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s for each category of the Detailed Summary Page)		FOR LINE NUMBER: PAGE 117 / 275 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Dennis Lucas McGill		Date of Receipt
Mailing Address 19 Camden Rd		10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21952256
Hillsborough	NJ 08844-3842	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Helmut W Meisl		Date of Receipt
Mailing Address 130 Stadler Dr		10 10 YYYYY 10 10 2007
City	State Zip Code	Transaction ID: 21953559
Woodside	CA 94062-4817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer CA Emer Phys Med Grp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. David James Mendelson		Date of Receipt
Mailing Address 4633 Post Oak Dr		M M / D D / Y Y Y Y Y Y 1 D D D D D D D D D D D D D
City	State Zip Code	Transaction ID: 21953560
Frisco	TX 75034-5130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EmCare, Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l))	1850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any perso the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel Mailing Address 2300 N Black Oak E City Angola	Or State Zip Code IN 46703-8195	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Professional Emerg Phys Inc	Occupation Emergency Physician	100.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 900.00	
Dr. David T Overton Mailing Address 2012 Timberview Di City Okemos FEC ID number of contributing	State Zip Code MI 48864-5998	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Martin Axel Reznek Mailing Address 6533 E Jefferson Av City Detroit FEC ID number of contributing	State Zip Code MI 48207-3881	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Detroit Receiving Hosp	Occupation Emergency Physician	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 2/5 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Paul F Robinson Mailing Address			Date of Receipt
6 Woodberry Ct	State	Zip Code	1 0 1 0 2 0 0 7 Transaction ID: 21967601
Little Rock	AR	72212-2740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer EM/Urgent Care Inc	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. David William Ross			Date of Receipt
Mailing Address 15340 Raton Rd			10 10 2007
City	State	Zip Code	Transaction ID: 21967604
Colorado Spgs	CO	80921-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Front EM Specialties Inc	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.01	
Full Name (Last, First, Middle Initial) Dr. Andrew Sama			Date of Receipt
Mailing Address 253 Dover Rd			10 10 2007
City	State	Zip Code	Transaction ID: 21967605
Manhasset	NY	11030-3709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer North Shore Univ Hosp	_ '	ıcy Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify) ▼		350.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any persor the name and address of any political committee to s cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David M Siegel Mailing Address 10 Hilltop Terr N City Red Bank FEC ID number of contributing federal political committee. Name of Employer David M Siegel, MD JD FAC-EP Receipt For: Primary General Other (specify)	State Zip Code NJ 07701-2417 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M J D D J 2007 Transaction ID: 21967608 Amount of Each Receipt this Period 900.00
Full Name (Last, First, Middle Initial) Dr. Robert C Solomon Mailing Address 214 Briar Path City Imperial FEC ID number of contributing federal political committee. Name of Employer Steel Vly Emer Phys Receipt For: Primary General Other (specify)	State Zip Code PA 15126-9686 C Occupation Emergency Physician Aggregate Year-to-Date 583.31	Date of Receipt M M J D D D Z D O T Transaction ID: 21967646 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Dr. Ted W Switzer Mailing Address 14719 Sir Huon St City San Antonio FEC ID number of contributing federal political committee. Name of Employer Ted W Switzer, MD, FACEP Receipt For: Primary General Other (specify)	State Zip Code TX 78248-1147 C Occupation Emergency Physician Aggregate Year-to-Date 1010.00	Date of Receipt M M J D D J Y Y Y Y Y Transaction ID: 21967744 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional))	1983.33

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 275 (check only one) X
or for commercial p	oied from such Reports and Sta urposes, other than using the n MITTEE (In Full) ergency Medicine Political A	ame and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last Dr. Robert Thom. Mailing Address City Portsmouth FEC ID number federal political of Name of Employ Naval Med Ctr/ Receipt For: Primary Other (spe	4009 Clipper Ln of contributing committee. ver Portsmouth General		Zip Code 23703-5302 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last Dr. Richard L Ver Mailing Address City LeClaire FEC ID number federal political of Genesis Med C Receipt For: Primary Other (spe	27889 Bowker Dr of contributing committee.		Zip Code 52753-9780 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last Dr. Gert-Paul Wa Mailing Address City Boxborough FEC ID number federal political of Employ Emerson Emer Receipt For: Primary Other (spe	71 Whitcomb Rd of contributing committee. ver Phys General		Zip Code 01719-2213 n cy Physician Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21968677 Amount of Each Receipt this Period 200.00
SUBTOTAL of Re	ceipts This Page (optional)			950.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 275 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Jo Linder Mailing Address 18 Stagecoach Rd City	State	Zip Code	Date of Receipt 1 0 1 1 2 0 0 7 Transaction ID: 21970605
	Falmuth FEC ID number of contributing federal political committee.	C	04105-2414	Amount of Each Receipt this Period 1000.00
	Name of Employer Maine Med Ctr ED Receipt For: Primary General Other (specify) ▼	,	n ncy Physician e Year-to-Date ▼ 1100.00	
3.	Full Name (Last, First, Middle Initial) Dr. Thomas Roland Magill Mailing Address 3304 Winnipeg Dr City	State	Zip Code	Date of Receipt M
	Bismarck FEC ID number of contributing federal political committee.	C	58503-0455	Amount of Each Receipt this Period 250.00
	Name of Employer St Alexius Med Ctr Receipt For: Primary General Other (specify)	, ' <u> </u>	n ncy Physician e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Sarah McCullough Mailing Address 3304 Winnipeg Dr City	State	Zip Code	Date of Receipt M
	Bismarck FEC ID number of contributing federal political committee.	ND	58503-0455	Amount of Each Receipt this Period 250.00
	Name of Employer St Alexius	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
[SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person the name and address of any political committee to st tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Wen Haw Liaw Mailing Address 10 Gum Tree Ln City Lafayette Hill FEC ID number of contributing federal political committee. Name of Employer N Philadelphia Hlth Syst Receipt For: Primary General Other (specify)	State Zip Code PA 19444-2432 C Occupation Emergency Physician Aggregate Year-to-Date 460.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 21973180 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr. Todd Curtis Rothenhaus Mailing Address 422 Huron Ave City Cambridge FEC ID number of contributing federal political committee. Name of Employer Boston Univ Med Ctr Receipt For: Primary General Other (specify)	State Zip Code MA 02138-2126 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Clifford J Fields Mailing Address 41 Exeter St City Providence FEC ID number of contributing federal political committee. Name of Employer Kent Hosp Receipt For: Primary General Other (specify)	State Zip Code RI 02906-3622 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M J D D D Z D O T Transaction ID: 21975408 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Beth Ellen Lapka Mailing Address 4600 S Deerfield Cir City	State Zip Code	Date of Receipt M M M
Sioux Falls FEC ID number of contributing federal political committee.	SD 57105-7057	Amount of Each Receipt this Period 250.00
Name of Employer Sioux Valley Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) Dr. Brian D Rempe Mailing Address 621 Centervue Rd City Bradfordwoods FEC ID number of contributing	State Zip Code PA 15015-1303	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) Dr. Allen L Roberts Mailing Address 9125 Benview Ct		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fort Worth FEC ID number of contributing federal political committee.	State Zip Code TX 76126-4305	Transaction ID: 21979264 Amount of Each Receipt this Period 250.00
Name of Employer EMC Ltd Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date	250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 275 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Peter Viccellio		Date of Receipt
Mailing Address 19 Valleywood Ct E City	State Zip Code	10 16 2007
St James	NY 11780-1112	Transaction ID: 22004735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ Hosp at Stony Brook ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Bruce S Whitman		Date of Receipt
Mailing Address 315 Londonderry Dr	Chata Zin Cada	10 16 2007
City	State Zip Code NC 28358-8316	Transaction ID: 22004833
Lumberton FEC ID number of contributing federal political committee.	NC 28358-8316	Amount of Each Receipt this Period 250.00
Name of Employer Southeastern Reg Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Dennis M Beck		Date of Receipt
Mailing Address 421 Rembrandt Rd		M M / D D / Y Y Y Y Y Y 1 1 7 2 0 0 7
City	State Zip Code	Transaction ID: 22005759
Boulder FEC ID number of contributing federal political committee.	CO 80302-9478	Amount of Each Receipt this Period 1000.00
Name of Employer Beacon Med Svcs	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126/2/5 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Dr. Gregory L Henry			Date of Receipt
Mailing Address 1850 Washtenaw A	ve		M M / D D / Y Y Y Y 1 1 1 1 7 2 0 0 7
City Ann Arbor	State MI	Zip Code 48104-3638	Transaction ID: 22005825
FEC ID number of contributing federal political committee.	C	40104-3030	Amount of Each Receipt this Period 1000.00
Name of Employer Emergency Phys Med Grp PC	Occupation Emergen	n cy Physician	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Bonnie B Matthaeus			Date of Receipt
Mailing Address PO Box 7270			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wilmington	State DE	Zip Code 19803-0270	Transaction ID: 22005998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Med Ctr of Delaware ED	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Keith T Ghezzi			Date of Receipt
Mailing Address 7218 Maxmore Cree	ek Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Easton	State MD	Zip Code 21601-7634	Transaction ID: 22006040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210017001	250.00
Name of Employer Inova Fairfax Hosp ED	Occupation Emergen	n cy Physician	7
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	_ , '	Year-to-Date ▼ 250.00	
	1		1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (circon only only)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	he name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Josh Simmons Mailing Address 608 S Ride City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Tallahassee FEC ID number of contributing federal political committee.	FL 32303-5136	Amount of Each Receipt this Period 250.00
Name of Employer Tallahassee Mem Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.	00
Full Name (Last, First, Middle Initial) Dr. Claud E Morgan Mailing Address 2261 Glen Mary Pl City Duluth	State Zip Code GA 30097-3715	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Gwinnett Emer Spec Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼	00
Full Name (Last, First, Middle Initial) Dr. Rebecca Leigh Holcomb Mailing Address 6031 Fairfax Rd City	State Zip Code	Date of Receipt M
Baxter FEC ID number of contributing federal political committee.	MN 56425-8509	Amount of Each Receipt this Period 250.00
Name of Employer Bronson Methodist Hosp Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.	00
SUBTOTAL of Receipts This Page (optional)		600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 275 (check only one) X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Gary Figge Mailing Address 8039 N Tuscany Dr			Date of Receipt 10 23 YYYYY 2007
	City Tucson FEC ID number of contributing federal political committee.	State AZ	Zip Code 85742-4348	Transaction ID: 22085238 Amount of Each Receipt this Period 100.00
	Name of Employer NW Med Ctr Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Phillip L Coule Mailing Address 165 McBride Rd City	State	Zip Code	Date of Receipt 10 24 2007 Transaction ID: 22085266
	Augusta FEC ID number of contributing federal political committee. Name of Employer	GA C Occupatio	30907-1682	Amount of Each Receipt this Period 250.00
	Name of Employer Med Col of GA ED Bldg AF2- 037 Receipt For: Primary General Other (specify) ▼	Emergen	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher Mailing Address 79 Lakeside Green			Date of Receipt 1 0 2 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 22085267
	The Woodlands FEC ID number of contributing federal political committee.	C	77382-2078	Amount of Each Receipt this Period 100.00
	Name of Employer Greater Houston Emer Phys Receipt For:		n ncy Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	33.134.0	600.00	
	SUBTOTAL of Receipts This Page (optional)			450.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel Mailing Address		Date of Receipt
2300 N Black Oak Dr		10 24 2007
City	State Zip Code	Transaction ID: 22085268
<u>Angola</u>	IN 46703-8195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Professional Emerg Phys Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. H Michael Webb		Date of Receipt
Mailing Address 801 Clemont Dr NE		10 24 2007
City	State Zip Code	Transaction ID: 22085271
Atlanta	GA 30306-3672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Spalding Regional Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. George W Molzen		Date of Receipt
Mailing Address 11 Grasslands Tr		10 26 YYYYY 2007
City	State Zip Code	Transaction ID: 22085287
Santa Fe	NM 87508-1316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Albuquerque Emerg Med Ass- oc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number of	· ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John Morris Swanson Mailing Address 11580 Alpine View Ct City Truckee FEC ID number of contributing federal political committee. Name of Employer Washoe Med Ctr Receipt For: Primary General Other (specify)	State Zip Code CA 96161-3229 C Occupation Emergency Physician Aggregate Year-to-Date 800.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Charles Bennett Cairns Mailing Address 2707 Creek Run Ct City Chapel Hill FEC ID number of contributing federal political committee. Name of Employer Duke Univ Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NC 27514-7452 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / 29 / 2007 Transaction ID: 22095399 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Timothy James Hall Mailing Address 1380 Woodhurst Dr City Rock Hill FEC ID number of contributing federal political committee. Name of Employer Piedmont Emerg Medicine Assoc Receipt For: Primary General Other (specify)	State Zip Code SC 29732-2082 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	2000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) National Emergency Medicine	rts and Statements may not be sold or used by any per- using the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr. J Stephen Bohan Mailing Address 7 Whitfield PI City Newport FEC ID number of contributing federal political committee. Name of Employer Brigham & Womens Hosp ED Receipt For: Primary General Other (specify)	State Zip Code RI 02840-2934 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial Dr. Kahang Lee Chan Mailing Address 3839 Brantley City Apopka FEC ID number of contributing federal political committee. Name of Employer Kahang Lee Chan, MD, FACEP Receipt For: Primary General	Place Cir State Zip Code FL 32703-6855 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial Dr. William Basil Felegi Mailing Address 731 Red Lion City Bridgewater FEC ID number of contributing federal political committee. Name of Employer Morristown Mem Hosp ED Receipt For: Primary General Other (specify) City City Bridgewater FEC ID number of contributing federal political committee.		Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (c	otional)	600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher		Date of Receipt
Mailing Address 79 Lakeside Green		10 30 2007
City	State Zip Code	Transaction ID: 22095450
The Woodlands	TX 77382-2078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Greater Houston Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. William Alan May		Date of Receipt
Mailing Address 515 Overlook Terr		10 30 2007
City	State Zip Code	Transaction ID: 22095466
Cumberland	MD 21502-1815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Sacred Heart Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	
Full Name (Last, First, Middle Initial) Dr. Michelle Marie McLean		Date of Receipt
Mailing Address 1301 Glendale Ave		10 30 2007
City	State Zip Code	Transaction ID: 22095467
Saginaw	MI 48638-4723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Covenant Hithcre Emer Phys Grp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00	
Care (appear)		
SUBTOTAL of Receipts This Page (optional)		▶ 283.33

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 275 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any person g the name and address of any political committee to sitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ericka Powell Mailing Address 40 Lane Rd City Derry FEC ID number of contributing federal political committee. Name of Employer EmCare	State Zip Code NH 03038-4194 C Occupation Emergency Physician	Date of Receipt M M / D D / Y Y Y Y Y 1 0 3 0 2 0 0 7 Transaction ID: 22095468 Amount of Each Receipt this Period 100.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Gregory L Shangold Mailing Address 66 Beacon Hill Dr City Storrs FEC ID number of contributing federal political committee.	State Zip Code CT 06268-2756	Date of Receipt M M A 2007 Transaction ID: 22095469 Amount of Each Receipt this Period 83.33
Name of Employer Windham Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.02	
Full Name (Last, First, Middle Initial) Dr. Thomas C Kupka Mailing Address 2454 S Paseo Lon City Mesa FEC ID number of contributing federal political committee.	na Cir State Zip Code AZ 85202-6443	Date of Receipt M M M / D D M 2007 Transaction ID: 22112448 Amount of Each Receipt this Period 100.00
Name of Employer Emergency Physicians Inc Receipt For: Primary Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	
	nal)	283.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 275 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr. John Joseph Reed, Jr		Date of Receipt
Mailing Address 2917 Hybart St	Chata 7's Cada	10 08 2007
City Fayetteville	State Zip Code NC 28303-5916	Transaction ID: 22112454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Cape Fear Valley Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Alan Moore Mailing Address		Date of Receipt
1200 Founders Lake	e Dr	10 08 2007
City	State Zip Code	Transaction ID: 22112481
Athens	GA 30606-7640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Athens Reg Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. William John Angelos		Date of Receipt
Mailing Address 490 Country Club D	r	10 11 2007
City	State Zip Code	Transaction ID: 22112506
McDermott	OH 45652-8807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Southern Ohio Medical Cen- ter	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
CUPTOTAL (D. 11 THE D. 11 H	l)	850.00

