

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

National Emergency Medicine Political Action Committee

ADDRESS (number and street) 1125 Executive Circle

Check if different than previously reported. (ACC)

Irving TX 75038

2. **FEC IDENTIFICATION NUMBER** C00140061

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

(d) 30-Day **Post**-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Phyllis Edans, CPA, CAE

Signature of Treasurer Electronically Filed by Phyllis Edans, CPA, CAE Date 03 07 2011

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 Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		815920.52
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	808059.29									
(c) Total Receipts (from Line 19)	262098.53	728295.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1070157.82	1544215.69								
7. Total Disbursements (from Line 31)	293022.42	767080.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	777135.40	777135.40								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	153553.92	1004651.45
(ii) Unitemized	108445.89	742779.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)	261999.81	722740.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	261999.81	722740.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	-200.00	4800.00
17. Other Federal Receipts (Dividends, Interest, etc.)	298.72	754.37
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	262098.53	728295.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	262098.53	728295.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	291000.00	760500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2022.42	6580.29
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	293022.42	767080.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	293022.42	767080.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	261999.81	722740.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	261999.81	722740.80
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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Dennis Michael Allin

Mailing Address 8522 Widmer Rd

City Lenexa State KS Zip Code 66215-5415

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

Name of Employer Univ of Kansas Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2010

Transaction ID: C1127843

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
E Jackson Allison, Jr

Mailing Address 4 Hickory Forest Rd

City Asheville State NC Zip Code 28805-1400

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

Name of Employer E Jackson Allison Jr, MD, FACEP(E) Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 26 / 2010

Transaction ID: C958044

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Leonardo L Alonso

Mailing Address 831 Chicopit Ln

City Jacksonville State FL Zip Code 32225-4913

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

Name of Employer SEC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 30 / 2010

Transaction ID: C961533

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 7 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Stephen H Andersen

Mailing Address 12202 E Shangri La Rd

City State Zip Code
Scottsdale AZ 85259-3301

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

Name of Employer Occupation
SEA Ltd Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: C953517

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Stephen H Anderson

Mailing Address 29933 1st PI S

City State Zip Code
Federal Way WA 98003-4305

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

Name of Employer Occupation
Auburn Reg Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1127979

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Paul Anthony Andrulonis

Mailing Address 1819 SE 17th St

City State Zip Code
Ft Lauderdale FL 33316-3060

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

Name of Employer Occupation
Baptist Hosp of Miami EM Dept Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: C963737

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Paul Anthony Andrulonis
Mailing Address 1819 SE 17th St
City Ft Lauderdale State FL Zip Code 33316-3060
FEC ID number of contributing federal political committee. **C**
Name of Employer Baptist Hosp of Miami EM Dept
Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 26 / 2010
Transaction ID: C1106108
Amount of Each Receipt this Period 900.00

B. Full Name (Last, First, Middle Initial)
James V Antinori
Mailing Address 3060 Oak Rim Ln
City Park City State UT Zip Code 84060-6803
FEC ID number of contributing federal political committee. **C**
Name of Employer EPIC LLC
Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 26 / 2010
Transaction ID: C1106182
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
David A Arai
Mailing Address 9 Harbour Town Ct
City Frisco State TX Zip Code 75034-6819
FEC ID number of contributing federal political committee. **C**
Name of Employer Innovative Emer Med
Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 26 / 2010
Transaction ID: C1105958
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2150.00
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 9 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brahim Ardolic

Mailing Address 475 Seaview Ave
Staten Island Univ Dept of EM

City Staten Island State NY Zip Code 10305-3436

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

Name of Employer: Staten Island Univ Dept of EM
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106114
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Robert David Argand

Mailing Address 1645 Adobe Dr

City Pacifica State CA Zip Code 94044-4048

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

Name of Employer: Dr. Robert David Argand
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: C1126338
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Thomas L Arnold, Jr

Mailing Address 7061 N Highfield Dr

City Birmingham State AL Zip Code 35242-7241

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

Name of Employer: Meadow Brook
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106126
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Crystal Arthur

Mailing Address 906 Rowland Rd

City Leonard State MI Zip Code 48367-2212

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

Name of Employer Med Ctr Emer Svcs Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 02 / 2010
Transaction ID: C985726
Amount of Each Receipt this Period 250.00

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

Mailing Address 4198 Berkshire Rd SW

City Rochester State MN Zip Code 55902-1699

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

Name of Employer Mayo Cinc-Chair Dept of EM Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 30 / 2010
Transaction ID: C961637
Amount of Each Receipt this Period 83.33

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

Mailing Address 4198 Berkshire Rd SW

City Rochester State MN Zip Code 55902-1699

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

Name of Employer Mayo Cinc-Chair Dept of EM Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt 09 / 02 / 2010
Transaction ID: C985727
Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 416.66

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brent Asplin
Mailing Address 4198 Berkshire Rd SW
City Rochester State MN Zip Code 55902-1699
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo ClnC-Chair Dept of EM Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 416.65
Date of Receipt 09 / 25 / 2010
Transaction ID: C1095766
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Bruce S Auerbach
Mailing Address 211 Park St
City Attleboro State MA Zip Code 02703-3143
FEC ID number of contributing federal political committee. **C**
Name of Employer Sturdy Memf Hosp Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00
Date of Receipt 07 / 22 / 2010
Transaction ID: C955106
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Bruce S Auerbach
Mailing Address 211 Park St
City Attleboro State MA Zip Code 02703-3143
FEC ID number of contributing federal political committee. **C**
Name of Employer Sturdy Memf Hosp Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00
Date of Receipt 08 / 22 / 2010
Transaction ID: C969825
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 283.33
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 211 Park St

City State Zip Code
Attleboro MA 02703-3143

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

Name of Employer Occupation
Sturdy Meml Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106289

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Brian Lee Barnes

Mailing Address 1276 Lambrusca Dr

City State Zip Code
Sparks NV 89436-8124

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

Name of Employer Occupation
St Marys Regl Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: C953550

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Tamera Counts Barnes

Mailing Address 14541 Sarum Ter

City State Zip Code
Midlothian VA 23113-6047

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

Name of Employer Occupation
Henrico Doctor's Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C962025

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Tamera Counts Barnes

Mailing Address 14541 Sarum Ter

City Midlothian State VA Zip Code 23113-6047

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

Name of Employer: Henrico Doctor's Hospital Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 09 / 02 / 2010

Transaction ID: C985736

Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Tamera Counts Barnes

Mailing Address 14541 Sarum Ter

City Midlothian State VA Zip Code 23113-6047

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

Name of Employer: Henrico Doctor's Hospital Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 09 / 25 / 2010

Transaction ID: C1105430

Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Tamera Counts Barnes

Mailing Address 14541 Sarum Ter

City Midlothian State VA Zip Code 23113-6047

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

Name of Employer: Henrico Doctor's Hospital Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 09 / 27 / 2010

Transaction ID: C1127973

Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 206
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt, MD, FACEP	Date of Receipt MM / DD / YYYY 09 / 26 / 2010
	Mailing Address 68 Greenlawn Ave	Transaction ID: C1106148
	City State Zip Code Newton Center MA 02459-1714	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
Name of Employer New England Med Ctr Emer Phys	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.33	

B.	Full Name (Last, First, Middle Initial) Wayne S Barry	Date of Receipt MM / DD / YYYY 09 / 26 / 2010
	Mailing Address 397 Caddie Dr	Transaction ID: C1106184
	City State Zip Code Debary FL 32713-4514	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Emer Med Pro	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Wayne S Barry	Date of Receipt MM / DD / YYYY 09 / 26 / 2010
	Mailing Address 397 Caddie Dr	Transaction ID: C1106208
	City State Zip Code Debary FL 32713-4514	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Emer Med Pro	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	343.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Beverly H Bauman

Mailing Address PO Box 530818

City State Zip Code
Harlingen TX 78553-0818

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

Name of Employer Occupation
Valley Emergency Physicians Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1128165

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Thomas E Benzoni

Mailing Address 4343 Far Hills Rd

City State Zip Code
Sioux City IA 51104-1030

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

Name of Employer Occupation
Northwest Iowa Emerg Phys Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127975

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joseph Bergen

Mailing Address 133 Old Road To 9 Acre Cor
Emerson Hosp

City State Zip Code
Concord MA 01742-4159

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

Name of Employer Occupation
Emerson Hosp Emer Phys PC Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106209

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

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 16 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Andrew I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

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

Name of Employer Inphynet Team Hlth Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 933.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: C962026

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Andrew I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

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

Name of Employer Inphynet Team Hlth Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 933.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	1	0

Transaction ID: C970185

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Andrew I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

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

Name of Employer Inphynet Team Hlth Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 933.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	1	0

Transaction ID: C985734

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **266.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Andrew I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

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

Name of Employer: Inphynet Team Hlth Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 933.34

Date of Receipt: 09 / 25 / 2010

Transaction ID: C1105431

Amount of Each Receipt this Period: 83.37

B.

Full Name (Last, First, Middle Initial)
Andrew I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

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

Name of Employer: Inphynet Team Hlth Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 933.34

Date of Receipt: 09 / 26 / 2010

Transaction ID: C1106267

Amount of Each Receipt this Period: 83.33

C.

Full Name (Last, First, Middle Initial)
Omar R Billano

Mailing Address 2831 Shook Hill Cir

City State Zip Code
Birmingham AL 35223-2618

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

Name of Employer: Shelby Med Ctr Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 10 / 2010

Transaction ID: C985556

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **266.70**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Michael D Bishop

Mailing Address 1155 W 3rd St
Unity Phys Grp PC

City Bloomington State IN Zip Code 47404-5016

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

Name of Employer Unity Phys Grp PC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127674

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Gregory J Bjerke

Mailing Address 2973 Peterson Pkwy N

City Fargo State ND Zip Code 58102-1752

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

Name of Employer Sanford-Meritcare Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: C959489

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Michelle Blanda

Mailing Address 525 E Market St
Summa Hlth Syst ED

City Akron State OH Zip Code 44304-1619

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

Name of Employer Summa Health System ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: C959317

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

A.

Full Name (Last, First, Middle Initial) Michelle Blanda		Date of Receipt MM / DD / YYYY 07 / 30 / 2010	
Mailing Address 525 E Market St Summa Hlth Syst ED		Transaction ID: C976589	
City Akron	State OH	Zip Code 44304-1619	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Summa Health System ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B.

Full Name (Last, First, Middle Initial) Frederick C Blum		Date of Receipt MM / DD / YYYY 07 / 30 / 2010	
Mailing Address 1470 Point Marion Rd		Transaction ID: C962027	
City Morgantown	State WV	Zip Code 26508-1454	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer RCB-HSC	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34		

C.

Full Name (Last, First, Middle Initial) Frederick C Blum		Date of Receipt MM / DD / YYYY 09 / 02 / 2010	
Mailing Address 1470 Point Marion Rd		Transaction ID: C985735	
City Morgantown	State WV	Zip Code 26508-1454	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer RCB-HSC	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34		

SUBTOTAL of Receipts This Page (optional)	▶	416.66
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 1470 Point Marion Rd

City State Zip Code
Morgantown WV 26508-1454

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

Name of Employer RCB-HSC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2010

Transaction ID: C1105412

Amount of Each Receipt this Period
83.37

B.

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

Mailing Address 1470 Point Marion Rd

City State Zip Code
Morgantown WV 26508-1454

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

Name of Employer RCB-HSC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127679

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Antonio Xavier Bonfiglio

Mailing Address 902 S Shady Hollow Cir

City State Zip Code
Bloomfld Hls MI 48304-3773

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

Name of Employer Emer Med Specialists PC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2010

Transaction ID: C1105775

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1166.70**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ashley E Booth

Mailing Address 655 W 8th St
Shands Jacksonville Educ

City Jacksonville State FL Zip Code 32209-6511

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

Name of Employer Shands Jacksonville Educ Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C962024

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ashley E Booth

Mailing Address 655 W 8th St
Shands Jacksonville Educ

City Jacksonville State FL Zip Code 32209-6511

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

Name of Employer Shands Jacksonville Educ Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106272

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City Charleston State SC Zip Code 29412-3632

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

Name of Employer Med Univ of SC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961644

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ▶ **583.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City Charleston State SC Zip Code 29412-3632

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

Name of Employer Med Univ of SC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt: MM / DD / YYYY
09 / 02 / 2010

Transaction ID: C985706

Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City Charleston State SC Zip Code 29412-3632

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

Name of Employer Med Univ of SC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt: MM / DD / YYYY
09 / 25 / 2010

Transaction ID: C1105413

Amount of Each Receipt this Period: 83.37

C. Full Name (Last, First, Middle Initial)
Nader Boulos

Mailing Address 3 Armstrong Ave

City Wayne State NJ Zip Code 07470-6301

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

Name of Employer St Josephs Redl Med Occupation Emergency Physician

Receipt For: 2010 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
08 / 13 / 2010

Transaction ID: C967491

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **416.70**

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 23 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Richard Neville Bradley

Mailing Address 6431 Fannin St JLL450J
UT Health Science Center Dept of E

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
The UT Health Science Cen- Emergency Physician
ter

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127983

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Russell Stuart Bradley

Mailing Address 2720 Aspen Cir

City State Zip Code
Salt Lake Cty UT 84109-1407

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

Name of Employer Occupation
EPIC LLC Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: C953536

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Charles A Bregier, Jr

Mailing Address 5546 Fallon Ct

City State Zip Code
Charlotte NC 28226-5629

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

Name of Employer Occupation
Presbyterian Urgent Care Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127861

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 24 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Wallace Monroe Broadbent

Mailing Address 9887 Q Ave

City State Zip Code
Mattawan MI 49071-9435

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

Name of Employer Occupation
Kalamazoo Emer Assoc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: C1095733

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
A Compton Broders

Mailing Address 8198 Walnut Hill Ln
Emer Med Consultants

City State Zip Code
Dallas TX 75231-4316

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

Name of Employer Occupation
Emer Med Consultants Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1127675

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2086 N Medina Line Rd

City State Zip Code
Akron OH 44333-1040

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

Name of Employer Occupation
Medina General Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1126342

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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 25 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Sara Ann Brown