Powder Springs GA 30127-4341 Amount FEC ID number of contributing federal political committee. Name of Employer Gerald William Bortolazzo, MD Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Russ Braun Mailing Address 32B Hancock St City State Zip Code FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary General Occupation Emergency Physician C C C Date of M M M 1 0 Transact Amount C Full Name (Last, First, Middle Initial) Dr. Russ Braun C Date of M Amount FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ C Date of Mailing Address 1596 Whitetail Ln City State Zip Code Transact Date of M M M 1 0 Transact Transact Transact Date of M M M 1 0 Transact Transact Date of Transact Tran	NUMBER: PAGE 135 / 275 rone) 11b 11c 12 14 15 16 17
National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Dr. Gerald William Bortolazzo Mailing Address 5226 Old Mountain Ln City Powder Springs GA 30127-4341 FEC ID number of contributing federal political committee. Name of Employer Gerald William Bortolazzo, MD Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Russ Braun Mailing Address 32B Hancock St City San Francisco CA 94114-2620 FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Emergency Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gerard Walter pynkowski Mailing Address 1596 Whitetail Ln City Cedarburg WI 53012-8955 Transac Amount Date of M M M 10 Transac Amount Date of M M M M 10 Transac Amount Date of M M M M M M M M M M M M M M M M M M M	ose of soliciting contributions utions from such committee.
Mailing Address S226 Old Mountain Ln City Powder Springs GA 30127-4341 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Russ Braun Mailing Address 32B Hancock St City San Francisco FEC ID number of contributing federal political committee. C Name of Employer General Other (specify) ▼ State Zip Code Transact Amount Date of M M M M 10 Date of M M M M 10 Transact Amount Date of M M M M M M M M M M M M M M M M M M	
State Zip Code Powder Springs GA 30127-4341 FEC ID number of contributing federal political committee. Name of Employer Gerald William Bortolazzo, MD Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Pagregate Year-to-Date ▼ State Zip Code Emergency Physician Aggregate Year-to-Date ▼ State Zip Code Transac San Francisco CA 94114-2620 FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City State Zip Code Emergency Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City State Zip Code Transac The Code Transac Th	•
Powder Springs GA 30127-4341 Amount FEC ID number of contributing federal political committee. Name of Employer Gerard William Bortolazzo, MD Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Russ Braun Mailing Address 32B Hancock St City State Zip Code Transac San Francisco CA 94114-2620 FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City State Zip Code Transac Ca 94114-2620 FEUI Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City State Zip Code Transac Amount Date of M M M M M M M M M M M M M M M M M M	11 2007
FEC ID number of contributing federal political committee. Name of Employer Gerald William Bortolazzo, MD Receipt For: Primary General Other (specify) ▼ Page 32B Hancock St City State Zip Code Transac San Francisco FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary General Other (specify) ▼ State Zip Code Transac Amount CC State Zip Code San Francisco FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary General Other (specify) ▼ State Zip Code San Francisco FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary General Other (specify) ▼ State Zip Code Transac San Francisco Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City State Zip Code Transac San Francisco FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Emergency Physician Receipt For: Aggregate Year-to-Date ▼	tion ID: 22112507
MD Receipt For:	of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Russ Braun Mailing Address 32B Hancock St City San Francisco CA 94114-2620 FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City Cedarburg FEC ID number of contributing federal political committee. C Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City Cedarburg FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For: Aggregate Year-to-Date Occupation Emergency Physician Receipt For: Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	
Dr. Russ Braun Mailing Address 32B Hancock St City State Zip Code CA 94114-2620 FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City Cedarburg FEC ID number of contributing federal political committee. Name of Employer Cocupation Emergency Physician Date of M M M 1 0 Transac Amount Cedarburg FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For: Aggregate Year-to-Date ▼	
32B Hancock St City San Francisco CA 94114-2620 FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City Cedarburg FEC ID number of contributing federal political committee. State Zip Code Mi State Zip Code Transac Mi 10 Transac Aggregate Year-to-Date Mi 10 Transac Cedarburg C C Name of Employer Infinity HealthCare Inc Receipt For: Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	<u>'</u>
San Francisco CA 94114-2620 Amount FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City Cedarburg FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For: Aggregate Year-to-Date Toccupation Transact Amount C C C Amount Occupation Emergency Physician Amount Aggregate Year-to-Date Transact Amount Aggregate Year-to-Date Amount Aggregate Year-to-Date	11 / 2007
FEC ID number of contributing federal political committee. Name of Employer VPMA Mercy San Juan MC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City State Zip Code Cedarburg WI 53012-8955 Transac FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For: Aggregate Year-to-Date ▼ Date of Transac C C Causation Emergency Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	tion ID: 22112508
Receipt For: Primary Other (specify) Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City State Zip Code Transac Cedarburg WI 53012-8955 Amount FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For: Aggregate Year-to-Date	of Each Receipt this Period 50.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City State Zip Code Cedarburg WI 53012-8955 FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For: Aggregate Year-to-Date ▼	
Dr. Gerard Walter Dynkowski Mailing Address 1596 Whitetail Ln City Cedarburg FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For: Date of M M M 1 1 0 Transac Amount C Occupation Emergency Physician	
1596 Whitetail Ln City State Zip Code Transac Cedarburg WI 53012-8955 Amount FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For: Aggregate Year-to-Date ▼	Receipt
Cedarburg WI 53012-8955 Amount FEC ID number of contributing federal political committee. C Image: Committee of contributing federal political committee. C Name of Employer Infinity HealthCare Inc Occupation Emergency Physician Emergency Physician Receipt For: Aggregate Year-to-Date ▼	15 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc Receipt For: Occupation Emergency Physician Aggregate Year-to-Date ▼	tion ID: 22112527
Infinity HealthCare Inc Emergency Physician Receipt For: Aggregate Year-to-Date ▼	of Each Receipt this Period 250.00
39 - 3	
Other (specify) ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1300.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 275 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Franklin Daniel Pratt		Date of Receipt
Mailing Address 302 16th St		10 15 2007
City Santa Monica	State Zip Code CA 90402-2218	Transaction ID: 22112535 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer LA County Fire Dept	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Todd Curtis Rothenhaus		Date of Receipt
Mailing Address 422 Huron Ave		10 15 2007
City	State Zip Code	Transaction ID: 22112542
Cambridge FEC ID number of contributing federal political committee.	MA 02138-2126	Amount of Each Receipt this Period 250.00
Name of Employer Boston Univ Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Frederick M Schiavone		Date of Receipt
Mailing Address 31 Pagnotta Dr		10 15 7 9 9 9
City <u>Prt Jeff Sta</u>	State Zip Code NY 11776-4454	Transaction ID: 22112544
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer SUNY Stony Brook Dept EM	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	nal)	850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 275 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michelle M Curry Mailing Address		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
106 Creekside Ct City	State Zip Code	Transaction ID: 22112596
Greenwood	SC 29649-9540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Reg Hlth Care	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Rachel A English		Date of Receipt
Mailing Address 1825 N 74th St City	State Zip Code	1 0 1 5 2 0 0 7 Transaction ID: 22112599
<u>Wauwatosa</u>	WI 53213-2219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer St Michael Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Anthony Wayne Kitchen	l	Date of Receipt
Mailing Address 15 Henderson Ln		10 17 2007
City	State Zip Code	Transaction ID: 22113885
Williamstown	WV 26187-8301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Camden-Clark Memorial Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Edmundo R Mandac Mailing Address		Date of Receipt
36115 Sherwood Ln		17 2007
City	State Zip Code	Transaction ID: 22113887
Willoughby Hls	OH 44094-8484	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Edmundo R Mandac, MD	Occupation	
Receipt For:	Emergency Physician Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
Full Name (Last, First, Middle Initial) Dr. Steven C Eccher		Date of Receipt
Mailing Address 3808 Donald Ave		10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 22113895
Key West	FL 33040-4511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Steven C Eccher, MD, FACEP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Robert W Kugler	<u> </u>	Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
15 Independence Cir City	State Zip Code	Transaction ID: 22113904
Middlebury	CT 06762-3350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St Mary Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number of	· ·	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 275 (check only one) X 11a
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full) National Emergency Medicine Is	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kenneth V Iserson Mailing Address 4930 N Calle Factive Tucson FEC ID number of contributing federal political committee. Name of Employer Section of Emerg Med	State Zip Code AZ 85718-6351 C Occupation Emergency Physician	Date of Receipt 10 22 2 2007 Transaction ID: 22113909 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Charles Niziol Mailing Address 2815 Kings Fore City Kingwood FEC ID number of contributing federal political committee.	est Dr State Zip Code TX 77339-2450	Date of Receipt M M M
Name of Employer Laredo Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Gordon Dean Reed Mailing Address 10 Oak Knoll Ci City Newark FEC ID number of contributing federal political committee.	State Zip Code DE 19711-2490	Date of Receipt M M M
Name of Employer Doctors for Emer Svc Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	
	tional)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Com	nmittee	
Full Name (Last, First, Middle Initial) Dr. Sharon E Mace			Date of Receipt
Mailing Address 11961 Laurel Rd			10 23 2007
City	State	Zip Code	Transaction ID: 22113914
Chesterland	OH	44026-1757	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Cleveland Clinic ED	Occupation Emergen	n cy Physician	
Receipt For:	- 	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. Gregory Cannon	1		Date of Receipt
Mailing Address 129 Loch Pointe Dr			10 DD / YYYYY 10 24 2007
City	State	Zip Code	Transaction ID: 22113923
<u>Cary</u>	NC	27518-8418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Wake Emerg Phys	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William Bruce Watson			Date of Receipt
Mailing Address 107 E Burke Ave			10 24 2007
City	State	Zip Code	Transaction ID: 22113929
Towson	MD	21286-1118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Union Mem Hosp ED	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the Check only one)
Any or fo	information copied from such Reports and or commercial purposes, other than using the	Statements may not be sold or used e name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. James Michael Cusick		Date of Receipt
_	Mailing Address 10309 E Lake Dr		10 29 2007
	City Englewood	State Zip Code CO 80111-5499	Transaction ID: 22113943 Amount of Each Receipt this Period
ı	FEC ID number of contributing ederal political committee.	C	100.00
4	Name of Employer National Medical Director AMR Receipt For: Primary General Other (specify)		100.00
<u>.</u>	Full Name (Last, First, Middle Initial) Dr. Curtis James Hunter Mailing Address		Date of Receipt 10 29 2007
-	25826 Lewis Ranch F	d State Zip Code	Transaction ID: 22113946
	New Braunfels	TX 78132-2512	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	100.00
(Name of Employer Curtis James Hunter, MD, FACEP	Occupation Emergency Physician	
I	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
	Full Name (Last, First, Middle Initial) Dr. Steve R Souter	1	Date of Receipt
ı	Mailing Address 10255 S Loridan Ln		10 29 YYYY 2007
(City	State Zip Code	Transaction ID: 22113952
3	Sandy	UT 84092-4494	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	250.00
Ī	Name of Employer Steve R Souter, MD	Occupation Emergency Physician	
Ī	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	250.00
	BTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142/2/5 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may r the name and addre	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Comr	nittee	
Full Name (Last, First, Middle Initial) Dr. Mark S Kruger			Date of Receipt
Mailing Address PO Box 1209			10 09 7 2007
City Sanford	State FL	Zip Code 32772-1209	Transaction ID: 22113966 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer FL Emerg Phys	Occupation Emergence	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Stan R Stacy			Date of Receipt
Mailing Address 5506 E 108th St			10 22 7 2007
City Tulsa	State OK	Zip Code 74137-7295	Transaction ID: 22113967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	741077200	250.00
Name of Employer Stan R Stacy, DO, FACEP	Occupation Emergence	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David L Morgan			Date of Receipt
Mailing Address 236 Lakeview Rd			10 26 2007
City Eddy	State TX	Zip Code 76524-2518	Transaction ID: 22113968 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	, , , , , , , , , , , , , , , , , , , ,	1000.00
Name of Employer Scott & White Hosp	Occupation Emergence	y Physician	
Receipt For: Primary General Other (specify) ▼	_ , '	/ear-to-Date ▼	
	<u> </u>		2750.00

SCHEDULE A ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpo	ses, other than using the name a	nd address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, Fir Dr. Howard Willson Mailing Address City Seattle FEC ID number of cederal political com Name of Employer Howard Willson, MI	105 Fremont Ave N Sta W ontributing mittee. C	upation	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 22260731 Amount of Each Receipt this Period -300.00
Receipt For: Primary Other (specify	Agg General	ergency Physician regate Year-to-Date ▼ 300.00	DUPE CHARGE 9/24 & 9/25 REFUNDED CC ON 10/16
Full Name (Last, Fir Dr. Roger S Perry Mailing Address City Sandy FEC ID number of c federal political com	074 Sunny Brea Cir Sta UT ontributing	ate Zip Code Γ 84093-2495	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer EPIC LLC Receipt For: Primary Other (specify	Occi Eme Agg	upation ergency Physician regate Year-to-Date ▼	
Full Name (Last, Fir Dr. Ramanand V Pan Mailing Address City Freehold FEC ID number of of federal political com	Doe Dr Sta	•	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Jersey Shore Medic er Receipt For: Primary Other (specify	Agg General	upation ergency Physician regate Year-to-Date ▼ 250.00	
SUBTOTAL of Receip	ots This Page (optional)		50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each category Detailed Summa	y of the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	e name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard M McDowell Mailing Address 75-816 #D Hiona St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Holualoa FEC ID number of contributing federal political committee.	State Zip Code HI 96725-9601	Transaction ID: 22281872 Amount of Each Receipt this Period 900.00
Name of Employer Island Emer Med Svc Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date	000.00
Full Name (Last, First, Middle Initial) Dr. A Duane Selman Mailing Address 5205 Saratoga Ln City Arlington	State Zip Code TX 76017-1864	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer North Hills Hosp Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date	1000.00
Full Name (Last, First, Middle Initial) Dr. Vivian M Barsky Mailing Address 4463 Via Del Villetti I City Venice FEC ID number of contributing	State Zip Code FL 34293-7065	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 0 0 7 Transaction ID: 22282045 Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer Vivian M Barsky, DO Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date	500.00
SUBTOTAL of Receipts This Page (optional)		2400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Catherine L Carrubba Mailing Address 1002 Centerbrook Dr City Brandon FEC ID number of contributing federal political committee. Name of Employer TEAM Receipt For: Primary General Other (specify)	State Zip Code FL 33511-8016 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 22282052 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Lewis Kohl Mailing Address 279 Hawley Rd City N Salem FEC ID number of contributing federal political committee. Name of Employer Brookdale University Hosp ED Receipt For: Primary General Other (specify)	State Zip Code NY 10560-2603 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Kristzina L Morin Mailing Address PO Box 83 City Addison FEC ID number of contributing federal political committee. Name of Employer Down East Community Hosp Receipt For: Primary General Other (specify)	State Zip Code ME 04606-0083 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 275 (check only one) X
or f	y information copied from such Reports and or commercial purposes, other than using th NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)			
•	Dr. Michael L Callaham Mailing Address 62 Alta Vista			Date of Receipt 1 1 0 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 22282073
	Orinda	CA	94563-2036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Univ of CA	Occupation Emergen	n acy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Wayne C Hardwick			Date of Receipt
	Mailing Address 1675 Davis Ln			11 06 2007
	City	State	Zip Code	Transaction ID: 22282159
•	Reno FEC ID number of contributing federal political committee.	C	89511-7598	Amount of Each Receipt this Period 300.00
	Name of Employer Washoe Med Ctr	Occupation Emergen	n acy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. David L McCarty	1		Date of Receipt
	Mailing Address 1820 Salem St			11 06 2007
	City	State	Zip Code	Transaction ID: 22282161
	Mexico	MO	65265-1478	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer David L McCarty, MD, FACEP	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SL	JBTOTAL of Receipts This Page (optional) .	1		650.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 275 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Political	I Action Com	nmittee	
۸.	Full Name (Last, First, Middle Initial) Dr. Matthew E Tigchelaar			Date of Receipt
	Mailing Address 7024 N Broadway St			11 06 2007
	City	State	Zip Code	Transaction ID: 22282163
	Indianpolis	IN	46220-1070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St Vincent Hosp	Occupation Emergen	n acy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Roy G Belville			Date of Receipt
	Mailing Address 3129 Red Fern Dr NW			1 1 0 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 22528564
	Olympia	WA	98502-3288	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mason General Hosp	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Dr. Robert Kec			Date of Receipt
	Mailing Address 1900 Paradise Ln			1 1 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 22528568
	Prescott	AZ	86305-5284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer RMK MD	, ' 	icy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for eac	eparate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 148 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be so name and address of ar	old or used by any person ny political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Political	Action Committee		
Full Name (Last, First, Middle Initial) Dr. Mark Krich			Date of Receipt
Mailing Address 1820 E Claire Dr			M M / D D / Y Y Y Y Y 1 1 1 1 4 2007
City	State Zip C	ode	Transaction ID: 22528587
Phoenix	AZ 8502	2-3932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer EMPower Emerg Phys	Occupation Emergency Physi	cian	
Receipt For:	Aggregate Year-to-D		
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas McFarland			Date of Receipt
Mailing Address 5603 Martin Ave NE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip C	ode	Transaction ID: 22528602
Fort Payne	AL 3596	7-8146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Dekalb Baptist Med Ctr	Occupation Emergency Physi	cian	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	eate ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Patricia A Bayless			Date of Receipt
Mailing Address 7233 N 16th Ave			M M / D D / Y Y Y Y Y 1 1 1 6 2 0 0 7
City	State Zip C	code	Transaction ID: 22528616
Phoenix	AZ 8502	21-7921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Medpro Emer Phys	Occupation Emergency Physi	cian	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D		
SUBTOTAL of Receipts This Page (optional)			650.00