Mailing Address 16131 Fackler Rd

City State Zip Code
Monroeville IN 46773-9541

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

Name of Employer Occupation
Pro Emer Phys Inc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1128168

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Heather Crooks Bruner

Mailing Address 125 W Belvedere Rd

City State Zip Code
Norfolk VA 23505-4722

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

Name of Employer Occupation
Riverside Regl Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2010

Transaction ID: C953465

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
George Richard Bruno

Mailing Address 1684 Ala Moana Blvd

City State Zip Code
Honolulu HI 96815-1484

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

Name of Employer Occupation
HEPA Inc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: C955110

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1400.00

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 26 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Mablene Buggs

Mailing Address 2620 S 13th St

City State Zip Code
Saint Louis MO 63118-1838

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

Name of Employer Occupation
Dr. Mablene Buggs Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: C1126407

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)

E Bradshaw Bunney

Mailing Address 808 S Wood St
Univ IL @ Chicago EM Dept

City State Zip Code
Chicago IL 60612-7300

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

Name of Employer Occupation
Univ IL @ Chicago EM Dept Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127918

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Mary Kate Burke

Mailing Address 14 Birchwood Dr

City State Zip Code
Southborough MA 01772-1646

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

Name of Employer Occupation
Milford Whitinsville Regl Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106118

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Linda Bruns Burns

Mailing Address 7620 William Penn Dr

City State Zip Code
Indianapolis IN 46256-2200

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

Name of Employer Occupation
Community Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: C987127

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Joseph M Bustamante, III

Mailing Address 1529 Lake Dr

City State Zip Code
Haslett MI 48840-8478

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

Name of Employer Occupation
TCEP Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2010

Transaction ID: C953463

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Jorge L Cambo

Mailing Address 1143 Raintree Pl

City State Zip Code
Winter Park FL 32789-2563

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

Name of Employer Occupation
Emer Phys Spec Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1008.33

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: C987055

Amount of Each Receipt this Period

8.33

SUBTOTAL of Receipts This Page (optional)

608.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Gregory Cannon	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 129 Loch Pointe Dr	Transaction ID: C959082
	City State Zip Code Cary NC 27518-8418	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Wake Emerg Phys	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Stephen Carney	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 111 N Sepulveda Blvd EMA	Transaction ID: C985691
	City State Zip Code Manhattan Bch CA 90266-6849	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer EMA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Thomas E Carter	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1990 Chariot Way	Transaction ID: C1105707
	City State Zip Code Portsmouth OH 45662-2486	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Southern OH Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	1550.00
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 29 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Jason E Cheatham

Mailing Address 3311 Chateau Dr

City Portsmouth State OH Zip Code 45662-2476

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

Name of Employer Southern Ohio Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 07 / 30 / 2010

Transaction ID: C962022

Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Jason E Cheatham

Mailing Address 3311 Chateau Dr

City Portsmouth State OH Zip Code 45662-2476

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

Name of Employer Southern Ohio Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 09 / 27 / 2010

Transaction ID: C1128206

Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Steven Chin

Mailing Address 12401 Washington Blvd
Presbyterian Intercomm Hosp ED

City Whittier State CA Zip Code 90602-1006

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

Name of Employer Presbyterian Intercomm Ho-sp ED Occupation Emergency Physician

Receipt For: 2010 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 17 / 2010

Transaction ID: C970153

Amount of Each Receipt this Period: 100.00

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Paul E Christensen

Mailing Address 1911 Johnson Ave
French Hosp Med Ctr

City State Zip Code
Sn Luis Obisp CA 93401-4131

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

Name of Employer Occupation
CEP America Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: C959505

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Paul E Christensen

Mailing Address 1911 Johnson Ave
French Hosp Med Ctr

City State Zip Code
Sn Luis Obisp CA 93401-4131

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

Name of Employer Occupation
CEP America Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: C1095760

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City State Zip Code
Scottsdale AZ 85257-1959

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

Name of Employer Occupation
EMPower Emer Phys PC Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 458.33

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C962023

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)

725.00

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 31 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael C Christopher		Date of Receipt MM / DD / YYYY 09 / 26 / 2010		
	Mailing Address 6149 E Wilshire Dr		Transaction ID: C1106152		
	City Scottsdale	State AZ	Zip Code 85257-1959	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer EMPower Emer Phys PC	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.33			

B.	Full Name (Last, First, Middle Initial) Theodore A A Christopher, MD, FACEP		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address Thos Jefferson Univ Hosp ED 1020 Samson St # 239 Thompson		Transaction ID: C1127845		
	City Philadelphia	State PA	Zip Code 19107-5002	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jefferson Emer Phys	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Carol L Clark		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 3601 W 13 Mile Rd William Beaumont Hosp ED		Transaction ID: C987123		
	City Royal Oak	State MI	Zip Code 48073-6712	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer William Beaumont Hosp	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)

2083.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
David W Coffin

Mailing Address 1552 River Island Pkwy

City State Zip Code
Evans GA 30809-4303

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

Name of Employer Occupation
Dr. David W Coffin Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: C953458

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Jason N Collins

Mailing Address 12500 Belcara PI

City State Zip Code
Austin TX 78732-2363

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

Name of Employer Occupation
Seton Highland Lakes Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1128204

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Amy Ruben Conley

Mailing Address 6419 Renwick Cir

City State Zip Code
Tampa FL 33647-1173

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

Name of Employer Occupation
Tampa Bay Emerg Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106133

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 33 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Marco Coppola
Mailing Address 7105 Waldon Ct
City Colleyville State TX Zip Code 76034-7319
FEC ID number of contributing federal political committee. **C**
Name of Employer Questcare Partners Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 09 / 30 / 2010
Transaction ID: C1105530
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ronald V Cordova
Mailing Address 2700 Dolbeer St
St Josephs Hosp
City Eureka State CA Zip Code 95501-4736
FEC ID number of contributing federal political committee. **C**
Name of Employer North Coast Emer Phys Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 29 / 2010
Transaction ID: C962045
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Melissa Wysong Costello
Mailing Address 3762 Oakwood Ln
City Mobile State AL Zip Code 36608-2009
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of South AL Med Ctr Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 26 / 2010
Transaction ID: C1106228
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Robert J Cox

Mailing Address 817 Thomaston St

City State Zip Code
Barnesville GA 30204-1729

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

Name of Employer Occupation
EmergiNet/Summit Med Svcs Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106279

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
William Colwell Dalsey

Mailing Address 945 Lenmar Dr

City State Zip Code
Blue Bell PA 19422-2000

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

Name of Employer Occupation
Emer Med Assoc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 0

Transaction ID: C963730

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
William Colwell Dalsey

Mailing Address 945 Lenmar Dr

City State Zip Code
Blue Bell PA 19422-2000

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

Name of Employer Occupation
Emer Med Assoc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106172

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 35 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Gina Rae Dapra

Mailing Address 4775 Cougarcreek Trl

City State Zip Code
Reno NV 89519-8034

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

Name of Employer Northern Nevada Emergency Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: C953549

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lee W Davidson

Mailing Address 2160 Onyx St

City State Zip Code
Eugene OR 97403-1534

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

Name of Employer Cascade Med Assoc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: C953567

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Scott M Davis

Mailing Address 525 E Market St
Akron City Hosp ED

City State Zip Code
Akron OH 44304-1619

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

Name of Employer Akron City Hosp ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2010

Transaction ID: C979156

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 36 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Brian C Dawson

Mailing Address 359 Augusta Dr

City Abingdon State VA Zip Code 24211-3805

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

Name of Employer Brody Schl of Med @ ECU ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 01 / 2010

Transaction ID: C953452

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Brian C Dawson

Mailing Address 359 Augusta Dr

City Abingdon State VA Zip Code 24211-3805

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

Name of Employer Brody Schl of Med @ ECU ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2010

Transaction ID: C987126

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Mark L DeBard

Mailing Address 810 Bluffview Drive

City Columbus State OH Zip Code 43235

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

Name of Employer OSU Hosp E Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2010

Transaction ID: C976209

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark L DeBard

Mailing Address 810 Bluffview Drive

City Columbus State OH Zip Code 43235

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

Name of Employer OSU Hosp E Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2010
Transaction ID: C985725
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mark L DeBard

Mailing Address 810 Bluffview Drive

City Columbus State OH Zip Code 43235

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

Name of Employer OSU Hosp E Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2010
Transaction ID: C1127850
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
H Scott Derstine

Mailing Address 510 W 4th St

City Royal Oak State MI Zip Code 48067-2402

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

Name of Employer Med Ctr Emer Svcs Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 27 / 2010
Transaction ID: C1128167
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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 38 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Laurence R DesRochers

Mailing Address 640 Harbor Rd

City State Zip Code
Brick NJ 08724-4716

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

Name of Employer Occupation
Jersey Emer Med Spec Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 725.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: C985703

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey D Dixon

Mailing Address 1389 E 27th St

City State Zip Code
Tulsa OK 74114-4107

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

Name of Employer Occupation
GCEP Inc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127977

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Krishna Prasad Doddi

Mailing Address 4015 Estabrook Dr

City State Zip Code
Annandale VA 22003-2412

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

Name of Employer Occupation
INOVA Fairfax Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: C1126350

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ►

475.00

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 39 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Christopher I Doty

Mailing Address 176 Sterling Pl

City State Zip Code
Brooklyn NY 11217-3325

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

Name of Employer Occupation
SUNY Downstate Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106150

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jennifer Dow

Mailing Address PO Box 1229

City State Zip Code
Girdwood AK 99587-1229

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

Name of Employer Occupation
Alaska Regl Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1105950

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Marc M Dreier

Mailing Address 295 Richards Rd

City State Zip Code
Ridgewood NJ 07450-1009

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

Name of Employer Occupation
The Valley Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: C1126422

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
James R Dudley

Mailing Address 618 Hospital Rd
Riverside Tappahannock Hosp

City Tappahannock State VA Zip Code 22560-5000

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

Name of Employer Riverside Tappahannock Ho-sp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 26 / 2010

Transaction ID: C1106255

Amount of Each Receipt this Period 400.00

B.

Full Name (Last, First, Middle Initial)
James R Dudley

Mailing Address 618 Hospital Rd
Riverside Tappahannock Hosp

City Tappahannock State VA Zip Code 22560-5000

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

Name of Employer Riverside Tappahannock Ho-sp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 26 / 2010

Transaction ID: C1106266

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Paul R Dwyer

Mailing Address 2490 Bluff Meadows Dr SE

City Grand Rapids State MI Zip Code 49546-7906

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

Name of Employer Metropolitan Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2010

Transaction ID: C961648

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 41 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mark R Dziedzic, MD

Mailing Address 101 Boulanger Ave

City State Zip Code
West Hartford CT 06110-1178

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

Name of Employer Occupation
NE Emer Med Spec Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: C987137

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Barbara Sarah Echo

Mailing Address 215 E Meadowlane Rd

City State Zip Code
Spokane WA 99224-9213

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

Name of Employer Occupation
Spokane Emergency Physi- Emergency Physician
cians

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 0

Transaction ID: C959452

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Stephen K Epstein

Mailing Address 1 Deaconess Rd
Beth Israel Deaconess Med Ctr

City State Zip Code
Boston MA 02215-5321

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

Name of Employer Occupation
Harvard Med Faculty Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106116

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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 42 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 31 Forest Dr

City Voorheesville State NY Zip Code 12186-9530

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

Name of Employer Dr. Clifford Erickson Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt MM / DD / YYYY 07 / 30 / 2010

Transaction ID: C961643

Amount of Each Receipt this Period 83.33

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

Mailing Address 31 Forest Dr

City Voorheesville State NY Zip Code 12186-9530

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

Name of Employer Dr. Clifford Erickson Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt MM / DD / YYYY 09 / 03 / 2010

Transaction ID: C985707

Amount of Each Receipt this Period 83.33

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

Mailing Address 31 Forest Dr

City Voorheesville State NY Zip Code 12186-9530

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

Name of Employer Dr. Clifford Erickson Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt MM / DD / YYYY 09 / 25 / 2010

Transaction ID: C1105432

Amount of Each Receipt this Period 83.37

SUBTOTAL of Receipts This Page (optional) ► 250.03

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 43 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
William D Falco

Mailing Address 209 54th St

City State Zip Code
Kenosha WI 53140-6501

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

Name of Employer Occupation
Infinity Hlthcare Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1128166

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Oliver Fannin, III

Mailing Address 807 Cedar Park Dr

City State Zip Code
West Lake Hls TX 78746-4517

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

Name of Employer Occupation
Dr. Oliver Fannin, III Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: C985498

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Heather Lynn Farley

Mailing Address 41 Forsythia Ln

City State Zip Code
Bear DE 19701-6301

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

Name of Employer Occupation
Doctors Emer Svcs PA Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1105951

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
W Russell Farrell

Mailing Address 65510 Dailey Rd

City Edwardsburg State MI Zip Code 49112-9640

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

Name of Employer Memorial Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2010
Transaction ID: C987106
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Joseph S Fastow

Mailing Address 3 Bethesda Metro Ctr Ste 630

City Bethesda State MD Zip Code 20814-5330

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

Name of Employer Self Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2010
Transaction ID: C1127676
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Andrew N Fenton, MD, FACEP

Mailing Address 730 3rd St E

City Sonoma State CA Zip Code 95476-7110

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

Name of Employer Napa Valley Emer Med Grp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2010
Transaction ID: C1105451
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 45 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Todd Fijewski

Mailing Address 2509 Minton Dr

City

Coraopolis

State

PA

Zip Code

15108-9207

FEC ID number of contributing federal political committee.

C

Name of Employer
Weirton Med Ctr

Occupation

Emergency Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106242

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

John T Finnell, II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing federal political committee.

C

Name of Employer
Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: C985724

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Angela Siler Fisher

Mailing Address 79 Lakeside Grn

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing federal political committee.