ITEMIZED F	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 275 (check only one) X
or for commercial	opied from such Reports and Si purposes, other than using the MMITTEE (In Full)	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ergency Medicine Political	Action Com	nmittee	
Dr. Joseph E Cl				Date of Receipt
Mailing Addres	6020 Pine Grove Rd			11 16 2007
City		State	Zip Code	Transaction ID: 22528618
<u>Edina</u>		MN	55436-1236	Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C		500.00
Name of Emplo Univ of MN Me of EM	oyer d Schl Dept	Occupation Emergen	n ncy Physician	
Receipt For:	Camanal	Aggregate	e Year-to-Date ▼	
Primary Other (sp	☐ General pecify) ▼		500.00	
Full Name (Las	st, First, Middle Initial) French			Date of Receipt
Mailing Addres				1 1 1 6 2 0 0 7
City	4125 N 63rd St	State	Zip Code	Transaction ID: 22528619
Scottsdale		AZ	85251-3009	Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C		500.00
Name of Emplo Maricopa Co D	oyer ept Pub Hith	Occupation Emergen	n ncy Physician	
Receipt For:	Conord	Aggregate	e Year-to-Date ▼	
Primary Other (sp	☐ General pecify) ▼		500.00	
Full Name (Las Dr. Gregory J M	st, First, Middle Initial) oran			Date of Receipt
Mailing Addres	s 2017 Sierra Pl			1 1 1 1 6 2 0 0 7
City	ZUIT OICHA FI	State	Zip Code	Transaction ID: 22528621
Glendale		CA	91208-2428	Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C		500.00
Name of Emplo Olive View/UC DEM	oyer LA Med Ctr,	Occupation Emergen	n ncy Physician	
Receipt For:		Aggregate	e Year-to-Date ▼	_
Primary Other (sp	☐ General pecify) ▼		500.00	
				1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Cor	nmittee	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Charles Niziol			Date of Receipt
	Mailing Address 2815 Kings Forest Dr			111 16 7 2007
	City Kingwood	State TX	Zip Code	Transaction ID: 22528622
	FEC ID number of contributing federal political committee.	C	77339-2450	Amount of Each Receipt this Period 250.00
	Name of Employer Laredo Med Ctr	Occupation Emerger	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Donald E Willman			Date of Receipt
	Mailing Address 13857 S Windcrest Ct			111 / 16 / 2007
	City Traverse City	State MI	Zip Code 49684-5577	Transaction ID: 22528624 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	+300+3377	500.00
	Name of Employer Emergency Consultants Inc	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
 c.	Full Name (Last, First, Middle Initial) Dr. Dolores McCarthy			Date of Receipt
	Mailing Address 322 Estate Point Rd			11 05 7 2007
	City Toms River	State NJ	Zip Code 08753-2064	Transaction ID: 22536436 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00730 2004	300.00
	Name of Employer Jersey Emerg Med Spec	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	. '	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1050.00
	FOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 151 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of a	old or used by any perso iny political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Robert V Violante Mailing Address 1056 University Ave City Palo Alto FEC ID number of contributing federal political committee. Name of Employer Santa Clara Valley Med Ctr	State Zip C CA 9430 C Occupation Emergency Phys		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-D	350.00	
Dr. Barry Dean Spoon Mailing Address 18565 Hwy AZ City Willow Spgs FEC ID number of contributing federal political committee. Name of Employer St Johns Regl HIth Ctr		Code 93-7938 iician	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 5 22536462 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-D	250.00	
Dr. Kurt J Wagner Mailing Address 605 Jefferson St City Hinsdale	•	Code 21-3844	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 0 9 22536495 Transaction ID: 22536495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C		250.00
Name of Employer Palos Emergency Med Serv Inc Receipt For: Primary General Other (specify)	Emergency Phys Aggregate Year-to-E		
SUBTOTAL of Receipts This Page (optional)		>	600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 2/5 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Com	nmittee	
Full Name (Last, First, Middle Initial) Dr. Karen J Alldredge			Date of Receipt
Mailing Address 6806 Mason Knob T	rl		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Roanoke	State VA	Zip Code 24018-6934	Transaction ID: 22536496 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21010 0001	250.00
Name of Employer Lewis Gale Clinic	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Penny Heather Ablin			Date of Receipt
Mailing Address PO Box 3844			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sonora	State CA	Zip Code 95370-3844	Transaction ID: 22543285 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	95570-5044	1000.00
Name of Employer Sonora Reg Med Ctr	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Joshua B Weil			Date of Receipt
Mailing Address 5791 De Soto Ct			1 1 2 7 2 0 0 7
City Santa Rosa	State CA	Zip Code 95409-7301	Transaction ID: 22543348
FEC ID number of contributing federal political committee.	C	95405-7501	Amount of Each Receipt this Period 200.00
Name of Employer Permanente Med Grp Kaiser Hosp		cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Larry Slaughter Mailing Address 509 Vieux Carre Ct City Columbia FEC ID number of contributing	State Zip Code MO 65203-0062	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) General	Occupation Emergency Physician Aggregate Year-to-Date 600.00	300.00
Full Name (Last, First, Middle Initial) Dr. Kahang Lee Chan Mailing Address 3839 Brantley Plac City Apopka FEC ID number of contributing federal political committee.	e Cir State Zip Code FL 32703-6855	Date of Receipt M M M / 29 2007 Transaction ID: 22544170 Amount of Each Receipt this Period 100.00
Name of Employer Kahang Lee Chan, MD, FACEP Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 700.00	
Full Name (Last, First, Middle Initial) Dr. Mary Jo Wagner Mailing Address 5425 Nottingham N City Saginaw		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Synergy Med Educ Alliance Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 750.00	250.00
SUBTOTAL of Receipts This Page (options	al)	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Gregory L Shangold		Date of Receipt
Mailing Address 66 Beacon Hill Dr		11 29 2007
City	State Zip Code	Transaction ID: 22544181
Storrs	CT 06268-2756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Windham Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	583.35	
Full Name (Last, First, Middle Initial) Dr. Ericka Powell		Date of Receipt
Mailing Address 40 Lane Rd		11 29 2007
City	State Zip Code	Transaction ID: 22544183
Derry	NH 03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer EmCare	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. J Brian Hancock		Date of Receipt
Mailing Address 4827 Pebworth PI		M M / D D / Y Y Y Y Y 1 1 1 2 9 2 0 0 7
City	State Zip Code	Transaction ID: 22544184
Saginaw	MI 48603-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sterling Healthcare	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)		433.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 275 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) Dr. Angela F Gardner Mailing Address 1914 Fair Field Dr			Date of Receipt 11 29 2007
	City	State	Zip Code	Transaction ID: 22544441
	Grapevine	TX	76051-7100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UTMB Univ of TX	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher Mailing Address			Date of Receipt
	79 Lakeside Green			11 29 2007
	City	State	Zip Code	Transaction ID: 22544442
	The Woodlands	TX	77382-2078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Greater Houston Emer Phys	,	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
	Full Name (Last, First, Middle Initial) Dr. Nancy J Auer			Date of Receipt
	Mailing Address 8517 SE 76th PI			11 27 2007
	City Margar Island	State WA	Zip Code	Transaction ID: 22544448
	Mercer Island FEC ID number of contributing federal political committee.	C	98040-5706	Amount of Each Receipt this Period 250.00
	Name of Employer Swedish Hosp Admin 1SW	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)	1		600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Martin J Landa Mailing Address 926 Deerwood Ct City Oneida FEC ID number of contributing federal political committee. Name of Employer Infinity Healthcare Receipt For: Primary General	State Zip Code WI 54155-8628 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / 27 / 2007 Transaction ID: 22544456 Amount of Each Receipt this Period 300.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John D Uphold Mailing Address 625 Gould Ter City Hermosa Beach FEC ID number of contributing federal political committee.	State Zip Code CA 90254-2240	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Beverly Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 600.00	
Full Name (Last, First, Middle Initial) Dr. John O Newcomb Mailing Address 15643 Compass Dr City Northport FEC ID number of contributing federal political committee.	State Zip Code AL 35475-3923	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 22545570 Amount of Each Receipt this Period 1000.00
Name of Employer First Care Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional	J)	1800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 275 (check only one) X
or f	y information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1.	Full Name (Last, First, Middle Initial) Dr. John B Moskow Mailing Address 2201 Plumbrook Dr City Austin FEC ID number of contributing federal political committee.	State TX	Zip Code 78746-6233	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Emer Svc Partners Receipt For: Primary General Other (specify)		on ncy Physician e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Regan Andre Schwartz Mailing Address 2446 Westminster Terr City Oviedo	State FL	Zip Code 32765-7503	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Florida Emerg Phys Receipt For: Primary General Other (specify)		on ncy Physician e Year-to-Date ▼	1000.00
.	Full Name (Last, First, Middle Initial) Dr. M McKim Davis Mailing Address 3916 Welwyn Way City Bedford FEC ID number of contributing federal political committee.	State TX	Zip Code 76021-2510	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 5 2 0 0 7 Transaction ID: 22545664 Amount of Each Receipt this Period 100.00
	Name of Employer Plaza Med Ctr of Ft Worth Receipt For: Primary General Other (specify) ▼		on ncy Physician e Year-to-Date ▼ 600.00	
SI	JBTOTAL of Receipts This Page (optional)			1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Donald J Steiner Mailing Address		Date of Receipt
1 S 702 Birchbrook Ct		11 15 2007
City	State Zip Code IL 60137-6880	Transaction ID: 22545665
Glen Ellyn FEC ID number of contributing federal political committee.	IL 60137-6880	Amount of Each Receipt this Period
Name of Employer Good Samaritan Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. John D Moorehouse		Date of Receipt
Mailing Address 3349 Allendale Pl		1 1 2 1 2 0 0 7
City	State Zip Code	Transaction ID: 22545758
Montgomery	AL 36111-1634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Baptist Health	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Charles Myers Wasson		Date of Receipt
Mailing Address		1 1 2 1 2 0 0 7
City	State Zip Code	Transaction ID: 22545759
Orchard Lake	MI 48323-1516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Annapolis Hospital	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		1400.00
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any persong the name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bruce Sabatino Mailing Address		Date of Receipt
649 Saint Ives Wa		11 27 2007
City Monroe	State Zip Code GA 30655-1979	Transaction ID: 22545783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bruce Sabatino, MD	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Randy S Ellis Mailing Address	1	Date of Receipt
PO Box 12158	Otata 7in Oada	11 28 2007
City El Paso	State Zip Code TX 79913-0158	Transaction ID: 22545797 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Randy S Ellis, MD, FACEP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Daniel R Kowalzyk		Date of Receipt
Mailing Address 8145 Piute Trl		11 28 2007
City	State Zip Code	Transaction ID: 22545800
Tinle Park	IL 60477-6522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St Francis Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 275 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Matthew J Walsh		Date of Receipt
Mailing Address5009 Virginia Ct NE		1 1 28 2007
City	State Zip Code	Transaction ID: 22545802
Rio Rancho	NM 87144-8636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Univ of New Mexico ER Dept	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	7
Full Name (Last, First, Middle Initial) Dr. Hugh H Hemsley, Jr		Date of Receipt
Mailing Address 12624 Chesdin Landir City	ng Dr State Zip Code	11 29 2007
<u>Chesterfield</u>	VA 23838-3231	Transaction ID: 22545810 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hugh H Hemsley Jr, MD, FA- CEP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Clare McCarthy	1	Date of Receipt
Mailing Address 1511 Highland Ave		M M / D D / Y Y Y Y Y Y 1 1 1 2 9 2 0 0 7
City	State Zip Code	Transaction ID: 22545812
Louisville	KY 40204-2044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Office of Chief Med Exami- ner	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	0 0 0 0 0 0 0 0	1100.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 275 (check only one) X 11a 11b 11c 12 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 Medicine Pol	and Statements may not be sold or used by any persong the name and address of any political committee to litical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kevin A Osgood Mailing Address 1781 Stonecliff Ct	State Zip Code	Date of Receipt M
Decatur FEC ID number of contributing federal political committee.	GA 30033-1402	Amount of Each Receipt this Period 250.00
Name of Employer Emory University Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Catherine Anna Marco Mailing Address 7129 Jamesford D		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Toledo FEC ID number of contributing federal political committee.	State Zip Code OH 43617-1370 C	Transaction ID: 22552204 Amount of Each Receipt this Period 1000.00
Name of Employer St Vincent Mercy Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Louis Walshak Mailing Address 17 Gereg Glen Rd City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Brookfield FEC ID number of contributing federal political committee.	CT 06804-1054	Amount of Each Receipt this Period 500.00
Name of Employer Danbury Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any persite name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	cal Action Committee	
Dr. Eric Wayne Jordan Mailing Address		Date of Receipt
6 Tuckahoe	State Zip Code	1 1 2 9 2 0 0 7 Transaction ID: 22552230
<u>Hattiesburg</u>	MS 39402-7789	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Eric Wayne Jordan, MD, FA- CEP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. William Charles Gerard		Date of Receipt
Mailing Address 364 Frick Ct		11 29 7 2007
City	State Zip Code	Transaction ID: 22552232
Chapin	SC 29036-8362	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Palmetto Hith Richland	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William Alan May		Date of Receipt
Mailing Address 515 Overlook Terr		11 29 7 2007
City Cumberland	State Zip Code MD 21502-1815	Transaction ID: 22552254
FEC ID number of contributing federal political committee.	MD 21502-1815	Amount of Each Receipt this Period 83.37
Name of Employer Sacred Heart Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.67	
		698.37

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 275 (check only one) X 11a
Any information copied from such or for commercial purposes, othe NAME OF COMMITTEE (In F. National Emergency Med.)	r than using the name and a -ull)	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dr. Clifford Erickson Mailing Address 5309 Ellin City Newburgh FEC ID number of contributing federal political committee. Name of Employer Clifford Erickson, MD, FA-CEP Receipt For: Primary Gener Other (specify)	State IN C Occupat Emerge Aggrega	Zip Code 47630-3170 dion ency Physician ate Year-to-Date ▼	Date of Receipt 1 1 2 9 2 0 0 7 Transaction ID: 22552255 Amount of Each Receipt this Period 85.00
Full Name (Last, First, Middle Dr. Virgil W Smaltz Mailing Address 10 Saint (Country Wheeling) FEC ID number of contributing federal political committee. Name of Employer Wheeling Hosp Receipt For: Primary Gener Other (specify)	State WV G Occupat Emerge Aggrega	Zip Code 26003-9382 ion ency Physician ate Year-to-Date ▼ 1000.00	Date of Receipt M M M / 29 / 2007 Transaction ID: 22552258 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Dr. Michelle Marie McLean Mailing Address 1301 Glet City Saginaw FEC ID number of contributing federal political committee. Name of Employer Covenant Hithcre Emer Phys Grp Receipt For: Primary Gener Other (specify)	State MI C Occupat Emerge Aggrega	Zip Code 48638-4723 ion ency Physician ate Year-to-Date	Date of Receipt M M M
SUBTOTAL of Receipts This Pa	age (optional)		435.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164/2/5 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher			Date of Receipt
Mailing Address 79 Lakeside Green			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>The Woodlands</u>	State TX	Zip Code 77382-2078	Transaction ID: 22552301 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Greater Houston Emer Phys	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Keith Thomas Borg	· I		Date of Receipt
Mailing Address 145 Oyster Point Ro	w		11 29 7 2007
City Charleston	State SC	Zip Code 29412-3632	Transaction ID: 22552306 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20412 0002	100.00
Name of Employer Med Univ of SC	Occupation	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Frederick C Blum			Date of Receipt
Mailing Address 1470 Point Marion R	ld		11 29 7 2007
City <u>Morgantown</u>	State WV	Zip Code 26508-1454	Transaction ID: 22552307 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer RCB-HSC	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.67	
SUBTOTAL of Receipts This Page (optional)	<u>'</u>		283.33

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 275 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	/ National Emergency Medicine Folitica	ACTION CON	mmuee	
A.	Full Name (Last, First, Middle Initial) Dr. Andrew I Bern			Date of Receipt
	Mailing Address 9846 NW 18th St			11 29 2007
	City	State	Zip Code	Transaction ID: 22552308
	Coral Springs FEC ID number of contributing federal political committee.	FL C	33071-5826	Amount of Each Receipt this Period 83.33
	Name of Employer Inphynet Team Hith	Occupatio		
	Receipt For:	,	ncy Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	266.66	
_ В.	Full Name (Last, First, Middle Initial) Dr. Brien Alfred Barnewolt			Date of Receipt
	Mailing Address 68 Greenlawn Ave			1 1 2 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 22552309
	Newton	MA	02459-1714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer New England Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 916.67	
_ C.	Full Name (Last, First, Middle Initial) Mr Gordon Wheeler			Date of Receipt
	Mailing Address ACEP 2121 K St NW Ste 325			11 29 7 2007
	City Washington	State DC	Zip Code 20037-1886	Transaction ID: 22552311 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000, 1000	100.00
	Name of Employer Gordon Wheeler	Occupation FEC	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 950.01	
	SUBTOTAL of Receipts This Page (optional)			266.66
r	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 275 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any person the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jay Kaplan Mailing Address 300 Oak Ave City San Anselmo FEC ID number of contributing federal political committee. Name of Employer CA Emerg Phys Med Grp Receipt For: Primary General Other (specify)	State Zip Code CA 94960-2703 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 29 2552313 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Scott Jason Korvek Mailing Address 1212 Lakemont Dr City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Allegheny Gen Hosp Receipt For: Primary General Other (specify)	State Zip Code PA 15243-1874 C Occupation Emergency Physician Aggregate Year-to-Date 700.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 9 2 2 0 0 7 Transaction ID: 22552314 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. John L Lyman Mailing Address 1500 Ridgeway Rd City Dayton FEC ID number of contributing federal political committee. Name of Employer Premier Hith Care Receipt For: Primary General Other (specify)	State Zip Code OH 45419-3008 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / 29 / 2007 Transaction ID: 22552315 Amount of Each Receipt this Period 75.00
SUBTOTAL of Receipts This Page (optional	l) >	275.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 275 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Dr. Robert C Solomon Mailing Address 214 Briar Path City Imperial	State Zip Code PA 15126-9686	Date of Receipt 1 1 2 9 2 0 0 7 Transaction ID: 22552316 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Steel Vly Emer Phys Receipt For: Primary General Other (specify)	C Occupation Emergency Physician Aggregate Year-to-Date ▼	83.33
	Full Name (Last, First, Middle Initial) Dr. Ronald S Strony Mailing Address 6660 Richardson Rd City Fairview FEC ID number of contributing	State Zip Code PA 16415-1654	Date of Receipt M M M 29 2007 Transaction ID: 22552317 Amount of Each Receipt this Period 83.33
	Name of Employer Hamot Med Ctr ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 916.66]
	Full Name (Last, First, Middle Initial) Dr. Jacob Mark Meredith, III Mailing Address 1231A Rt 532 City Chatsworth FEC ID number of contributing federal political committee.	State Zip Code NJ 08019-9711	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 9 2 0 0 7 Transaction ID: 22552322 Amount of Each Receipt this Period 83.33
	Name of Employer Cmmty Med Ctr ED Receipt For: Primary Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 866.66	
[SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	ge X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by ar	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli		
Full Name (Last, First, Middle Initial) Dr. John S Milne		Date of Receipt
Mailing Address 530 Wilderness Pe	ak Dr NW	1 1 2 9 2 0 0 7
City	State Zip Code	Transaction ID: 22552323
<u>Issaquah</u>	WA 98027-5621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	916.	66
Full Name (Last, First, Middle Initial) Dr. Ira R Nemeth		Date of Receipt
Mailing Address 3225 Turtle Creek	Blvd Ant 134	11 29 2007
City	State Zip Code	Transaction ID: 22552324
Dallas	TX 75219-5457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Ira R Nemeth, MD	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel	I	Date of Receipt
Mailing Address 2300 N Black Oak		11 29 2007
City	State Zip Code	Transaction ID: 22552325
Angola	IN 46703-8195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Professional Emerg Phys Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.	.00
		283.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any person the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lee E Payne		Date of Receipt
Mailing Address 904 Luke St		1 1 2 9 2 0 0 7
City	State Zip Code	Transaction ID: 22552326
Travis Afb	CA 94535-1354	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer David Grant Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.67	
Full Name (Last, First, Middle Initial) Dr. Daniel G Hankins		Date of Receipt
Mailing Address 9652 55th Ave NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 22552329
Oronoco	MN 55960-2218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Mayo Clinic	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr. Mylissa Amy Graber		Date of Receipt
Mailing Address 7809 Trieste PI		11
City <u>Delray Beach</u>	State Zip Code FL 33446-4403	Transaction ID: 22552330 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Coral Springs Med Ctr	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional))	283.33

or for commercial purposes, other than using t	Statements may not be sold or used by any perso	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic		n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Brad Gruehn Mailing Address 207 Heather Glen Ro		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 22552340
Sterling FEC ID number of contributing federal political committee.	VA 20165-5824	Amount of Each Receipt this Period 50.00
Name of Employer Brad Gruehn Receipt For: Primary Other (specify) ▼	Occupation FEC Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Juan Francisco Fitz Mailing Address 6021 90th St		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 22552370
Lubbock FEC ID number of contributing federal political committee.	TX 79424-0814	Amount of Each Receipt this Period 83.33
Name of Employer Covenant Med Grp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.66	
Full Name (Last, First, Middle Initial) Dr. Kelly Foley		Date of Receipt
Mailing Address 1133 Pond Cypress	Dr	11 29 2007
City	State Zip Code	Transaction ID: 22552371
Virginia Bch FEC ID number of contributing	VA 23455-6859	Amount of Each Receipt this Period 85.00
federal political committee. Name of Employer		
Emer Phys of Tidewater	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 935.00	
SUBTOTAL of Receipts This Page (optional)	····	218.33