C

Name of Employer
Greater Houston Emer Phys

Occupation

Emergency Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C962021

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

650.00

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 46 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Angela Siler Fisher		Date of Receipt	
	Mailing Address 79 Lakeside Grn		M M / D D / Y Y Y Y 09 / 02 / 2010	
	City	State	Zip Code	Transaction ID: C985733
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Angela Siler Fisher		Date of Receipt	
	Mailing Address 79 Lakeside Grn		M M / D D / Y Y Y Y 09 / 25 / 2010	
	City	State	Zip Code	Transaction ID: C1105416
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Angela Siler Fisher		Date of Receipt	
	Mailing Address 79 Lakeside Grn		M M / D D / Y Y Y Y 09 / 26 / 2010	
	City	State	Zip Code	Transaction ID: C1106292
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robin Dean Fisher

Mailing Address 2124 Adobe Ave

City State Zip Code
Corona CA 92882-5664

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

Name of Employer Occupation
Moreno Valley Comm Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: C987112

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael T Fitch

Mailing Address 7213 Styers Crossing Lane

City State Zip Code
Clemmons NC 27012

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

Name of Employer Occupation
Wake Forest University Health Sciences Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: C962031

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Diana L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code
Tomball TX 77377-8762

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

Name of Employer Occupation
Meth Willowbrook Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961647

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **583.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Diana L Fite		Date of Receipt MM / DD / YYYY 09 / 02 / 2010		
	Mailing Address 15806 Maple Falls Ct		Transaction ID: C985701		
	City Tomball	State TX	Zip Code 77377-8762	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 749.97		
	Name of Employer Meth Willowbrook Hosp ED		Occupation Emergency Physician		

B.	Full Name (Last, First, Middle Initial) Diana L Fite		Date of Receipt MM / DD / YYYY 09 / 25 / 2010		
	Mailing Address 15806 Maple Falls Ct		Transaction ID: C1095770		
	City Tomball	State TX	Zip Code 77377-8762	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 749.97		
	Name of Employer Meth Willowbrook Hosp ED		Occupation Emergency Physician		

C.	Full Name (Last, First, Middle Initial) Diana L Fite		Date of Receipt MM / DD / YYYY 09 / 26 / 2010		
	Mailing Address 15806 Maple Falls Ct		Transaction ID: C1106131		
	City Tomball	State TX	Zip Code 77377-8762	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 749.97		
	Name of Employer Meth Willowbrook Hosp ED		Occupation Emergency Physician		

SUBTOTAL of Receipts This Page (optional)

249.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Juan Francisco Fitz

Mailing Address 6021 90th St

City State Zip Code
Lubbock TX 79424-0814

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

Name of Employer Occupation
Covenant Med Grp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 908.35

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C962020

Amount of Each Receipt this Period

91.66

B.

Full Name (Last, First, Middle Initial)

Juan Francisco Fitz

Mailing Address 6021 90th St

City State Zip Code
Lubbock TX 79424-0814

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

Name of Employer Occupation
Covenant Med Grp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 908.35

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: C985732

Amount of Each Receipt this Period

91.66

C.

Full Name (Last, First, Middle Initial)

Juan Francisco Fitz

Mailing Address 6021 90th St

City State Zip Code
Lubbock TX 79424-0814

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

Name of Employer Occupation
Covenant Med Grp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 908.35

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2010

Transaction ID: C1105415

Amount of Each Receipt this Period

91.74

SUBTOTAL of Receipts This Page (optional)

275.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Juan Francisco Fitz

Mailing Address 6021 90th St

City Lubbock State TX Zip Code 79424-0814

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

Name of Employer Covenant Med Grp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 908.35

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106146
 Amount of Each Receipt this Period: 83.33

B.

Full Name (Last, First, Middle Initial)
Judith FitzGerald

Mailing Address PO Box 3361

City Kailua Kona State HI Zip Code 96745-3361

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

Name of Employer HEPA Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 16 / 2010
Transaction ID: C953541
 Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address 1133 Pond Cypress Dr

City Virginia Bch State VA Zip Code 23455-6859

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

Name of Employer Emer Phys of Tidewater Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106159
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **433.33**

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

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

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

FOR LINE NUMBER: PAGE 51 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Marsha D Ford

Mailing Address PO Box 32861
Carolinas Med Ctr ED

City State Zip Code
Charlotte NC 28232-2861

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

Name of Employer Occupation
Carolinas Med Ctr ED Emergency Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 428.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: C962018

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Marsha D Ford

Mailing Address PO Box 32861
Carolinas Med Ctr ED

City State Zip Code
Charlotte NC 28232-2861

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

Name of Employer Occupation
Carolinas Med Ctr ED Emergency Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 428.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 02 / 2010

Transaction ID: C985731

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Marsha D Ford

Mailing Address PO Box 32861
Carolinas Med Ctr ED

City State Zip Code
Charlotte NC 28232-2861

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

Name of Employer Occupation
Carolinas Med Ctr ED Emergency Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 428.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2010

Transaction ID: C1095765

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)

126.00

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 52 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Marsha D Ford

Mailing Address PO Box 32861
Carolinas Med Ctr ED

City State Zip Code
Charlotte NC 28232-2861

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

Name of Employer Occupation
Carolinas Med Ctr ED Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 428.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106273

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Ronald C Forgey

Mailing Address 5231 Bubbling Well Ln

City State Zip Code
La Canada Flt CA 91011-1617

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

Name of Employer Occupation
Memorial Medical Center ED Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: C985642

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Steven J Fountain

Mailing Address 3137 Ady Rd
Upper Chesapeake Health

City State Zip Code
Street MD 21154-1624

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

Name of Employer Occupation
Upper Chesapeake Emer Med Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C953555

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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 53 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Michelle Fox

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

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

Name of Employer Occupation
South Nassau Cmnty Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1128193

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Matt John Frankovsky

Mailing Address 4354 Ashton Dr

City State Zip Code
Sacramento CA 95864-6147

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

Name of Employer Occupation
EMP Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1096392

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Robert R Frantz

Mailing Address 12 Pebble Creek Rd

City State Zip Code
Norman OK 73072-2822

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

Name of Employer Occupation
Morningstar Emerg Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 06 / 2010

Transaction ID: C953332

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
William T Freeman

Mailing Address 36428 Oak Park Ave

City State Zip Code
Prairieville LA 70769-3279

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

Name of Employer Occupation
Earl K Long Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106189

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Michael Frommlet

Mailing Address 2168 SW Kings Ct

City State Zip Code
Portland OR 97205-1118

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

Name of Employer Occupation
Mt Hood Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1105858

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Gayle A Galan

Mailing Address 1742 Rock Hill Ln

City State Zip Code
Akron OH 44313-8019

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

Name of Employer Occupation
Marietta Meml Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2010

Transaction ID: C950906

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

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 55 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeff G Gardner
Mailing Address 1294 N Ridgeway Dr
City Cedar City State UT Zip Code 84721-6025
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley View Med Ctr Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 14 / 2010
Transaction ID: C985507
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Marianne Gausche-Hill
Mailing Address 1931 Power St
City Hermosa Beach State CA Zip Code 90254-2915
FEC ID number of contributing federal political committee. **C**
Name of Employer Harbor UCLA Med Ctr ED Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 09 / 14 / 2010
Transaction ID: C985532
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Michael Joseph Gerardi
Mailing Address 29 Heritage Ct
City Randolph State NJ Zip Code 07869-3534
FEC ID number of contributing federal political committee. **C**
Name of Employer Emer Med Assoc Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 07 / 30 / 2010
Transaction ID: C961646
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 450.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mark H Gersten		Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 999 Traci Ln		Transaction ID: C959179
	City Copley	State OH	Zip Code 44321-1467
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Stark Co Emerg Phys	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Michael James Gillogley		Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 6225 N Point Way		Transaction ID: C968562
	City Sacramento	State CA	Zip Code 95831-1063
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Mercy Genl Hosp ER	Occupation Emergency Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Cai Glushak		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1432 W Catalpa Ave		Transaction ID: C1105554
	City Chicago	State IL	Zip Code 60640-1212
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer AXA Assistance USA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Bernadette Boyd Gniadecki

Mailing Address 10424 Long Ave

City State Zip Code
Oak Lawn IL 60453-4645

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

Name of Employer
Dr. Bernadette Boyd Gniadecki

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: C979248

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Michael Goodloe

Mailing Address 3720 E 99th PI

City State Zip Code
Tulsa OK 74137-5231

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

Name of Employer
OU COM-Tulsa-Dept of EM

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1105706

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mylissa Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code
Delray Beach FL 33446-4403

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

Name of Employer
Coral Springs Med Ctr

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C962015

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Myliissa Amy Graber

Mailing Address 7809 Trieste Pl

City State Zip Code
Delray Beach FL 33446-4403

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

Name of Employer Occupation
Coral Springs Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128170

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)

Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
Aiken SC 29803-5688

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

Name of Employer Occupation
Aiken Emer Med Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.34

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: C962016

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)

Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
Aiken SC 29803-5688

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

Name of Employer Occupation
Aiken Emer Med Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Transaction ID: C985729

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ▶

266.66

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

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

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

FOR LINE NUMBER: PAGE 59 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1 Cherry Hills Dr

City State Zip Code
Aiken SC 29803-5688

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

Name of Employer Occupation
Aiken Emer Med Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2010

Transaction ID: C1105417

Amount of Each Receipt this Period
83.37

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

Mailing Address 1 Cherry Hills Dr

City State Zip Code
Aiken SC 29803-5688

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

Name of Employer Occupation
Aiken Emer Med Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106162

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Kelly Gray-Eurom

Mailing Address 4228 Fairway Dr

City State Zip Code
Jacksonville FL 32210-6023

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

Name of Employer Occupation
Univ of Florida Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1105952

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1166.70**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Andrea L Green

Mailing Address 22428 Springflower Dr

City State Zip Code
Golden CO 80401-8033

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

Name of Employer: Dr. Andrea L Green Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106226
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Robert D Greenberg

Mailing Address 2401 S 31st St
Scott & White

City State Zip Code
Temple TX 76508-0001

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

Name of Employer: Dept of Emer Med Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: C962017
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Robert D Greenberg

Mailing Address 2401 S 31st St
Scott & White

City State Zip Code
Temple TX 76508-0001

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

Name of Employer: Dept of Emer Med Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106294
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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 61 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Jeffrey T Greenwood

Mailing Address 13020 N Shore Rd

City State Zip Code
Ocean City MD 21842-9730

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

Name of Employer Occupation
Peninsula Reg Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2010

Transaction ID: C963736

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Leslie H Greenwood

Mailing Address 2868 Carriage Ln

City State Zip Code
Ogden UT 84403-5487

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

Name of Employer Occupation
EPIC LLC Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2010

Transaction ID: C954038

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Gerald W Griebel

Mailing Address PO Box 278

City State Zip Code
Rico CO 81332-0278

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

Name of Employer Occupation
SW Meml Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: C953532

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 62 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Earl A Grubbs

Mailing Address 375 High Bridge Chase

City State Zip Code
Alpharetta GA 30022-5512

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

Name of Employer Occupation
Paragon Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: C960172

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Earl A Grubbs

Mailing Address 375 High Bridge Chase

City State Zip Code
Alpharetta GA 30022-5512

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

Name of Employer Occupation
Paragon Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1127864

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Michael G Guttenberg

Mailing Address 11 Glen Hill Ln

City State Zip Code
Tarrytown NY 10591-5055

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

Name of Employer Occupation
St Josephs Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C962019

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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 63 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Michael G Guttenberg

Mailing Address 11 Glen Hill Ln

City State Zip Code
Tarrytown NY 10591-5055

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

Name of Employer Occupation
St Josephs Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106141

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Michael D Hagues

Mailing Address PO Box 7000
St Francis Hosp

City State Zip Code
Columbus GA 31908-7000

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

Name of Employer Occupation
Emer Med Spec of Columbus Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106122

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Rose M Haisler

Mailing Address 1905 W Gerald Dr

City State Zip Code
Peoria IL 61615-1185

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

Name of Employer Occupation
OSFMC Emerg Dept Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 02 / 2010

Transaction ID: C963747

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

575.00

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 64 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Timothy James Hall

Mailing Address 1380 Woodhurst Dr

City State Zip Code
Rock Hill SC 29732-2082

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

Name of Employer
Piedmont Emerg Medicine Assoc

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: C953568

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Robert Arthur Hancock

Mailing Address 10118 Sundown Trl

City State Zip Code
N Royalton OH 44133-6187

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

Name of Employer
Barberton Citizens Hosp

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: C1105444

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Daniel A Handel

Mailing Address 3181 SW Sam Jackson Park Rd

City State Zip Code
Portland OR 97239-3011

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

Name of Employer
OR Hlth & Science Univ CD-W-EM

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961642

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 65 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Russell H Harris

Mailing Address 5829 Wissahickon Ave

City Philadelphia State PA Zip Code 19144-4446

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

Name of Employer EmCare Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010

Transaction ID: C1105453

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Anthony William Hartmann

Mailing Address 2 Wincot Ct

City Hillsborough State NJ Zip Code 08844-2213

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

Name of Employer Emergency Medical Associates of New Je Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2010

Transaction ID: C1106191

Amount of Each Receipt this Period 900.00

C.

Full Name (Last, First, Middle Initial)
Stephen Carl Hartsell

Mailing Address 75 N Medical Dr
Univ of Utah ED

City Salt Lake Cty State UT Zip Code 84132-0005

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

Name of Employer Univ of Utah ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2010

Transaction ID: C1106180

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2400.00

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 66 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William C Haselow

Mailing Address 7118 W Lafayette Pl

City State Zip Code
Mequon WI 53092-8600

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

Name of Employer: Infinity HealthCare Inc Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1127978
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
William G Heegaard

Mailing Address 701 Park Ave
Hennepin County Med Ctr ED

City State Zip Code
Minneapolis MN 55415-1623

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

Name of Employer: Hennepin County Med Ctr ED Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106187
Amount of Each Receipt this Period: 150.00

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

Mailing Address 515 Whitecap Rd

City State Zip Code
Bellingham WA 98229-8911

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

Name of Employer: Skagit Valley Hosp Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 02 / 2010
Transaction ID: C985721
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 67 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles W Henrichs, III

Mailing Address 800 N Justice St
Margaret R Pardee Meml Hosp

City Hendersonville State NC Zip Code 28791-3410

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

Name of Employer Hendersonville Emer Consultant Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY
09 / 02 / 2010

Transaction ID: C985722

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Andrew T Herd

Mailing Address 11111 S 84th St
Midlands Hosp

City Papillion State NE Zip Code 68046-4122

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

Name of Employer Midlands Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
09 / 14 / 2010