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 275 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Con	nmittee	
۷.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt
	Mailing Address 6836 Alexander Rd			11 29 2007
	City	State	Zip Code	Transaction ID: 22552372
	Charlotte	NC	28270-2804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Carolinas Med Ctr ED	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 458.99	
	Full Name (Last, First, Middle Initial) Dr. Diana L Fite	<u> </u>		Date of Receipt
	Mailing Address PO Box 2029			11 29 2007
	City	State	Zip Code	Transaction ID: 22552373
	Waller	TX	77484-2029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Meth Willowbrook Hosp ED	, ' · · ·	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 990.00	
	Full Name (Last, First, Middle Initial) Dr. James R Dudley			Date of Receipt
	Mailing Address PO Box 488			1 1 2 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 22552374
	Gloucester	VA	23061-0488	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Riverside Tappahannock Ho- sp	, '	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		232.00

ITEMIZED REC	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purpo	oses, other than using the na	me and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
National Emerge	ncy Medicine Political A	ction Committee	
Full Name (Last, Fir	st, Middle Initial)		Date of Receipt
Mailing Address 1	0832 Wrightwood Ln		12 03 2007
City	oooz wiigiikwood zii	State Zip Code	Transaction ID: 22555744
Studio City		CA 91604-3952	Amount of Each Receipt this Period
FEC ID number of of federal political com		C	200.00
Name of Employer Meml Med Ctr	_	Occupation Emergency Physician	
Receipt For: Primary	General	Aggregate Year-to-Date ▼ 700.00	
Other (specify		0 0 0 0 0 0 0 0	
Full Name (Last, Fir Dr. Adil M Roomi Mailing Address	st, Middle Initial)		Date of Receipt
<u>o</u>	Carlton Ln		1 1 1 1 2 0 0 7
City		State Zip Code	Transaction ID: 22555755
Voorhees		NJ 08043-4138	Amount of Each Receipt this Period
FEC ID number of of federal political com		C	250.00
Name of Employer Community Med Ct	,	Occupation Emergency Physician	
Receipt For:	¬ • .	Aggregate Year-to-Date ▼	
Primary Other (specify	General (i) ▼	250.00	
Full Name (Last, Fir	•		Date of Receipt
Mailing Address 7	031 Hiawassee Outlook	Dr	M M / D D / Y Y Y Y Y 1 1 1 1 1 9 2 0 0 7
City		State Zip Code	Transaction ID: 22555756
<u>Orlando</u>		FL 32835	Amount of Each Receipt this Period
FEC ID number of of federal political com		C	1000.00
Name of Employer Florida Emer Phys		Occupation Emergency Physician	
Receipt For: Primary Other (specify	General	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receip			1450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 275 (check only one) X 11a
A 0	r for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Ketan Pandya		Date of Receipt
	Mailing Address 13049 Water Point Bl		11 21 2007
	City Windermere	State Zip Code FL 34786-5818	Transaction ID: 22555757 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer c/o Isabel Sales	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Deborah M Fernon		Date of Receipt
	Mailing Address 4709 Waycross St		111 / 23 / 2007
	City	State Zip Code	Transaction ID: 22555758
	Houston FEC ID number of contributing federal political committee.	TX 77035-3725	Amount of Each Receipt this Period 500.00
	Name of Employer Univ of Texas Med Schl	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. J Michael Lynch		Date of Receipt
	Mailing Address 3225 Lakeshore Dr		11 28 2007
	City	State Zip Code TN 37138-2212	Transaction ID: 22555760
	Old Hickory FEC ID number of contributing federal political committee.	TN 37138-2212	Amount of Each Receipt this Period 750.00
	Name of Employer Cumberland Emer Phys PC	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	CURTOTAL of Descints This Daws (autisms))		2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	ımittee	
Full Name (Last, First, Middle Initial) Dr. F Richard Heath			Date of Receipt
Mailing Address 53 Fox Pointe Dr			1 2 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 22657721
Pittsburgh	PA	15238-1534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emerg Resource Mgmt Inc	Occupation	n cy Physician	
Receipt For:		Year-to-Date ▼	+
Primary General Other (specify) ▼	1.59.59410	600.00	
Full Name (Last, First, Middle Initial) Dr. Stephen H Andersen	<u> </u>		Date of Receipt
Mailing Address 12202 E Gary Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 22688071
Scottsdale	AZ	85259-3301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Scottsdale Emerg Assoc	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Thomas S Pannke			Date of Receipt
Mailing Address 1561 Polo Run Ter			1 1 2 7 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 22688074
Ashwaubenon	WI	54313-6189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Thomas S Pannke, MD, FACEP	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Thomas W Graber		Date of Receipt
Mailing Address 29360 Lake Rd		12 05 2007
City	State Zip Code	Transaction ID: 22693865
Bay Village	OH 44140-1321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Team Health Midwest	Occupation Emergency Physician	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Robert A Donovan		Date of Receipt
Mailing Address 6859 Zerillo Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 22693889
Riverbank	CA 95367-2119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Doctors Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Kenneth Lyle Gooch		Date of Receipt
Mailing Address 72 Watkins Rd		12 05 YYYYY 12007
City <u>Moselle</u>	State Zip Code MS 39459-9526	Transaction ID: 22693945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kenneth Lyle Gooch, MD	Occupation Emergency Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any persor the name and address of any political committee to si ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven R Mimnaugh Mailing Address 2190 Sublette PI City Sandy FEC ID number of contributing federal political committee. Name of Employer EPIC LLC Receipt For:	State Zip Code UT 84093-1056 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 22693946 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼	Aggregate real-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael J Nelson Mailing Address 4305 Maplegate Ct City Lees Summit FEC ID number of contributing federal political committee. Name of Employer North Kansas City Hosp ED Receipt For: Primary General Other (specify)	State Zip Code MO 64064-1654 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Richard J Plunkett Mailing Address 2627 169th Ave SE City Bellevue FEC ID number of contributing federal political committee. Name of Employer Eastside Emer Phys PLLC Receipt For: Primary General Other (specify)	State Zip Code WA 98008-5513 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) >	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 275 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Todd Richard Hansen Mailing Address 390 Bridle Path Fari	m Rd		Date of Receipt 1 2 0 6 2 0 0 7
City Cleveland FEC ID number of contributing federal political committee.	State NC	Zip Code 27013-8155	Transaction ID: 22694096 Amount of Each Receipt this Period 100.00
Name of Employer Mid-Atlantic Emerg Med Assoc Receipt For: ☐ Primary ☐ General Other (specify) ▼		nocy Physician e Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr. John D Moorehouse Mailing Address 3349 Allendale Pl City Montgomery FEC ID number of contributing	State AL	Zip Code 36111-1634	Date of Receipt M M M
Receipt For: Primary Other (specify)		n acy Physician e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Carol L Clark Mailing Address 4728 Haddington Di	r		Date of Receipt M
City Bloomfield HIs FEC ID number of contributing federal political committee.	State MI	Zip Code 48304-3637	Transaction ID: 22694132 Amount of Each Receipt this Period 100.00
Name of Employer William Beaumont Hosp ED Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date 600.00	
SUBTOTAL of Receipts This Page (optional	l)		300.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 275 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any person ing the name and address of any political committee to political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Silical Action Committee	Date of Descript
A. Dr. Gary Mouridy Mailing Address 5 Smith Rd		Date of Receipt 1 2 0 7 2 0 0 7
City	State Zip Code	Transaction ID: 22694767
Flemington FEC ID number of contributing	NJ 08822-7300	Amount of Each Receipt this Period 250.00
federal political committee.	C	250.00
Name of Employer Emerg Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Dr. Joseph R Danna	<u>'</u>	Date of Receipt
Mailing Address 1484 Timber Rid	ae	12 11 2007
City	State Zip Code	Transaction ID: 22694960
<u>Kankakee</u>	IL 60901-4559	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer St Marys Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00]
Full Name (Last, First, Middle Initial) C. Dr. Brian Howard Gelb		Date of Receipt
Mailing Address 8222 Stutsmanvi	lle Rd	12 11 2007
City Harbor Spgs	State Zip Code MI 49740-9652	Transaction ID: 22694962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Brian Howard Gelb, MD	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ronald F Maio Mailing Address 2818 Glazier Way City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer OHRCR Univ MI Receipt For: Primary General Other (specify)	State Zip Code MI 48105-2443 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Joseph F Mooney Mailing Address 2308 Shroyer Rd City Dayton FEC ID number of contributing federal political committee. Name of Employer Premier Hith Care Svc Inc Receipt For: Primary General Other (specify)	State Zip Code OH 45419-2648 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Liza DiLeo Thomas Mailing Address 140 Fairway Dr City New Orleans FEC ID number of contributing federal political committee. Name of Employer Ochsner Clinic Fndtn Receipt For: Primary General Other (specify)	State Zip Code LA 70124-1017 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 275 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Daniel Woodard Mailing Address	I. D.I		Date of Receipt 1 2 1 1 2 2 0 0 7
	State	Zip Code	Transaction ID: 22694975
Merritt Island	FL	32953-7913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Bionetics Corp	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Frederick Gould Mailing Address			Date of Receipt
4534 Douglas Fir Ln			12 07 2007
City	State	Zip Code	Transaction ID: 22700847
Sheboygan FEC ID number of contributing federal political committee.	C	53083-5908	Amount of Each Receipt this Period 250.00
Name of Employer Frederick Gould, MD, FACEP	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Roberts			Date of Receipt
Mailing Address 9864 N Shore Dr			12 11 7 2007
City	State DE	Zip Code	Transaction ID: 22705849
Seaford FEC ID number of contributing federal political committee.	C	19973-7820	Amount of Each Receipt this Period 200.00
Name of Employer EPMG	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	_ , '	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 / 275 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Polit Full Name (Last, First, Middle Initial) Dr. William Bruce Watson	cal Action Committee	Date of Receipt
Mailing Address 107 E Burke Ave City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Towson	MD 21286-1118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Union Mem Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Robert G Anthony Mailing Address		Date of Receipt
19 Alder Creek Ln		12 12 2007
City	State Zip Code	Transaction ID: 22750991
Rochester	NH 03867-1707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Frisbie Mem Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) Dr. Douglas L McDonnell	1	Date of Receipt
Mailing Address 8747 N 43rd St		12 12 2007
City <u>Augusta</u>	State Zip Code MI 49012-9651	Transaction ID: 22751096 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 49012-9031	300.00
Name of Employer Battle Creek Hith Syst	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optiona)	900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 275 (check only one) X
or f	y information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	n for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Dr. Eric A Brown Mailing Address 420 Oakbrook Dr City	State	Zip Code	Date of Receipt 1 2 1 7 2 0 0 7 Transaction ID: 22751796
	Columbia FEC ID number of contributing federal political committee.	SC C	29223-8120	Amount of Each Receipt this Period 250.00
	Name of Employer Palmetto Richland Mem Hosp ED Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n acy Physician e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Thomas Gary Parrish Mailing Address refer to #013347 7104 Highfields Farm T		7.0.1.	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	City Roanoke FEC ID number of contributing federal political committee.	State VA	Zip Code 24018-5638	Transaction ID: 22751817 Amount of Each Receipt this Period 250.00
	Name of Employer Thomas Gary Parrish, MD Receipt For: Primary General Other (specify)	-	n ncy Physician e Year-to-Date ▼ 250.00	
; .	Full Name (Last, First, Middle Initial) Dr. Leroy R Schlesselman Mailing Address			Date of Receipt 1 2 1 8 2 0 0 7
	1228 Tidewater Dr City North Myrtle Beach	State SC	Zip Code 29582-6820	Transaction ID: 22751846 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer McLeod Regl Medcl Ctr Receipt For: Primary General		cy Physician • Year-to-Date ▼	
	Other (specify) ▼		500.00	
SU	JBTOTAL of Receipts This Page (optional)		>	1000.00
т	OTAL This Period (last page this line number of	only)		

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 275 (check only one) X
or fo	information copied from such Reports and Sor commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Con	nmittee	
ا. ا	Full Name (Last, First, Middle Initial) Dr. Craig S Thomas			Date of Receipt
-	Mailing Address 356A Kaelepulu Dr			12 / 18 / 2007
	City	State	Zip Code	Transaction ID: 22751847
ı	Kailua FEC ID number of contributing ederal political committee.	С	96734-3305	Amount of Each Receipt this Period 1000.00
Ī	Name of Employer HEPA	Occupatio	n ncy Physician	
Ī	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼	
3 . _	Full Name (Last, First, Middle Initial) Dr. Allan D Bock			Date of Receipt
_	Mailing Address 11515 Green Ln	01-1-	7'- 0-1-	12 20 20 7
	City Yucaipa	State CA	Zip Code 92399-9568	Transaction ID: 22886542 Amount of Each Receipt this Period
- I	FEC ID number of contributing ederal political committee.	C		200.00
<u>.</u> ! -	Name of Employer Mountain View EPMG Inc	Occupatio Emerger	n ncy Physician	
I	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Emile El-Shammaa			Date of Receipt
ľ	Mailing Address 287 Bristol Way			12 20 2007
	Dity	State	Zip Code	Transaction ID: 22886546
ı	Worthington	ОН	43085-3272	Amount of Each Receipt this Period 500.00
Ī	Name of Employer OH State Univ Med Ctr	Occupatio Emerger	n ncy Physician	
Ī	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 600.00	
	BTOTAL of Receipts This Page (optional)	ı		1700.00