Transaction ID: C985696

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Sanford H Herman

Mailing Address 424 Sandcastle Rd

City Franklin State TN Zip Code 37069-7221

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

Name of Employer Gateway Hlth Syst Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
09 / 01 / 2010

Transaction ID: C979214

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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 68 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sanford H Herman

Mailing Address 424 Sandcastle Rd

City State Zip Code
Franklin TN 37069-7221

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

Name of Employer Gateway Hlth Syst Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	1	0

Transaction ID: C1106192

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
David A Hexter

Mailing Address 1405 Tayside Way

City State Zip Code
Bel Air MD 21015-5620

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

Name of Employer Social Security Admin Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	1	0

Transaction ID: C1127927

Amount of Each Receipt this Period
150.00

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

Mailing Address 1062 River Bay Rd

City State Zip Code
Annapolis MD 21409-4830

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

Name of Employer Univ of MD ED Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	1	0

Transaction ID: C1106154

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 69 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Larry Hobbs		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
Mailing Address 12717 Brewster Dr		Transaction ID: C961636
City Fort Myers	State FL	Zip Code 33908-1809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer SW Florida Reg Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.66	

B.

Full Name (Last, First, Middle Initial) Larry Hobbs		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
Mailing Address 12717 Brewster Dr		Transaction ID: C962028
City Fort Myers	State FL	Zip Code 33908-1809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer SW Florida Reg Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.66	

C.

Full Name (Last, First, Middle Initial) Larry Hobbs		Date of Receipt MM / DD / YYYY 09 / 02 / 2010
Mailing Address 12717 Brewster Dr		Transaction ID: C985720
City Fort Myers	State FL	Zip Code 33908-1809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer SW Florida Reg Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.66	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Larry Hobbs		Date of Receipt
	Mailing Address 12717 Brewster Dr		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fort Myers	FL	33908-1809
	FEC ID number of contributing federal political committee. C		Transaction ID: C985730
Name of Employer SW Florida Reg Med Ctr		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1166.66	<input type="text" value="83.33"/>

B.	Full Name (Last, First, Middle Initial) Larry Hobbs		Date of Receipt
	Mailing Address 12717 Brewster Dr		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fort Myers	FL	33908-1809
	FEC ID number of contributing federal political committee. C		Transaction ID: C1095767
Name of Employer SW Florida Reg Med Ctr		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1166.66	<input type="text" value="83.33"/>

C.	Full Name (Last, First, Middle Initial) Larry Hobbs		Date of Receipt
	Mailing Address 12717 Brewster Dr		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fort Myers	FL	33908-1809
	FEC ID number of contributing federal political committee. C		Transaction ID: C1095768
Name of Employer SW Florida Reg Med Ctr		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1166.66	<input type="text" value="83.37"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.03"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Cherri D Hobgood

Mailing Address 6599 Gordonton Rd

City State Zip Code
Hurdle Mills NC 27541-9215

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

Name of Employer: Neurosciences Hosp
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1106296

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Cherri D Hobgood

Mailing Address 6599 Gordonton Rd

City State Zip Code
Hurdle Mills NC 27541-9215

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

Name of Employer: Neurosciences Hosp
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1128017

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Douglas James Hoey

Mailing Address 212 Tanglewood Dr

City State Zip Code
Holland MI 49424-2332

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

Name of Employer: Holland Comm Hosp
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2010

Transaction ID: C976478

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **770.00**

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 72 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Kenneth L Holbert

Mailing Address 130 Laural Hill Dr

City State Zip Code
Smyrna TN 37167-4907

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

Name of Employer Occupation
Harton Reg Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1105450

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Steven R Horn

Mailing Address 5285 Laurelridge Ln

City State Zip Code
Cincinnati OH 45247-7950

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

Name of Employer Occupation
McCullough Hyde Mem Hosp Emergency Physician

Receipt For: 2010 Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2010

Transaction ID: C970047

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Hans Roberts House

Mailing Address 200 Hawkins Dr
Univ of IA Hosps & Clncs

City State Zip Code
Iowa City IA 52242-1007

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

Name of Employer Occupation
Univ of IA Hosps & Clncs Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: C985723

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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 73 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Edwin Yi-chaio Hsu

Mailing Address 14740 SW 83rd Pl

City State Zip Code
Palmetto Bay FL 33158-1975

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

Name of Employer Occupation
Edwin Yi-chaio Hsu, MD Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C976577

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
S Marshal Isaacs

Mailing Address 3000 Blackburn St

City State Zip Code
Dallas TX 75204-2211

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

Name of Employer Occupation
Parkland Mem Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2010

Transaction ID: C985649

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
S Marshal Isaacs

Mailing Address 3000 Blackburn St

City State Zip Code
Dallas TX 75204-2211

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

Name of Employer Occupation
Parkland Mem Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: C985578

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 74 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Karen Jiles

Mailing Address PO Box 4991

City Charleston State WV Zip Code 25364-4991

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

Name of Employer Charleston Area Med Ctr ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 26 / 2010
Transaction ID: C1106198
Amount of Each Receipt this Period 1000.00

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

Mailing Address 2100 Dorchester Ave
Caritas Carney Hosp Dept of EM

City Boston State MA Zip Code 02124

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

Name of Employer Caritas Carney Hosp Dept of EM Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 30 / 2010
Transaction ID: C962013
Amount of Each Receipt this Period 250.00

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

Mailing Address 307 W Alamosa Dr

City Chandler State AZ Zip Code 85248-5303

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

Name of Employer Casa Grande Regional Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 16 / 2010
Transaction ID: C953565
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 75 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Jason Paul Jones

Mailing Address 2897 Carmelo Dr

City Henderson State NV Zip Code 89052-4072

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

Name of Employer Univ of KY Chandler Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2010
Transaction ID: C985688
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Nicholas John Jouriles

Mailing Address 398 Bentleyville Rd

City Chagrin Falls State OH Zip Code 44022-2433

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

Name of Employer Akron Gen Med Ctr ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 06 / 2010
Transaction ID: C953421
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Steven Joye

Mailing Address 23892 Marshall Way

City Twain Harte State CA Zip Code 95383-9799

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

Name of Employer Sonora Regl Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2010
Transaction ID: C985692
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 76 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Neal A Kaforey

Mailing Address 3413 E Glencoe Rd

City Richfield State OH Zip Code 44286-1271

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

Name of Employer Kaiser Permanente Emerg Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2010
Transaction ID: C985694
Amount of Each Receipt this Period 500.00

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

Mailing Address 1998 Rivergate Dr

City Fleming Isle State FL Zip Code 32003-8686

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

Name of Employer Southeast Emer Consultant Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 433.36

Date of Receipt 09 / 26 / 2010
Transaction ID: C1106145
Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Christopher S Kang

Mailing Address 2184 Bobs Hollow Ln

City Dupont State WA Zip Code 98327-7747

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

Name of Employer Madigan Army Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2010
Transaction ID: C1128164
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **833.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jay A Kaplan
Mailing Address 300 Oak Ave

City State Zip Code
San Anselmo CA 94960-2703

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CEP America Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 933.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: C962014
 Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Jay A Kaplan
Mailing Address 300 Oak Ave