Any information copied from such Reports and Stor for commercial purposes, other than using the solution of the commercial purposes, other than using the solution of the commercial purposes, other than using the solution of the commercial purposes, other than using the solution of the commercial purposes. Name of Employer Emer Med Specialists PC Receipt For:	State MI C Occupation	Zip Code 48047-2339	Date of Receipt Margin Marg
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Full Name (Last, First, Middle Initial) Dr. Charlene B Irvin Mailing Address 50572 Jefferson Ave City New Baltimore FEC ID number of contributing federal political committee. Name of Employer Emer Med Specialists PC	State MI C Occupatior Emergen	Zip Code 48047-2339	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
National Emergency Medicine Political Full Name (Last, First, Middle Initial) Dr. Charlene B Irvin Mailing Address 50572 Jefferson Ave City New Baltimore FEC ID number of contributing federal political committee. Name of Employer Emer Med Specialists PC	State MI C Occupation Emergen	Zip Code 48047-2339	Transaction ID: 22886549 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr. Charlene B Irvin Mailing Address 50572 Jefferson Ave City New Baltimore FEC ID number of contributing federal political committee. Name of Employer Emer Med Specialists PC	State MI C Occupation Emergen	Zip Code 48047-2339	Transaction ID: 22886549 Amount of Each Receipt this Period
Dr. Charlene B Irvin Mailing Address 50572 Jefferson Ave City New Baltimore FEC ID number of contributing federal political committee. Name of Employer Emer Med Specialists PC	MI C Occupation Emergen	48047-2339	Transaction ID: 22886549 Amount of Each Receipt this Period
50572 Jefferson Ave City New Baltimore FEC ID number of contributing federal political committee. Name of Employer Emer Med Specialists PC	MI C Occupation Emergen	48047-2339	Transaction ID: 22886549 Amount of Each Receipt this Period
City New Baltimore FEC ID number of contributing federal political committee. Name of Employer Emer Med Specialists PC	MI C Occupation Emergen	48047-2339	Transaction ID: 22886549 Amount of Each Receipt this Period
New Baltimore FEC ID number of contributing federal political committee. Name of Employer Emer Med Specialists PC	MI C Occupation Emergen	48047-2339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Emer Med Specialists PC	Occupation Emergen	n cy Physician	
Name of Employer Emer Med Specialists PC	Occupation Emergen	cy Physician	100.00
	Emergen	cy Physician	
		· · ·	
necelor For:	Aggregate	Vessile Date W	\dashv
Primary General	1 ' '	Year-to-Date ▼	-
Other (specify)		300.00	
Full Name (Last, First, Middle Initial)			Data of Passint
Dr. Seth A Lotterman Mailing Address			Date of Receipt
5055 Von Scheele Dr A	nt 1/133		12 20 2007
City	State	Zip Code	Transaction ID: 22886550
San Antonio	TX	78229-4358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	200.00
Name of Employer Wilford Hall Med Ctr	Occupation		
	Emergen	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas J Lydon			Date of Receipt
Mailing Address 161 Harbor Rd			1 2 2 1 2 0 0 7
City	State	Zip Code	Transaction ID: 22886555
Rye	NH	03870-2707	Amount of Each Receipt this Period
FEC ID number of contributing		300.0 2.07	
federal political committee.	C		150.00
Name of Employer Dartmouth Hitchcock Med	Occupation		
Ctr ED Receipt For:		cy Physician	\dashv
Primary General	Aggregate	Year-to-Date ▼	-
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185/2/5 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Lyle R Moss			Date of Receipt
Mailing Address PO Box 275			1 2 2 1 2 0 0 7
City Gilchrist	State TX	Zip Code 77617-0275	Transaction ID: 22886556 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer San Jacinto Meth Hosp	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Raymond lannaccone	I		Date of Receipt
Mailing Address 25 Oakwood Rd			12 23 7 2007
City Allendale	State NJ	Zip Code 07401-2100	Transaction ID: 22886559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07401 2100	500.00
Name of Employer EMA NY	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Stuart J Meyer			Date of Receipt
Mailing Address 2708 Speedway Avo	e		12 26 2007
City Wichita Falls	State TX	Zip Code 76308-1109	Transaction ID: 22886562 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70000 1100	250.00
Name of Employer United Regional Health Ctr	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 2 / 5 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Howard W Burns			Date of Receipt
Mailing Address 2916 W Oak St			12 28 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sioux Falls	State SD	Zip Code 57105-0117	Transaction ID: 22886582 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Howard W Burns, MD, FACEP	Occupatio Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leslie Kram Greco			Date of Receipt
Mailing Address 217 Farmington Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lafayette	State LA	Zip Code 70503-8410	Transaction ID: 22886587 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70000 0410	500.00
Name of Employer Iberia Med Ctr	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Curtis Harvey Johnson			Date of Receipt
Mailing Address 1000 Round Hill Rd			12 17 2007
City Fort Worth	State TX	Zip Code 76131-3823	Transaction ID: 22886593 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Curtis Harvey Johnson , MD		ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)			800.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 275 (check only one) X
or for co	ormation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full) ional Emergency Medicine Political	name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A. <u>Dr. L</u>	Name (Last, First, Middle Initial) aurence R DesRochers ng Address 640 Harbor Rd	State	Zip Code	Date of Receipt M
<u>Bric</u> FEC	ID number of contributing ral political committee.	NJ	08724-4716	Amount of Each Receipt this Period
	e of Employer Im Med Ctr ER/OP Svcs eipt For: Primary General Other (specify) ▼		n ncy Physician Year-to-Date ▼ 400.00	
B. Dr. D	Name (Last, First, Middle Initial) Polores McCarthy Ing Address 322 Estate Point Rd	State	Zip Code	Date of Receipt M
Ton FEC feder	ns River ID number of contributing ral political committee.	NJ C	08753-2064	Amount of Each Receipt this Period
Jers	e of Employer ey Emerg Med Spec eipt For: Primary General Other (specify)		n icy Physician • Year-to-Date ▼ 400.00	
Dr. A	Name (Last, First, Middle Initial) Nan T Forstater ng Address 501 Shortridge Dr			Date of Receipt 1 2 2 0 7 2 0 0 7
City Wyr	nnewood	State PA	Zip Code 19096-1609	Transaction ID: 22887402 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		250.00
	e of Employer mas Jefferson Univ ED eipt For: Primary General		n ocy Physician • Year-to-Date ▼	
	Other (specify) ▼		250.00	
SUBTO	DTAL of Receipts This Page (optional)		>	450.00
TOTAL	This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and add	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kurt Richard Solem Mailing Address PO Box 1514 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Scottsdale FEC ID number of contributing federal political committee.	AZ C	85252-1514	Transaction ID: 22887405 Amount of Each Receipt this Period 250.00
Name of Employer Scottsdale Mem Hosp Receipt For: Primary General Other (specify) ▼	_ '	cy Physician Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. H Michael Webb Mailing Address 801 Clemont Dr NE City Atlanta	State GA	Zip Code 30306-3672	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Spalding Regional Hosp Receipt For: Primary General Other (specify)		ty Physician Year-to-Date ▼ 450.00	100.00
Full Name (Last, First, Middle Initial) Dr. Jo Linder Mailing Address 18 Stagecoach Rd	Chaha	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Falmuth FEC ID number of contributing federal political committee.	State ME	04105-2414	Transaction ID: 22887413 Amount of Each Receipt this Period -1000.00
Name of Employer Maine Med Ctr ED Receipt For: Primary General Other (specify)		cy Physician Year-to-Date ▼	1
SUBTOTAL of Receipts This Page (optional) .		0 0 0 0 0 0 0	-650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jo Linder Mailing Address 18 Stagecoach Rd City Falmuth FEC ID number of contributing federal political committee. Name of Employer Maine Med Ctr ED Receipt For: Primary General Other (specify)	State Zip Code ME 04105-2414 C Occupation Emergency Physician Aggregate Year-to-Date 1100.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Keith Thomas Borg Mailing Address 145 Oyster Point Row City Charleston FEC ID number of contributing federal political committee. Name of Employer Med Univ of SC Receipt For: Primary General Other (specify)	State Zip Code SC 29412-3632 C Occupation Emergency Physician Aggregate Year-to-Date 800.00	Date of Receipt M M M J D D J V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Keith Thomas Borg Mailing Address 145 Oyster Point Row City Charleston FEC ID number of contributing federal political committee. Name of Employer Med Univ of SC Receipt For: Primary General Other (specify)	State Zip Code SC 29412-3632 C Occupation Emergency Physician Aggregate Year-to-Date 900.00	Date of Receipt M M 19 2007 Transaction ID: 22887416 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional) .	· 	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory L Henry Mailing Address 1850 Washtenaw A City Ann Arbor	Ve State Zip Code MI 48104-3638	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Emergency Phys Med Grp PC Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 0.00	-1000.00
Full Name (Last, First, Middle Initial) Dr. Gregory L Henry Mailing Address 1850 Washtenaw A City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Emergency Phys Med Grp PC Receipt For: Primary General	Ve State Zip Code MI 48104-3638 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Keith Thomas Borg Mailing Address 145 Oyster Point Re City Charleston FEC ID number of contributing federal political committee. Name of Employer Med Univ of SC Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	-100.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate for each categorial Detailed Sum	gory of the
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) National Emergency Medicin	n using the name and address of any politi	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initi		Date of Receipt
Mailing Address 145 Oyster F	oint Row	1 2 1 9 2 0 0 7
City	State Zip Code	Transaction ID: 22887420
Charleston FEC ID number of contributing	SC 29412-3632	Amount of Each Receipt this Period 100.00
federal political committee. Name of Employer Med Univ of SC	Occupation	
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼	900.00
Full Name (Last, First, Middle Initi Dr. Nancy J Auer Mailing Address	,	Date of Receipt
8517 SE 76tl	State Zip Code	12 19 2007
Mercer Island	WA 98040-5706	Transaction ID: 22887421 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	-250.00
Name of Employer Swedish Hosp Admin 1SW	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initi Dr. Nancy J Auer	al)	Date of Receipt
Mailing Address 8517 SE 76tl	PI	12 19 2007
City	State Zip Code	Transaction ID: 22887422
Mercer Island FEC ID number of contributing federal political committee.	WA 98040-5706	Amount of Each Receipt this Period 250.00
Name of Employer Swedish Hosp Admin 1SW	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page	optional)	100.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck drilly drie)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any ne name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Norman A Chapin		Date of Receipt
Mailing Address 699 Mountain Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 22887423
Purling FEC ID number of contributing federal political committee.	NY 12470-3508	Amount of Each Receipt this Period -500.00
Name of Employer Columbia Emerg Services	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Norman A Chapin		Date of Receipt
Mailing Address 699 Mountain Ave		12 19 2007
City Purling	State Zip Code NY 12470-3508	Transaction ID: 22887424 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Columbia Emerg Services	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	
Full Name (Last, First, Middle Initial) Dr. Gary Alan Li		Date of Receipt
Mailing Address 215 Vista De Sierra		12 26 2007
City	State Zip Code	Transaction ID: 22887429
Los Gatos FEC ID number of contributing federal political committee.	CA 95030-6320	Amount of Each Receipt this Period 75.00
Name of Employer Good Samaritan Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0
		75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr. Keith Thomas Borg			Date of Receipt
Mailing Address 145 Oyster Point Ro	w		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 22887431
Charleston	SC	29412-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Med Univ of SC	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Kahang Lee Chan			Date of Receipt
Mailing Address3839 Brantley Place			12 26 7 2007
City	State FL	Zip Code	Transaction ID: 22887432
Apopka FEC ID number of contributing federal political committee.	C	32703-6855	Amount of Each Receipt this Period 100.00
Name of Employer Kahang Lee Chan, MD, FACEP	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Alexander Max Rosenau			Date of Receipt
Mailing Address 1140 N Broad St			12 26 7 2007
City	State	Zip Code	Transaction ID: 22887433
Allentown	PA	18104-2912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Lehigh Valley Hosp	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 194 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	he name and address of	of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Clifford Erickson Mailing Address 5309 Ellington Ct			Date of Receipt M
City Newburgh FEC ID number of contributing federal political committee.		ip Code 7630-3170	Transaction ID: 22887434 Amount of Each Receipt this Period 85.00
Name of Employer Clifford Erickson, MD, FA- CEP Receipt For: Primary General Other (specify) ▼	Occupation Emergency Ph Aggregate Year-	·	
Full Name (Last, First, Middle Initial) Dr. Robert Kec Mailing Address 1900 Paradise Ln City	State Z	ip Code	Date of Receipt M
Prescott FEC ID number of contributing federal political committee. Name of Employer RMK MD	Occupation Emergency Ph	•	Amount of Each Receipt this Period 100.00
Receipt For: Primary General Other (specify)	Aggregate Year-	600.00	
Dr. Angela Siler Fisher Mailing Address 79 Lakeside Green			Date of Receipt 1 2 2 6 2 0 0 7
City The Woodlands FEC ID number of contributing federal political committee.		ip Code 7382-2078	Transaction ID: 22887436 Amount of Each Receipt this Period 100.00
Name of Employer Greater Houston Emer Phys	Occupation Emergency Ph	•	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	1000.00	
SUBTOTAL of Receipts This Page (optional)			285.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 195 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any person the name and address of any political committee to s cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ericka Powell Mailing Address 40 Lane Rd City Derry	State Zip Code NH 03038-4194	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22887437 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer EmCare Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 900.00	100.00
Full Name (Last, First, Middle Initial) Dr. Gregory L Shangold Mailing Address 66 Beacon Hill Dr City Storrs FEC ID number of contributing federal political committee. Name of Employer Windham Hosp Receipt For: Primary General Other (specify) Other (specify)	State Zip Code CT 06268-2756 C Occupation Emergency Physician Aggregate Year-to-Date 666.68	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 22887438 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Dr. Michelle Marie McLean Mailing Address 1301 Glendale Ave City Saginaw FEC ID number of contributing federal political committee. Name of Employer Covenant Hithcre Emer Phys Grp Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48638-4723 C Occupation Emergency Physician Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 22887439 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional) >	283.33

ITEMIZED RECEIPTS	ν)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196/2/5 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Dr. Alan Heins			Date of Receipt
Mailing Address PO Box 669			12 26 YYYY 12 26 2007
City Loxley	State AL	Zip Code 36551-0669	Transaction ID: 22887440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Univ S Alabama Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. Brent Asplin			Date of Receipt
Mailing Address 4162 Ethan Dr			12 26 YYYY 12 26
City Eagan	State MN	Zip Code 55123-4908	Transaction ID: 22887441
FEC ID number of contributing federal political committee.	C	33123-4900	Amount of Each Receipt this Period
Name of Employer Asst Prof of EM	Occupation	n cy Physician	
Receipt For: Primary General		Year-to-Date ▼	
Other (specify)		300.00	
Full Name (Last, First, Middle Initial) Dr. Brien Alfred Barnewolt			Date of Receipt
Mailing Address 68 Greenlawn Ave			12 26 2007
City Newton	State MA	Zip Code 02459-1714	Transaction ID: 22887442 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	SE100 1711	83.33
Name of Employer New England Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼		1000.00	
	<u> </u>		548.33

SCHEDULE A	•	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpo	ses, other than using the name	and addres	s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, Fir. Dr. Andrew I Bern Mailing Address Gity Coral Springs	846 NW 18th St	State FL	Zip Code 33071-5826	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22887443 Amount of Each Receipt this Period
Receipt For: Primary Other (specify	oci Er General	ccupation mergency ggregate Yea	Physician ar-to-Date ▼	83.33
Full Name (Last, Fir. Dr. Frederick C Blum Mailing Address 1 City Morgantown FEC ID number of c federal political com Name of Employer RCB-HSC Receipt For: Primary Other (specify	470 Point Marion Rd Solution Solution Rd Ontributing mittee. Occurrence of the contribution Rd Occurrence of the cont	State WV ccupation mergency ggregate Yea	Zip Code 26508-1454 Physician ar-to-Date ▼ 1000.00	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22887444 Amount of Each Receipt this Period 83.33
Full Name (Last, Fir. Dr. James R Dudley Mailing Address City Gloucester FEC ID number of cederal political common Name of Employer Riverside Tappahan sp Receipt For: Primary Other (specify	O Box 488 Sometributing mittee. Ooc Er General	State VA Ccupation mergency ggregate Yea	Zip Code 23061-0488 Physician ar-to-Date ▼ 400.00	Date of Receipt M M M / 26 / 2007 Transaction ID: 22887445 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receip	ts This Page (optional)			266.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Diana L Fite			Date of Receipt
	Mailing Address PO Box 2029 City	State	Zip Code	1 2 2 6 2 0 0 7 Transaction ID: 22887446
	Waller	TX	77484-2029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Meth Willowbrook Hosp ED		ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1080.00	
В.	Full Name (Last, First, Middle Initial) Dr. Juan Francisco Fitz Mailing Address			Date of Receipt
	6021 90th St City	State	Zip Code	1 2 2 6 2 0 0 7 Transaction ID: 22887447
	Lubbock	TX	79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Covenant Med Grp	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 349.99	
_ С.	Full Name (Last, First, Middle Initial) Dr. Kelly Foley			Date of Receipt
	Mailing Address 1133 Pond Cypress D		7.0.1	12 26 2007
	City Virginia Bch	State VA	Zip Code 23455-6859	Transaction ID: 22887448 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20400 0000	85.00
	Name of Employer Emer Phys of Tidewater	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1020.00	
	SUBTOTAL of Receipts This Page (optional) .			258.33
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1997/2/5 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Com	nmittee	
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt
Mailing Address 6836 Alexander Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State NC	Zip Code 28270-2804	Transaction ID: 22887449 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Carolinas Med Ctr ED	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.99	
Full Name (Last, First, Middle Initial) Dr. Mylissa Amy Graber			Date of Receipt
Mailing Address 7809 Trieste Pl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Delray Beach	State FL	Zip Code 33446-4403	Transaction ID: 22887450 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00110 1100	100.00
Name of Employer Coral Springs Med Ctr	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Brad Gruehn			Date of Receipt
Mailing Address 207 Heather Glen Ro	d		12 26 7 2007
City Sterling	State VA	Zip Code 20165-5824	Transaction ID: 22887451 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100000	50.00
Name of Employer Brad Gruehn	Occupation	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
	<u> </u>		192.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Daniel G Hankins Mailing Address 9652 55th Ave NW City Oronoco FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: Primary General Other (specify)	State Zip Code MN 55960-2218 C Occupation Emergency Physician Aggregate Year-to-Date 1300.00	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22887452 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Jay Kaplan Mailing Address 300 Oak Ave City San Anselmo FEC ID number of contributing federal political committee. Name of Employer CA Emerg Phys Med Grp Receipt For: Primary General Other (specify)	State Zip Code CA 94960-2703 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Scott Jason Korvek Mailing Address 1212 Lakemont Dr City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Allegheny Gen Hosp Receipt For: Primary General Other (specify)	State Zip Code PA 15243-1874 C Occupation Emergency Physician Aggregate Year-to-Date 800.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	300.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 275 (check only one) X
or for commercial purposes, ot	her than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Dr. John L Lyman Mailing Address 1500 Ri City Dayton	dgeway Rd State OH	Zip Code 45419-3008	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22887455 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee. Name of Employer Premier Hith Care Receipt For:	Occupation		75.00
Full Name (Last, First, Middon Dr. Jacob Mark Meredith, III Mailing Address 1231A I City Chatsworth FEC ID number of contribut federal political committee.	Rt 532 State NJ	Zip Code 08019-9711	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22887457 Amount of Each Receipt this Period 83.33
Name of Employer Cmmty Med Ctr ED Receipt For: Primary Ger Other (specify) ▼		on ncy Physician te Year-to-Date ▼ 949.99	
Full Name (Last, First, Middon Dr. John S Milne Mailing Address 530 Will City Issaquah FEC ID number of contribut federal political committee.	derness Peak Dr NW State WA	Zip Code 98027-5621	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22887458 Amount of Each Receipt this Period 83.33
Name of Employer Eastside Emer Phys PLLC Receipt For: Primary Ger Other (specify) ▼		on ncy Physician te Year-to-Date ▼	
SUBTOTAL of Receipts This	Page (optional))	241.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Ira R Nemeth Mailing Address 3225 Turtle Creek BI City Dallas FEC ID number of contributing federal political committee.	lvd Apt 134 State TX	Zip Code 75219-5457	Date of Receipt M M M
Name of Employer Ira R Nemeth, MD Receipt For: Primary General Other (specify) ▼		n acy Physician e Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel Mailing Address 2300 N Black Oak D City Angola FEC ID number of contributing federal political committee. Name of Employer Professional Emerg Phys Inc Receipt For: Primary Other (specify)	State IN C Occupation Emergen	Zip Code 46703-8195 n ncy Physician e Year-to-Date ▼	Date of Receipt M M 26 2007 Transaction ID: 22887460 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Lee E Payne Mailing Address 904 Luke St City Travis Afb FEC ID number of contributing federal political committee. Name of Employer David Grant Med Ctr Receipt For: Primary General Other (specify)		Zip Code 94535-1354 n nocy Physician e Year-to-Date	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)			283.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any person the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Todd Slesinger Mailing Address 427 Daub Ave City Hewlett FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Receipt For: Primary General	State Zip Code NY 11557-1136 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D D / Y Y Y Y Y Y Transaction ID: 22887462 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Dr. Robert C Solomon Mailing Address 214 Briar Path City Imperial FEC ID number of contributing federal political committee. Name of Employer Steel Vly Emer Phys Receipt For: Primary General	State Zip Code PA 15126-9686 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 749.97	Date of Receipt M M A Z 6 Z 0 0 7 Transaction ID: 22887463 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Dr. Ronald S Strony Mailing Address 6660 Richardson Ro City Fairview FEC ID number of contributing federal political committee. Name of Employer Hamot Med Ctr ED Receipt For: Primary General Other (specify)		Date of Receipt M M C 26 2007 Transaction ID: 22887464 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	249.99

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 / 275 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Politi Full Name (Last, First, Middle Initial)	cal Action Committee	T
Mr Gordon Wheeler Mailing Address ACEP 2121 K St NW Ste 3		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 22887465
Washington FEC ID number of contributing federal political committee.	DC 20037-1886	Amount of Each Receipt this Period 100.00
Name of Employer Gordon Wheeler	Occupation FEC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.01	
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher Mailing Address		Date of Receipt
79 Lakeside Green	State Zip Code	12 31 2007
The Woodlands	TX 77382-2078	Transaction ID: 22891474 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Greater Houston Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00]
Full Name (Last, First, Middle Initial) Dr. Michael Joseph Gerardi		Date of Receipt
Mailing Address 29 Heritage Ct		12 31 2007
City	State Zip Code	Transaction ID: 22891475
Randolph	NJ 07869-3534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 768.00	
SUBTOTAL of Receipts This Page (optional)	284.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 275 (check only one) X
or 1	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۱.	Full Name (Last, First, Middle Initial) Dr. Robert G Higgins Mailing Address 725 Denmead Mill City	State	Zip Code	Date of Receipt 1 2 3 1 2 0 0 7
	Marietta	GA	·	Transaction ID: 22891477
	FEC ID number of contributing federal political committee.	C	30067-5176	Amount of Each Receipt this Period
	Name of Employer Northside Emerg Assoc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	, ' 	on ncy Physician e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Kathleen Ann Jobe Mailing Address 6752 1st Ave NW	Chada	7in Code	Date of Receipt 1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 22891478
	Seattle FEC ID number of contributing federal political committee.	C	98117-4827	Amount of Each Receipt this Period 250.00
	Name of Employer UWMC ED Med Dir	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Charles Alan McKay, Jr Mailing Address 61 Roberts Rd			Date of Receipt 1 2 3 1 2 2 0 0 7
	City	State	Zip Code	Transaction ID: 22891480
	Marlborough	CT	06447-1415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hartford Hosp	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
sı	JBTOTAL of Receipts This Page (optional) .			1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 2 / 5 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politica	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. William G McKinnon			Date of Receipt
Mailing Address PO Box 6002 1200 S Columbia Rd			12 31 2007
City <u>Grand Forks</u>	State ND	Zip Code 58206-6002	Transaction ID: 22891482 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Altru Hosp ED	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Adib M Mechrefe			Date of Receipt
Mailing Address 2 Downs Dr			1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lincoln	State RI	Zip Code 02865-4551	Transaction ID: 22891483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02000 1001	300.00
Name of Employer Garden City Treatment Ctr	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Barbara K Moats			Date of Receipt
Mailing Address 35243 'l' Ave			12 31 2007
City Earlham	State IA	Zip Code 50072-5610	Transaction ID: 22891504 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer lowa Methodist Medical Ce- nter	, '	ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .			1300.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 275 (check only one) X
or for commercial purposes, other than	orts and Statements may not be sold or used by any persorusing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial Dr. Richard D Newbold		Date of Receipt
Mailing Address 3439 Long Dr		12 31 2007
City Minden	State Zip Code NV 89423-7705	Transaction ID: 22891506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Carson Tahoe Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial Dr. Adam D Robertson		Date of Receipt
Mailing Address 2826 Surrey R	d	12 31 2007
City Birmingham	State Zip Code AL 35223-1213	Transaction ID: 22891525
FEC ID number of contributing federal political committee.	AL 35223-1213	Amount of Each Receipt this Period 250.00
Name of Employer First Line Care PC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial Dr. Gregory Allen Starr		Date of Receipt
Mailing Address 8 Cypress Ride	ge Ln	1 2 3 1 2 0 0 7
City	State Zip Code	Transaction ID: 22891527
Sugar Land FEC ID number of contributing federal political committee.	TX 77479-2868	Amount of Each Receipt this Period 500.00
Name of Employer M H Sugarland Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	I	1750.00

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	d Statements may not be sold or used by any perso the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steve R Souter Mailing Address 10255 S Loridan Ln City	State Zip Code	Date of Receipt M
Sandy	UT 84092-4494	Transaction ID: 22991809
FEC ID number of contributing federal political committee.	C 84092-4494	Amount of Each Receipt this Period
Name of Employer Steve R Souter, MD Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Dustin M Timmons Mailing Address 15800 50th PI N		Date of Receipt 1 2 2 7 2 0 0 7
City	State Zip Code	Transaction ID: 22991813
Plymouth	MN 55446-4526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emer Phys Prof	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Derek J Robinson Mailing Address		Date of Receipt
4414 S Vincennes A		12 28 2007
City Chicago	State Zip Code IL 60653-3454	Transaction ID: 22991815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Derek J Robinson , MD	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optiona)	2100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Charlotte Derr		Date of Receipt
Mailing Address 3910 W Swann Ave	State 7in Code	1 2 3 1 2 0 0 7 2 0 0 7
City Tampa	State Zip Code FL 33609-4433	Transaction ID: 22992709 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33003 4403	200.00
Name of Employer Emerg Assoc for Medicine	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark Austin Alderdice		Date of Receipt
Mailing Address 80 Laurel View Way PO Box 1198		12 / 26 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 22994390
Inverness	CA 94937-1198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	409.00
Name of Employer California Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 509.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey L Arnold		Date of Receipt
Mailing Address1522 Constitution Blvd		12 26 7 2007
City	State Zip Code	Transaction ID: 22994602
Salinas FEC ID number of contributing federal political committee.	CA 93905-3803	Amount of Each Receipt this Period 409.00
Name of Employer Jeffrey L Arnold, MD, FAC- EP	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	409.00	
SUBTOTAL of Receipts This Page (optional)		1018.00
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person the name and address of any political committee to st tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert Barandica Mailing Address 7101 Hillcrest Dr City Modesto FEC ID number of contributing federal political committee. Name of Employer Robert Barandica, MD, FAC-EP	State Zip Code CA 95356-8876 C Occupation Emergency Physician	Date of Receipt M M / D D / Y Y Y Y 1 2 0 0 7 Transaction ID: 22994708 Amount of Each Receipt this Period 409.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 409.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey H Bass Mailing Address 1515 Majorca Dr City Morgan Hill FEC ID number of contributing federal political committee.	State Zip Code CA 95037-7033	Date of Receipt M M
Name of Employer California Emerg Phys Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 509.00	
Full Name (Last, First, Middle Initial) Dr. D Michael Bear Mailing Address 5 Donatello City Aliso Viejo FEC ID number of contributing federal political committee.	State Zip Code CA 92656-1481	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22994972 Amount of Each Receipt this Period 409.00
Name of Employer Corona Reg Med Ctr	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 509.00	
SUBTOTAL of Receipts This Page (optional	al)	1227.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 275 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	and Statements may not be sold or used by any persong the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Brian Bearie Mailing Address 36125 Cherrywood City	l Dr State Zip Code	Date of Receipt M M
Yucaipa FEC ID number of contributing federal political committee.	CA 92399-5721	Amount of Each Receipt this Period 409.00
Name of Employer St Bernardine Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 409.00	
Full Name (Last, First, Middle Initial) Dr. David Birdsall Mailing Address 191 La Serena Ave	State Zip Code	Date of Receipt M
FEC ID number of contributing federal political committee.	CA 94507-2148	Amount of Each Receipt this Period 409.00
Name of Employer Mt Diablo Hospital Medical Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 509.00	
Full Name (Last, First, Middle Initial) Dr. David A Bolivar Mailing Address 1577 Smiley Heigh	nts State Zip Code	Date of Receipt M
Redlands FEC ID number of contributing federal political committee.	CA 92373-6515	Amount of Each Receipt this Period 409.00
Name of Employer St Mary Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 409.00	
SUBTOTAL of Receipts This Page (option	al)	1227.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	and Statements may not be sold or used by any person g the name and address of any political committee to s itical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steve Carstens Mailing Address 209 Valley View Dr. City Exeter	r State Zip Code CA 93221-9796	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	Occupation	409.00
Name of Employer California Emerg Phys Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 434.00	
Full Name (Last, First, Middle Initial) Dr. Paul E Christensen Mailing Address 450 Bassi Dr City	State Zip Code	Date of Receipt M
San Luis Obispo FEC ID number of contributing federal political committee.	CA 93405-8038 C Occupation	Amount of Each Receipt this Period 409.00
Name of Employer French Hosp Med Ctr Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date 609.00	
Full Name (Last, First, Middle Initial) Dr. Ludwig Julian Cibelli Mailing Address 1555 Lakeview St City	State Zip Code	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995211
Beaumont FEC ID number of contributing federal political committee.	CA 92223-8507	Amount of Each Receipt this Period 409.00
Name of Employer San Gorgonio Mem Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 509.00	
SUBTOTAL of Receipts This Page (option	al)	1227.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Daniel E Culhane Mailing Address		Date of Receipt
22 Highland Dr City	State Zip Code	1 2 2 6 2 0 0 7 Transaction ID: 22995212
San Luis Obispo	CA 93405-1018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	409.00
Name of Employer French Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 409.00	
Full Name (Last, First, Middle Initial) Dr. Wesley A Curry		Date of Receipt
Mailing Address 1082 Richmond Dr		12 26 2007
City	State Zip Code	Transaction ID: 22995215
Claremont FEC ID number of contributing federal political committee.	CA 91711-3350	Amount of Each Receipt this Period 409.00
Name of Employer Pomona Valley Hosp Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 509.00	
Full Name (Last, First, Middle Initial) Dr. John M Deacon		Date of Receipt
Mailing Address 943 Via Los Padres		12 26 7 2007
City	State Zip Code	Transaction ID: 22995216
Santa Barbara FEC ID number of contributing federal political committee.	CA 93111-1325	Amount of Each Receipt this Period 409.00
Name of Employer CA Emerg Phys	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 759.00	
SUBTOTAL of Receipts This Page (optional)		1227.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	· ·	1227.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 / 275 (check only one) X
or for commercial purposes, of NAME OF COMMITTEE (I	ther than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
City Novato FEC ID number of contributederal political committee. Name of Employer Jeffrey W Dietz, MD, FACIOR Receipt For:	ribe Isle State CA ting C Occupati Emerge	Zip Code 94949-5319 John Physician te Year-to-Date 509.00	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995217 Amount of Each Receipt this Period 409.00
City Happy Valley FEC ID number of contributederal political committee. Name of Employer Erik Egsieker, MD Receipt For:	SE Wellington Ct State OR ting C Occupati Emerge	Zip Code 97086-6356 fon ency Physician te Year-to-Date ▼ 509.00	Date of Receipt M
City Dana Point FEC ID number of contributederal political committee. Name of Employer Saddleback Hosp ED Receipt For:	Windjammer State CA ting C Occupati Emerge	Zip Code 92629-4470 ion ency Physician te Year-to-Date ▼ 460.00	Date of Receipt M M
SUBTOTAL of Receipts This	Page (optional)		1278.00

SCHEDULE A (F		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 275 (check only one) X
or for commercial purpose NAME OF COMMITTI	s, other than using the name and	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Dr. John C Fredericks Mailing Address City	Hidden Ridge Ct State	Zip Code	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995222
Encinitas FEC ID number of con federal political commit		92024-5839	Amount of Each Receipt this Period 409.00
Name of Employer CA Emerg Phys Med of Emerg Phys Med of Employer CA Emerg Phys Med of Emergence Physics (Primary Other (specify)	Aggreç General	ation gency Physician gate Year-to-Date ▼ 409.00	
Full Name (Last, First, Dr. Howard lan Friedma Mailing Address 135	,	Zip Code	Date of Receipt M
Pasadena FEC ID number of confederal political commit		91103-1926	Amount of Each Receipt this Period 409.00
Name of Employer Pomona Valley Hospit Ctr Receipt For: Primary Other (specify)	Aggreç General	ation gency Physician gate Year-to-Date ▼ 409.00	
Full Name (Last, First, Dr. Alan H Gladman Mailing Address City	Middle Initial) 0 Middlefield Rd State	Zip Code	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995226
Palo Alto FEC ID number of confederal political commit	CA tributing	94301-3821	Amount of Each Receipt this Period 409.00
Name of Employer El Camino Hosp	Occupa Emerg	ation gency Physician	
Receipt For: Primary Other (specify)	Aggreç General	gate Year-to-Date ▼ 509.00	
SUBTOTAL of Receipts	This Page (optional))	1227.00

Any information cipied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for comercial 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) Dr. David Goldschmid Mailing Address 3884 Harvest Dr City State CA 94061-1143 FEC ID number of contributing federal political committee. Name of Employer Name (Last, First, Middle Initial) Dr. David Address Aggregate Year-to-Date Visite CA 94061-1143 Full Name (Last, First, Middle Initial) Dr. John Emerl Hipskind Mailing Address Aggregate Year-to-Date Visite CA 93391-9018 FEC ID number of contributing federal political committee. Ca 122 FC Ode Transaction ID: 22995228 Amount of Each Receipt Initial Political Committee. Ca 93391-9018 FEC ID number of contributing federal political committee. Ca 122 High Ct Ch 122 FC Ode Transaction ID: 22995228 Amount of Each Receipt Initis Period Aggregate Year-to-Date V Primary General Other (specify) Test, Middle Initial) Dr. Jonathan C Houpt Mailing Address 122 High Ct Ch Name of Employer State CA 9453-5528 FEC ID number of contributing federal political committee. Ca 9453-5528 FEC ID number of contributing federal political committee. Name of Employer State CA 9453-5528 FEC ID number of contributing federal political committee. Name of Employer State CA 9453-5528 FEC ID number of contributing federal political committee. Name of Employer State Aggregate Year-to-Date Pimary General Other (specify) Test Pege (optional) Aggregate Year-to-Date Other (specify) Test Pege (optional)		SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 275 (check only one) X 11a
Date of Receipt State Zip Code Redwood City State Zip Code Redwood City CA 94061-1143 PEC ID number of contributing Rederal political committee. C Cupation Receipt For: Primary General C Cupation C Cupatio	\ \ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Redwood City FEG ID number of contributing federal political committee. Name of Employer Set of Employer Se	∠ A .	Dr. David Goldschmid Mailing Address 3884 Harvest Dr	Charles	7in Code	12 26 Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Seton Med Cir				·	
Receipt For: Primary		FEC ID number of contributing		94061-1143	1 1 1 1 1 1 1 1
Mailing Address 4926 W Buena Vista City Visalia CA State CA 93291-9018 FEC ID number of contributing federal political committee. Name of Employer Kaweah Defla District Hosp Full Name (Last, First, Middle Initial) Dr. Jonathan C Houpt Mailing Address 122 High Ct City State CA 93291-9018 Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr. Jonathan C Houpt Mailing Address 122 High Ct City State CA 94553-5528 FEC ID number of contributing federal political committee. Ca Passion Ca State Ca Passion		Receipt For: Primary General	Emerger	ncy Physician e Year-to-Date ▼	
Visalia CA 93291-9018 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Kaweah Delta District Hosp Receipt For: Primary General Other (specify) ▼ PEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Dr. Jonathan C Houpt Mailing Address 122 High Ct City State Zip Code CA 94553-5528 FEC ID number of contributing federal political committee. Name of Employer USC LAC Name of Employer USC LAC Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Transaction ID: 22995229 Amount of Each Receipt this Period 409.00	3.	Dr. John Ernest Hipskind Mailing Address 4926 W Buena Vista	•		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Kaweah Delfa District Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jonathan C Houpt Mailing Address 122 High Ct City State Zip Code CA 94553-5528 FEC ID number of contributing federal political committee. Name of Employer USC LAC Name of Employer USC LAC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 22995229 Amount of Each Receipt this Period Aggregate Year-to-Date ▼		City		Zip Code	Transaction ID: 22995228
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jonathan C Houpt Mailing Address 122 High Ct City State Zip Code CA 94553-5528 FEC ID number of contributing federal political committee. Name of Employer USC LAC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		FEC ID number of contributing		93291-9018	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jonathan C Houpt Mailing Address 122 High Ct City State Zip Code Martinez CA 94553-5528 FEC ID number of contributing federal political committee. Name of Employer USC LAC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1207.00		Kaweah Delta District Hosp	Emerger	ncy Physician	
Dr. Jonathan C Houpt Mailing Address 122 High Ct City State Zip Code Martinez CA 94553-5528 Transaction ID: 22995229 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer USC LAC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 409.00		Primary General	Aggregate		
City State Zip Code Martinez CA 94553-5528 Transaction ID: 22995229 Amount of Each Receipt this Period Amount of Each Receipt this Period 409.00 C C Variety State Zip Code CA 94553-5528 Amount of Each Receipt this Period 409.00 Appropriate State Zip Code CA 94553-5528 Amount of Each Receipt this Period 409.00 Appropriate State Zip Code CA 94553-5528 Amount of Each Receipt this Period 409.00 409.00 Appropriate State Zip Code CA 94553-5528 Amount of Each Receipt this Period 409.00 409.00 Appropriate State Zip Code CA 94553-5528 Amount of Each Receipt this Period 409.00 409.00	- :.	Dr. Jonathan C Houpt Mailing Address			M M / D D / Y Y Y Y
Martinez CA 94553-5528 Amount of Each Receipt this Period C Value of Employer USC LAC Receipt For: Primary Other (specify) Amount of Each Receipt this Period 409.00 Aggregate Year-to-Date 409.00			State	Zip Code	Transaction ID: 22995229
Receipt For: Primary Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 409.00		Martinez	CA	94553-5528	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 409.00			C		409.00
Primary General Other (specify) ▼ 409.00					
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional) .			1227.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Peter V Hull Mailing Address 149 Lost Oak Ct City Roseville FEC ID number of contributing federal political committee. Name of Employer Sutter Roseville Med Ctr Receipt For: Primary General Other (specify)	State Zip Code CA 95661-4062 C Occupation Emergency Physician Aggregate Year-to-Date 409.00	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995230 Amount of Each Receipt this Period 409.00
Full Name (Last, First, Middle Initial) Dr. Alice D Hunter Mailing Address 38 Tierra Verde Ct City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer California Emer Phys Med Grp Receipt For: Primary General Other (specify)	State Zip Code CA 94598-4857 C Occupation Emergency Physician Aggregate Year-to-Date 409.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. David L Hunter Mailing Address 784 Lockhart Gulch City Scotts Valley FEC ID number of contributing federal political committee. Name of Employer Reg Med Ctr of San Jose ED Receipt For: Primary General Other (specify)	Description State Zip Code CA 95066-2930 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 409.00	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995232 Amount of Each Receipt this Period 409.00
SUBTOTAL of Receipts This Page (optional	al)	1227.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 218 / 275 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	he name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Theodore I Kloth Mailing Address 735 Snyder Ln City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer John Muir Med Ctr ED Receipt For: Primary General	State Zip Code CA 94598-4410 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M C 26 2007 Transaction ID: 22995233 Amount of Each Receipt this Period 409.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Theophile G Koury Mailing Address 1033 McCauley Rd City Danville FEC ID number of contributing federal political committee. Name of Employer California Emerg Phys Receipt For: Primary General Other (specify) ▼	State Zip Code CA 94526-1972 C Occupation Emergency Physician Aggregate Year-to-Date 409.00	Date of Receipt M M C 26 2007 Transaction ID: 22995234 Amount of Each Receipt this Period 409.00
Full Name (Last, First, Middle Initial) Dr. Jeffery J Leinen Mailing Address 1754 Oro Valley Cir City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer Jeffery J Leinen, MD, FAC-EP Receipt For: Primary General Other (specify)	State Zip Code CA 94596-6157 C Occupation Emergency Physician Aggregate Year-to-Date 409.00	Date of Receipt M M Z D D Z D Z D O Z Transaction ID: 22995235 Amount of Each Receipt this Period 409.00
SUBTOTAL of Receipts This Page (optional)		1227.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any personante name and address of any political committee to cal Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gary Alan Li Mailing Address 215 Vista De Sierra City	State Zip Code	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995236
Los Gatos FEC ID number of contributing federal political committee.	CA 95030-6320	Amount of Each Receipt this Period 409.00
Name of Employer Good Samaritan Hosp ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 509.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Andrew Lukaszczyk Mailing Address PO Box 80596 City	State Zip Code	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995237
Bakersfield FEC ID number of contributing federal political committee. Name of Employer	CA 93380-0596 C Occupation	Amount of Each Receipt this Period 409.00
Name of Employer CA Emer Phys Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 409.00]
Full Name (Last, First, Middle Initial) Dr. Steven Hugh Mannis Mailing Address PO Box 675723 City	State Zip Code	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995238
Rancho Santa Fe FEC ID number of contributing federal political committee.	CA 92067-5723	Amount of Each Receipt this Period 409.00
Name of Employer Pomerado Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 409.00	
SUBTOTAL of Receipts This Page (optional)	1227.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 275 (check only one) X
or for commercial purp	oses, other than using the r TTEE (In Full)	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergi	ency Medicine Political	Action Com	imittee	
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	1107 Stratford Commor	ıs		12 26 2007
City		State	Zip Code	Transaction ID: 22995239
<u>Decatur</u>		GA	30033-7441	Amount of Each Receipt this Period
FEC ID number of federal political con		C		409.00
Name of Employer Dekalb Medical Ce	nter	Occupation Emergen	n cy Physician	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 409.00	
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	738 Ashbury St			12 26 YYYYY 12 26 2007
City		State	Zip Code	Transaction ID: 22995240
San Francisco FEC ID number of federal political con		CA	94117-4014	Amount of Each Receipt this Period 409.00
Name of Employer California Emerg P	hys	Occupation Emergen	n cy Physician	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 409.00	
Full Name (Last, Fi	,			Date of Receipt
Mailing Address	21 W Berridge Ln			12 26 YYYY 12 26 2007
City	I W Bomago Em	State	Zip Code	Transaction ID: 22995241
Phoenix		AZ	85013-1509	Amount of Each Receipt this Period
FEC ID number of federal political con		C		409.00
Name of Employer Good Samaritan R ED	eg Med Ctr	Occupation Emergen	n cy Physician	7
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 509.00	
SUBTOTAL of Recei	pts This Page (optional)			1227.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Susan K Munden Mailing Address 3509 Tres Rios City San Clemente FEC ID number of contributing federal political committee. Name of Employer South Coast Med Ctr Receipt For: Primary General Other (specify)	State Zip Code CA 92673-3822 C Occupation Emergency Physician Aggregate Year-to-Date 409.00	Date of Receipt M M / D D / Y Y Y Y Y 1 2 2 6 2 2 0 0 7 Transaction ID: 22995242 Amount of Each Receipt this Period 409.00
Full Name (Last, First, Middle Initial) Dr. Elaine Nelson Mailing Address 1963 Fallen Leaf Lr City Los Altos FEC ID number of contributing federal political committee. Name of Employer Elaine Nelson, MD, FACEP Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 1 2 6 / 2 0 0 7 Transaction ID: 22995244 Amount of Each Receipt this Period 409.00
Full Name (Last, First, Middle Initial) Dr. Timothy P Nesper Mailing Address 1222 Llano City San Clemente FEC ID number of contributing federal political committee. Name of Employer CA Emer Phys Med Grp Receipt For: Primary General Other (specify)	State Zip Code CA 92673-4035 C Occupation Emergency Physician Aggregate Year-to-Date 509.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	ıl) >	1227.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 / 275 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any perso the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Phong Nguyen Mailing Address 543 Acacia Ct City Redlands FEC ID number of contributing federal political committee. Name of Employer California Emerg Phys Receipt For: Primary General Other (specify)	State Zip Code CA 92373-5667 C Occupation Emergency Physician Aggregate Year-to-Date 409.00	Date of Receipt M M / D D / Y Y Y Y Y 1 2 6 2 6 2 0 0 7 Transaction ID: 22995246 Amount of Each Receipt this Period 409.00
Full Name (Last, First, Middle Initial) Dr. Martin E Ogle Mailing Address 370 Ledroit St City Laguna Beach FEC ID number of contributing federal political committee. Name of Employer CA EmergPhys Receipt For: Primary General Other (specify)	State Zip Code CA 92651-1349 C Occupation Emergency Physician Aggregate Year-to-Date 409.00	Date of Receipt M M / 26 / 2007 Transaction ID: 22995247 Amount of Each Receipt this Period 409.00
Full Name (Last, First, Middle Initial) Dr. Edward Adam Pillar Mailing Address 35605 Abelia St City Murrieta FEC ID number of contributing federal political committee. Name of Employer Inland Valley Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code CA 92562-4462 C Occupation Emergency Physician Aggregate Year-to-Date 509.00	Date of Receipt M M / 26 / 2007 Transaction ID: 22995248 Amount of Each Receipt this Period 409.00
SUBTOTAL of Receipts This Page (optional)	1227.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 275 (check only one) X
or for	information copied from such Reports and someone commercial purposes, other than using the AME OF COMMITTEE (In Full) Jational Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
F:	ull Name (Last, First, Middle Initial) rr. Robert Philip Realmuto	2171011011 0011		Date of Receipt
_	lailing Address 2001 Via Teca ity	State	Zip Code	1 2 2 6 2 0 0 7 Transaction ID: 22995249
	San Clemente	CA	92673-5659	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	0.2070 0.000	409.00
<u>E</u>	ame of Employer Drange Coast Mem Med Ctr Deceipt For: Primary Other (specify) American Security Se	, ' 	nn ncy Physician e Year-to-Date ▼ 409.00	1
. <u>D</u>	ull Name (Last, First, Middle Initial) r. Jaime B Rivas lailing Address	0 0		Date of Receipt
	2408 Oak Canyon Pl			12 26 2007
	ity	State	Zip Code	Transaction ID: 22995261
<u>E</u>	scondido	CA	92025-6743	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		409.00
_	ame of Employer aime B Rivas, MD, FACEP	- ·	ncy Physician	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 534.00	
<u>D</u>	ull Name (Last, First, Middle Initial) rr. Robert Craig Rosenbloom			Date of Receipt
M	lailing Address PO Box 5101			12 26 2007
C	ity	State	Zip Code	Transaction ID: 22995300
<u>C</u>	Culver City	CA	90231-5101	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		409.00
N	ame of Employer alifornia Emerg Phys	Occupation Emerger	n ncy Physician	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1159.00	
SUE	BTOTAL of Receipts This Page (optional) .			1227.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 / 275 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Armando G Samaniego Mailing Address 3313 N Lucile Ln City	State	Zip Code	Date of Receipt M M
Lafayette FEC ID number of contributing federal political committee.	CA	94549-5425	Amount of Each Receipt this Period 409.00
Name of Employer Armando G Samaniego, MD Receipt For: Primary General Other (specify) ▼		n cy Physician Year-to-Date ▼ 409.00	
Full Name (Last, First, Middle Initial) Dr. Roger B Schechter Mailing Address California Emerg P 2101 Webster St #	1050	7.0.1	Date of Receipt 1 2 2 6 2 0 0 7
City Oakland FEC ID number of contributing federal political committee.	State CA	Zip Code 94612-3027	Transaction ID: 22995381 Amount of Each Receipt this Period 409.00
Name of Employer California Emerg Phys Med Grp Receipt For: Primary General Other (specify) ▼	Occupation Emergen	n cy Physician Year-to-Date ▼ 409.00]
Full Name (Last, First, Middle Initial) Dr. David W Smith Mailing Address			Date of Receipt
126 Avenida Melise City	State	Zip Code	1 2 2 6 2 0 0 7 Transaction ID: 22995382
San Dimas FEC ID number of contributing federal political committee.	CA	91773-3941	Amount of Each Receipt this Period 409.00
Name of Employer Chino Community Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 409.00	
SUBTOTAL of Receipts This Page (optional	al)		1227.00

or for N. N. N. D. M. C. C. C.	commercial purposes, other than using the AME OF COMMITTEE (In Full) ational Emergency Medicine Political Name (Last, First, Middle Initial). Andres Smith ailing Address 849 Aspen Glen Rd	Statements may not be sold or used by any per le name and address of any political committee al Action Committee	to solicit contributions from such committee.
A.	ational Emergency Medicine Politic III Name (Last, First, Middle Initial) Andres Smith ailing Address 849 Aspen Glen Rd	al Action Committee	Data of Daggint
. <u>D</u> М	Andres Smith ailing Address 849 Aspen Glen Rd		Data of Docaries
 C	849 Aspen Glen Rd		Date of Receipt
<u>C</u>	ty		12 26 2007
_	hula Vista	State Zip Code CA 91914-2520	Transaction ID: 22995383 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	409.00
N S	ame of Employer narp Chula Vista Med Ctr	Occupation Emergency Physician	
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 409.00	
	ull Name (Last, First, Middle Initial) . Robert G Spencer		Date of Receipt
	ailing Address 244 Ross St		12 26 7 2007
Ci	ty anta Cruz	State Zip Code CA 95060-2022	Transaction ID: 22995384
FI	EC ID number of contributing deral political committee.	CA 95060-2022	Amount of Each Receipt this Period 409.00
N: S:	ame of Employer an Mateo Co General Hosp	Occupation Emergency Physician	
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 409.00	
	ull Name (Last, First, Middle Initial) r. Mark J Spiro		Date of Receipt
M 	ailing Address 832 Marisa Ln		12 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	•	State Zip Code	Transaction ID: 22995385
FI	ncinitas EC ID number of contributing deral political committee.	CA 92024-6647	Amount of Each Receipt this Period 409.00
N: C	ame of Employer alifornia Emerg Phys	Occupation Emergency Physician	
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 509.00	
SUE	TOTAL of Receipts This Page (optional)		1227.00

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 / 275 (check only one) X
or for commercial pu	rposes, other than using the	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Dr. Joel A Stettner Mailing Address	First, Middle Initial) 5877 Estates Dr			Date of Receipt 1 2 2 6 2 0 0 7
City	COTT Ediated Bi	State	Zip Code	Transaction ID: 22995386
<u>Oakland</u>		CA	94611-3138	Amount of Each Receipt this Period
FEC ID number of federal political controls		C		409.00
Name of Employ CA Emerg Phys	er	Occupation Emergen	n cy Physician	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 509.00	
Full Name (Last, Dr. Pamela J Stua Mailing Address	First, Middle Initial) rt			Date of Receipt
	1125 Vintage Ct			12 26 2007
City		State	Zip Code	Transaction ID: 22995387
San Martin FEC ID number of federal political c		CA	95046-9480	Amount of Each Receipt this Period 409.00
Name of Employ St Louise Reg H	er osp	Occupation Emergen	n cy Physician	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 459.00]
Full Name (Last, Dr. James Taggar	First, Middle Initial) t			Date of Receipt
Mailing Address	98 Main St #626			12 26 YYYYY 12 26 2007
City	30 Maii 01 #020	State	Zip Code	Transaction ID: 22995389
Belvedere		CA	94920-2517	Amount of Each Receipt this Period
FEC ID number of federal political c		C		409.00
Name of Employer Petaluma Valley	er Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 409.00	
SUBTOTAL of Rec	eipts This Page (optional)			1227.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 / 275 (check only one) X
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Marc David Taub Mailing Address 33842 Manta Ct City Dana Point FEC ID number of contributing federal political committee. Name of Employer South Coast Med Ctr ED Receipt For: Primary General Other (specify)	_ ' <u> </u>	Zip Code 92629-4505 nn ncy Physician e Year-to-Date ▼ 409.00	Date of Receipt M M M
-В.	Full Name (Last, First, Middle Initial) Dr. Milton R Teske Mailing Address 8939 N Chestnut Ave City Fresno FEC ID number of contributing federal political committee. Name of Employer Selma District Hosp Receipt For: Primary General Other (specify)	State CA C Occupation Emergen	Zip Code 93720-5366 nn ncy Physician e Year-to-Date ▼ 409.00	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: 22995392 Amount of Each Receipt this Period 409.00
- С.	Full Name (Last, First, Middle Initial) Dr. Barbara B Victor Mailing Address 506 21St St City Huntington Beach FEC ID number of contributing federal political committee. Name of Employer Garden Grove Hosp Receipt For: Primary General Other (specify)	, ' 	Zip Code 92648-3303 on ncy Physician e Year-to-Date ▼ 509.00	Date of Receipt M M
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			1227.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 275 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any pers e name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ellis Weeker Mailing Address 197 Vista Del Monte City Los Gatos FEC ID number of contributing federal political committee. Name of Employer CA Emer Phys Med Grp Receipt For: Primary General Other (specify)	State Zip Code CA 95030-6337 C Occupation Emergency Physician Aggregate Year-to-Date 409.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Ellis Weeker Mailing Address 197 Vista Del Monte City Los Gatos FEC ID number of contributing federal political committee. Name of Employer CA Emer Phys Med Grp Receipt For: Primary General Other (specify)	State Zip Code CA 95030-6337 C Occupation Emergency Physician Aggregate Year-to-Date 818.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jack M Wilson Mailing Address 15470 White Vale Ln City Poway FEC ID number of contributing federal political committee. Name of Employer California Emer Phys Receipt For: Primary General Other (specify)	State Zip Code CA 92064-2338 C Occupation Emergency Physician Aggregate Year-to-Date 409.00	Date of Receipt M M D D 2 0 0 7
SUBTOTAL of Receipts This Page (optional) .		1227.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 275 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Dr. Carsten Zieger		Date of Receipt
Mailing Address 2030 Via Zacata Pl		12 26 2007
City	State Zip Code	Transaction ID: 22995397
Arroyo Grande	CA 93420-9631	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	409.00
Name of Employer French Hosp Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	409.00	
Full Name (Last, First, Middle Initial) Dr. Robert Buscho	•	Date of Receipt
Mailing Address 23 Washington Ave		12 31 7 2007
City	State Zip Code	Transaction ID: 23040542
San Rafael	CA 94903-4115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	409.00
Name of Employer CA Emerg Phys Med Grp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas L Dourmashkin		Date of Receipt
Mailing Address 199 Maple Ridge Rd		10 03 7 2007
City	State Zip Code	Transaction ID: 23112212
Northampton	MA 01062-9749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer Berkshire Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.20 This changes the YTD Total to \$0
SUBTOTAL of Receipts This Page (optional)		818.00
	,	218465.64

TOTAL This Period (last page this line number only)

Cary NC FEC ID number of contributing federal political committee. C	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
` '	ction Committee	
Wake Emergency Physicians PA PAC Mailing Address 570 New Waverly Place Suite 210	State Zip Code	Date of Receipt M
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date ▼ 2000.00	-

SUBTOTAL of Receipts This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<u> </u>	2000.00

SCHEDULE A (FEC Form 3X)		Llac concrete cohodula(a)	FOR LINE NUMBER: PAGE 231 / 275
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political	Action Com	ımittee	
Full Name (Last, First, Middle Initial) Baucus Johnson Victory Fund			Date of Receipt
Mailing Address 818 Connecticut Ave., I Suite 1100	NW		12 31 2007
City	State	Zip Code	Transaction ID: 23078611
Washington	DC	20006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1250.00	Refund of overpayment to Baucus Johnson Victory Fu- nd / Already met limit for Tim Johnson

SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line number only)	<u> </u>	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 275 (check only one) 11a 11b 11c 12 13 14 15 16 17 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any persole name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICU City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	T AVE NW State Zip Code DC 20036 C Occupation Aggregate Year-to-Date ▼ 8910.54	Date of Receipt M M M
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICU City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	T AVE NW State Zip Code DC 20036 C Occupation Aggregate Year-to-Date ▼ 10254.60	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICU City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code DC 20036 C Occupation Aggregate Year-to-Date ▼ 11372.48	Date of Receipt M M M J D D J Y Y Y Y Y Y Transaction ID: 23109198 Amount of Each Receipt this Period 1117.88
SUBTOTAL of Receipts This Page (optional)		3522.96

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 / 275 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any personal name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICUT City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	T AVE NW State Zip Code DC 20036 C Occupation Aggregate Year-to-Date ▼ 12670.70	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 23109205 Amount of Each Receipt this Period 1298.22
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICUT City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	T AVE NW State Zip Code DC 20036 C Occupation Aggregate Year-to-Date ▼ 14455.09	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICUT City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	T AVE NW State Zip Code DC 20036 C Occupation Aggregate Year-to-Date ▼ 16052.80	Date of Receipt M M 2 0 0 7 Transaction ID: 23109215 Amount of Each Receipt this Period 1597.71
SUBTOTAL of Receipts This Page (optional)		4680.32
TOTAL This Period (last page this line number	er only)	8203.28

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u> </u>	21b 27	22 28a	X	23 28b		24 28c		25 29	2 3
Any Information copied from such Reports and State or for commercial purposes, other than using the report of NAME OF COMMITTEE (In Full) National Emergency Medicine Political	ame and address of any politic											
7 National Emergency Medicine Folitical	Action Committee											
Full Name (Last, First, Middle Initial) The Big Tent PAC Mailing Address 226 North Alfred St					Trans Date	of Di	sburs	_			0 ŏ 7	Y
City	State Zip Code				Amoi	ınt o	f Each	n Dick	ourco	mont	this P	oriod
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Purpose of Disbursement Void - The Big Tent PAC - Reissue on 7/17/07 Candidate Name		Ca	011 ategoi Type	ry/			•			-50	0.00	0
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Full Name (Last, First, Middle Initial)					Trans					23		
The Big Tent PAC					Date M				nt /	· · · ·	V .	V
Mailing Address 226 North Alfred St					0 7	IVI	<u> </u>	1 ^D	Ĺ	2	0 ŏ 7	
City Alexandria	State Zip Code VA 22314				Amou	int o	f Each	n Dist	ourse	-	this P	
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Full Name (Last, First, Middle Initial) Friends Of John Tanner					Trans Date	of Di	sburs	emer		. •		
Mailing Address Post Office Box 1994					0 ^M 7	М	D 2	25	/ Y	ž	0 ŏ 7	Y
City Union City	State Zip Code TN 38281				Amou	ınt o	f Each	n Dist	ourse	ment	this P	eriod
Purpose of Disbursement		T		\neg	L.					.10	0.00	0
Candidate Name Rep. John S. Tanner		Ca	011 ategoi Type	γ/								
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	,	First, Middle Initial)							Trans	sacti	on ID:	2088	39010		
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Ma	ailing Address	PO Box 52104 Suite A	3						0 7		2	25	Ľ.	žoŏ	7
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Re	andidate Name ep. James D.						ateg Typ	-							
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		President		Other (spe											
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va	an Hollen For	Congress							Date M	of Di м		ement		Y Y	Υ
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Ct	ate: WI	District: 03	2008 Pr		ony) ♥										
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Any Information copied from such Reports and State or for commercial purposes, other than using the national Political Politic	ame and address of any poli action Committee	age 21b 27 used by any person	28a 28b 28c 29 on for the purpose of soliciting contributions
or for commercial purposes, other than using the national Political And Name (Commercial Political And Political A	ame and address of any poli action Committee		Solicit contributions from such committee Transaction ID: 20889008
Friends Of Gayle Harrell Mailing Address 1885 N.W. Eagle Poin City			
Friends Of Gayle Harrell Mailing Address 1885 N.W. Eagle Poin City			
City			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	State Zip Code FL 34994		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Gayle Harrell		Category/ Type	<u>'</u>
Senate President	rsement For: 2003 X Primary Gene Other (specify) ▼ Primary	eral	
Full Name (Last, First, Middle Initial)	rillialy		Transaction ID: 00000010
Diana Degette For Congress Inc.			Transaction ID: 20929918 Date of Disbursement
Mailing Address P.O. Box 61337			08 / 01 / 2007
City Denver	State Zip Code CO 80206		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		011 Category/	1500.00
Senate President	rsement For: 2003 X Primary Gene Other (specify) ▼ Primary	Type	
Full Name (Last, First, Middle Initial) Friends Of John Tanner	•		Transaction ID: 20931793 Date of Disbursement
Mailing Address Post Office Box 1994			08 / 01 / 2007
City Union City	State Zip Code TN 38281		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1500.00
Candidate Name Rep. John S. Tanner		Category/ Type	
Senate President	rsement For: 2003 X Primary Gene Other (specify) ▼	eral	
State: TN District: 08 2008	Primary		
SUBTOTAL of Disbursements This Page (optional	al)		5000.00

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	Anna Eshoo F										sburs	: 2093 ement		ž o č 7	, Y
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	City Sacramento			State CA	Zip Code 95814				Amou	ınt of	Each	Disbu			
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	Rep. Anna G.						Typ	•							
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	Mailing Address	PO Box 5577 Manhattanville	e Sta						0 8) 1		ž o ŏ 7	7
	City New York			State NY	Zip Code 10027				Amou	ınt of	Each	Disbu	rsemei	nt this F	Perio
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	Candidate Name Rep. Charles						ateg Type	-							
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_	State: NY Full Name (Last, Sue Myrick Fo	District: 15 First, Middle Initial)	2008 Pr	imary								: 2093	1415		
	Mailing Address	P.O. Box 3709	91						0 ^M 8	M /	D	ement	Y 2	ž o ŏ 7	7 ^Y
	City Charlotte			State NC	Zip Code 28237				Amoi	ınt of	Each	Disbu	rsemei	nt this F	Perio
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	Candidate Name Rep. Sue Wilk					Ca	011 ateg Type	ory/							
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Nat	tional Emer	gency Medicine P	olitical Acti	on Comn	nittee										
	•	First, Middle Initial)										2093	2697		
		Jr. For Congress								M .		ement	Υ	ž 0 ŏ :	7 ^Y
	iling Address	P.O. Box 4902	286												
City Chi	/ icago			State IL	Zip Code 60649				Amou	int o	Each	Disbu		ent this	
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	ndidate Name p. Jesse L	Jackson, Jr.				Ca	-	ory/							
	ice Sought:	X House Senate President	X	ment For: Primary Other (spe	2003 General										
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	•	First, Middle Initial) or Congress Com	mittee						Date	of Di	sburs	: 2092 ement			V
Mail	iling Address	PO Box 87							0 ^M 8	М	^D C	1 /	Y	žoŏ	7 [*]
City	/ /chland			State PA	Zip Code 19480				Amou	int o	Each	Disbu		ent this	
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	n Ryan For (,							Date		-	ement			Y
Mail	iling Address	1600 Rooseve Suite 804	lt Avenue						0 8		C	1	<u></u>	ž 0 ŏ	7
City Nile				State OH	Zip Code 44446				Amou	int o	Each	Disbu	rseme	ent this	Period
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SCHEDULE B (•	Use sepa	arate schedule(s)		_		NUMBE	R:		PA	AGE	239 / 2	275
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National Emergency Medicine Politic	cal Action Committee		
Full Name (Last, First, Middle Initial) Sue Myrick For Congress			Transaction ID: 21351587 Date of Disbursement
Mailing Address P.O. Box 37091			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
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City Louisville	State Zip Code KY 40206		Amount of Each Disbursement this Perio
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	Full Name (Last, First, Middle Initial) Matheson For Congress					Trans Date			emer				V
	Mailing Address PO Box 521048 Suite A					0 9	IVI		1 2	<u> </u>	2	0 ŏ 7	
	City Salt Lake City	State Zip Code UT 84152	_			Amou	int o	Each	n Dist	burse	-	t this F	
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	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South	·				Trans		_			14		
	Mailing Address PO Box 2009					0 ^M 9	М	D .	1 2	/ Y	ž	0 ŏ 7	, ^Y
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Full Name (Last, First, Middle Initial) Boucher For Congress Committee Mailing Address PO Box 2000		Transaction ID: 21421677 Date of Disbursement M 9 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Candidate Name Rep. Rick Boucher	Category/ Type	
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Mailing Address 625 3rd Street, NE Suite #2		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Period
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City Washington	State Zip Code DC 20013	Amount of Each Disbursement this Period
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Candidate Name Sen. Sherrod Brown	Category/ Type	1
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Full Name (Last, First, Middle Initial)			Transaction ID: 21546550
Tim Johnson For South Dakota Inc			Date of Disbursement
Mailing Address PO Box 1536			099 / 19 / 2007
City Sioux Falls	State Zip Code SD 57101		Amount of Each Disbursement this Period
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Candidate Name Sen. Tim Johnson		Category/ Type	
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Langevin For Congress			Date of Disbursement
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Mr. James Langevin		Type	
Senate	ement For: 2003 Primary General		
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Mary Bono Committee			Date of Disbursement
Mailing Address P.O. Box 3370			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 0 & 1 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & 0 & 7 \\ Y & 2 & 0 & 0 & 7 \end{bmatrix}$
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Rep. Mary Bono Mack		Category/ Type	
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Full Name (Last, First, Middle Initial)		Transaction ID: 21960886
Friends Of Gordon Smith		Date of Disbursement
Mailing Address 228 S Washington St	e 115	M M / D 2 H / Y Y Y O Y Y
City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Period
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Candidate Name Sen. Gordon H. Smith	Categ Typ	gory/
X Senate President	rsement For: 2003 X Primary General Other (specify) ▼	
State: OR District: 02 200 Full Name (Last, First, Middle Initial)	3 Primary	Transaction ID: 22084845
Citizens To Elect Rick Larsen		Date of Disbursement
Mailing Address PO Box 326		10
City Everett	State Zip Code WA 98206	Amount of Each Disbursement this Perio
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Candidate Name Rep. Rick Larsen	Categ Typ	· ·
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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Full Name (Last, First, Middle Initial) Hooley For Congress			Transaction ID: 22251912 Date of Disbursement
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City Salem	State Zip Code OR 97308		Amount of Each Disbursement this Perio
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Candidate Name Rep. Darlene Hooley		Category/ Type	
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Full Name (Last, First, Middle Initial) Marion Berry For Congress			Transaction ID: 22251902 Date of Disbursement
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Candidate Name Rep. Marion Berry		Category/ Type	
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David Scott For Congress			Date of Disbursement
Mailing Address P.O. Box 960821			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
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Candidate Name Rep. David A. Scott	7	Category/ Type	
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	action Committee			
Full Name (Last, First, Middle Initial) Collins For Senator			Transaction ID: 22 Date of Disburseme	
Mailing Address PO Box 1096			111 / 14	['] 2007
City Bangor	State Zip Code ME 04402		Amount of Each Dis	sbursement this Period
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Candidate Name Sen. Susan M. Collins		Category/ Type		
χ Senate President	rsement For: 2003 X Primary Genera Other (specify) ▼	al		
State: ME District: 02 2008	Primary			
Full Name (Last, First, Middle Initial) Pete-PAC			Transaction ID: 22 Date of Disbursement	ent
Mailing Address 815 Slaters Lane			111 / 14	2007
City Alexandria	State Zip Code VA 22314		Amount of Each Dis	sbursement this Period
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Candidate Name		Category/ Type		
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Full Name (Last, First, Middle Initial) Perlmutter For Congress			Transaction ID: 22	
Mailing Address 3440 Youngfield St #20	64		111 / 14	['] ^Y ^Y 2007 ^Y
City Wheat Ridge	State Zip Code CO 80033		Amount of Each Dis	sbursement this Period
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Senate President	rsement For: 2003 X Primary Genera Other (specify) ▼	al		
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-	Full Name (Last, First, Middle Initial Ron Lewis For Congress Mailing Address PO Box 307)						Date o		burse	22251 ment 4		ž o ŏ 7	, ^Y
	City Elizabethtown		State KY	Zip Code 42702				Amoui	nt of I	Each	Disburs	semer	nt this F	Period
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	City Medford			State MA	Zip Code 02155				Amo	unt o	Each	Disb	urseme	ent this	
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	City Vernon	State CT	Zip Code 06066	_			Amou	nt of	Each	Disb	ourse	-	this P	
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Mailing Address P.O. Box 490		
City St. Joseph	State Zip Code MI 49085	Amount of Each Disbursement this Period
Purpose of Disbursement	011	2500.00
Candidate Name Rep. Fred Upton	Category/ Type	
Senate President	rsement For: 2003 X Primary General Other (specify) ▼ Primary	
Full Name (Last, First, Middle Initial)	riiiidiy	Transaction ID: 22751913
Tim Johnson For South Dakota Inc		Date of Disbursement
Mailing Address PO Box 1536		12 19 2007
City Sioux Falls	State Zip Code SD 57101	Amount of Each Disbursement this Period
Purpose of Disbursement	011	1000.00
Candidate Name Sen. Tim Johnson	Category/ Type	
X Senate President	rsement For: 2008 Primary X General Other (specify) ▼	
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National Emergency Medicine Politica	al Action Comm	nittee			
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Transaction ID: 22840523 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions from such committee or to commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) Fattah For Congress Mailing Address 3900 Ford Road Suite 12-0 City State Zip Code PA 19131 Purpose of Disbursement Void - Fattah For Congress Candidate Name Rep. Chake Fattah Office Sought: X House Senate President State: PA District: 02 Colve (Super WY 82601 Full Name (Last, First, Middle Initial) Friends Of John Barrasso Mailing Address 6896 Casper Mountain Rd City State: Zip Code WY 82601 Transaction ID: 22840523 Date of Disbursement this f Category' Type Void - Fattah For Congress Void - Fattah For Congress Void - Fattah For Congress Candidate Name Mr. John Barrasso Office Sought: President State: Wy District: 02 2008 Primary Full Name (Last, First, Middle Initial) Firends Of John Barrasso Office Sought: President State: Wy District: 02 2008 Primary Full Name (Last, First, Middle Initial) Firends Of John Barrasso Office Sought: President State: Wy District: 02 2008 Primary Full Name (Last, First, Middle Initial) Firends Of John Barrasso Office Sought: President State: Wy District: 02 2008 Primary Full Name (Last, First, Middle Initial) Firends Of John Barrasso Office Sought: President State: Wy District: 02 Disbursement For: 2003 X Primary General Charles (Primary Category) Type Office Sought: President State: Wy District: 02 Disbursement For: 2003 X Primary General Charles (Primary Category) Type Office Sought: Primary Disbursement For: 2003 Amount of Each Disbursement You's -Fatha For Congress Amount of Each Disbursement You's -Fatha For Congress Amount of Each Disbursement You's -Fatha For Congr	CHEDULE B (FEC Form 3	Use separate schedule(s)	FOR LINE (check only		PAGE 270 / 275
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Fattah For Congress Mailing Address 3900 Ford Road Suite 12-O City State Zip Code PA 19131 Purpose of Disbursement Void - Fattah For Congress State PA District: 02 Full Name (Last, First, Middle Initial) State Zip Code PA 19131 Amount of Each Disbursement this for Congress Category' Type Void - Fattah For Congress State PA District: 02 Senate President State PA District: 02 City State Zip Code Primary Transaction ID: 22840945 Date of Disbursement this for Congress Category' Type Void - Fattah For Congress Category' Type Void - Fattah For Congress Transaction ID: 22840945 Date of Disbursement this for Congress Category' Type Void - Fattah For Congress Category' Type Void - Fattah For Congress Transaction ID: 22840945 Date of Disbursement this for Category' Type Void - Fattah For Congress Transaction ID: 22840945 Date of Disbursement Initial Date of Disbursement Initial Primary General President State Pre		Detailed Summary Page	27	28a 28b	28c 29
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\rangle	NAME OF COMMITTEE (In Fu National Emergency Medic	,	ommittee					
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	City Boca Raton Purpose of Disbursement	State FL	Zip Code 33433	011	Amount of Each Dis		this Pe	-
	Candidate Name Rep. Ronald Klein			Category/ Type				
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NAME OF COMMITTEE (In Full) National Emergency Medicin				
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	R LINE NUMBER: PAGE 273 / 275 ck only one) 21b
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Syed A Zafar Mailing Address PO Box 755		Transaction ID: 22254989 Date of Disbursement 10 M J J J J J J J J J J J J J J J J J J
City Franklin Park Purpose of Disbursement	State Zip Code NJ 08823-0755	Amount of Each Disbursement this Period -100.00
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Office Sought: House Disburs Senate President State: District: 00	sement For: Primary General Other (specify)	Void - Dr. Syed A Zafar

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NAME OF COMMITTEE (In Full) National Emergency Medicine					
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City IRVING	State TX	Zip Code 75062		Amount of Each	Disbursement this Period
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Candidate Name			Category/ Type		
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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)			R LINE	NUMBER:			P	PAGE 275 / 275		
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Full Name (Last, First, Middle Initial) CHASE BANK							action of Disb		231093 ment	365		
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TOTAL This Period (last page this line number only	۸									364	2.18	