City State Zip Code
San Anselmo CA 94960-2703

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CEP America Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 933.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	1	0

Transaction ID: C985728
 Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Jay A Kaplan
Mailing Address 300 Oak Ave

City State Zip Code
San Anselmo CA 94960-2703

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CEP America Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 933.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	1	0

Transaction ID: C1105420
 Amount of Each Receipt this Period
83.37

SUBTOTAL of Receipts This Page (optional) 250.03

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 78 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City State Zip Code
San Anselmo CA 94960-2703

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

Name of Employer Occupation
CEP America Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 933.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106160

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Gary R Katz

Mailing Address 7918 Wisteria Ct

City State Zip Code
Dublin OH 43016-8531

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

Name of Employer Occupation
OSU, ED Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: C1105528

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brian F Keaton

Mailing Address 164 Silver Valley Blvd

City State Zip Code
Munroe Falls OH 44262-1084

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

Name of Employer Occupation
Summa Hlth Syst Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106104

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

633.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
James F Kenny
Mailing Address 96 Aspinwall St

City State Zip Code
Staten Island NY 10307-1627

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

Name of Employer Occupation
Staten Island University Emergency Physician
Hosp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2010

Transaction ID: C959474

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Stuart Gary Kessler
Mailing Address PO Box 71

City State Zip Code
Marlboro NJ 07746-0071

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

Name of Employer Occupation
Elmhurst Hosp Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2010

Transaction ID: C959762

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Stuart Gary Kessler
Mailing Address PO Box 71

City State Zip Code
Marlboro NJ 07746-0071

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

Name of Employer Occupation
Elmhurst Hosp Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127923

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 80 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James A King
Mailing Address 18730 Danforth Cv
City San Antonio State TX Zip Code 78258-4590
FEC ID number of contributing federal political committee. **C**
Name of Employer 59 EMDS/CC Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 26 / 2010
Transaction ID: C1106185
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Paul Daniel Kivela, MD, FACEP
Mailing Address 1370 Trancas St
City Napa State CA Zip Code 94558-2912
FEC ID number of contributing federal political committee. **C**
Name of Employer Napa Valley Emer Med Grp Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 09 / 26 / 2010
Transaction ID: C1106128
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
E L Klemmer
Mailing Address 4909 Kalanianaole Hwy
City Honolulu State HI Zip Code 96821-1570
FEC ID number of contributing federal political committee. **C**
Name of Employer The Emergency Group Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 16 / 2010
Transaction ID: C953527
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 81 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Louis K Koussa

Mailing Address 900 S Auburn St
Kennewick Genl Hosp ED

City Kennewick State WA Zip Code 99336-5621

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

Name of Employer Kennewick Emer Phys PS Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2010
Transaction ID: C953533
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City Brighton State MI Zip Code 48116-7728

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

Name of Employer Univ of MI - Taubman Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.97

Date of Receipt 09 / 26 / 2010
Transaction ID: C1106276
Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Julio Rafael Lairet

Mailing Address 9619 French Stone

City Helotes State TX Zip Code 78023-4585

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

Name of Employer Wilford Hall Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2010
Transaction ID: C1105670
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 583.33

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

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

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

FOR LINE NUMBER: PAGE 82 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard E Lally
Mailing Address 11020 W Amity Rd
City State Zip Code
Boise ID 83709-5051
FEC ID number of contributing federal political committee. **C**
Name of Employer Richard E Lally, MD Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 27 / 2010
Transaction ID: C959256
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Christopher Layton
Mailing Address 106 E Caramillo St
City State Zip Code
Colorado Spgs CO 80907-7417
FEC ID number of contributing federal political committee. **C**
Name of Employer Front Range Emer Spec Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 23 / 2010
Transaction ID: C987117
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ian Brett Leber
Mailing Address 31 Yearling Pl
City State Zip Code
Freehold NJ 07728-9371
FEC ID number of contributing federal political committee. **C**
Name of Employer Bayshore Cmnty Hosp Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 07 / 30 / 2010
Transaction ID: C961649
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00
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 83 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Darin J Lee

Mailing Address 1614 N 14th St

City State Zip Code
Boise ID 83702-2601

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

Name of Employer Occupation
Dr. Darin J Lee Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	1	0

Transaction ID: C1128205

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
David C Lee, MD, FACEP

Mailing Address 300 Community Dr
North Shore Univ Hosp

City State Zip Code
Manhasset NY 11030-3816

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

Name of Employer Occupation
North Shore Univ Hosp Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: C977719

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
David C Lee, MD, FACEP

Mailing Address 300 Community Dr
North Shore Univ Hosp

City State Zip Code
Manhasset NY 11030-3816

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

Name of Employer Occupation
North Shore Univ Hosp Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	1	0

Transaction ID: C985782

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Marvin Leibovich</p> <p>Mailing Address 10618 Zuber Rd</p> <p>City State Zip Code Alexander AR 72002-9002</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Univ of AR for Med Sci Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2010</p> <p>Transaction ID: C1127866</p> <p>Amount of Each Receipt this Period 1000.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) David M Lemonick</p> <p>Mailing Address 215 Harrow Rd</p> <p>City State Zip Code Pittsburgh PA 15238-2507</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Armstrong Cnty Meml Hosp Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2010</p> <p>Transaction ID: C1106229</p> <p>Amount of Each Receipt this Period 250.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Jarrad Neil Lifshitz</p> <p>Mailing Address 3737 Ashworth Dr</p> <p>City State Zip Code Cincinnati OH 45208-1825</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Jarrad Neil Lifshitz, MD Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2010</p> <p>Transaction ID: C955114</p> <p>Amount of Each Receipt this Period 200.00</p>
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SUBTOTAL of Receipts This Page (optional)	1450.00
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 85 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ralph K Losey

Mailing Address 6239 N Lundy Ave

City State Zip Code
Chicago IL 60646-4009

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

Name of Employer Occupation
Univ of IL at Chicago ED Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C961650

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ralph K Losey

Mailing Address 6239 N Lundy Ave

City State Zip Code
Chicago IL 60646-4009

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

Name of Employer Occupation
Univ of IL at Chicago ED Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: C985700

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Michael Lozano, Jr

Mailing Address 4824 Longwater Way

City State Zip Code
Tampa FL 33615-4216

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

Name of Employer Occupation
EmCare Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2010

Transaction ID: C961555

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 86 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Robert MacDonald

Mailing Address 150 Lowick Dr

City State Zip Code
Colorado Spgs CO 80906-5941

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

Name of Employer Occupation
Parkview Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: C1105445

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sharon E Mace

Mailing Address 11961 Laurel Rd

City State Zip Code
Chesterland OH 44026-1757

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

Name of Employer Occupation
Cleveland Clinic ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: C985697

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Thomas Roland Magill

Mailing Address 3304 Winnipeg Dr

City State Zip Code
Bismarck ND 58503-0455

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

Name of Employer Occupation
St Alexius Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: C1106303

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 87 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William K Mallon

Mailing Address 1200 N State St
Gen Hosp

City State Zip Code
Los Angeles CA 90033-1029

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

Name of Employer Occupation
Gen Hosp Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127921

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Oscar Marcilla

Mailing Address 35 William Pl

City State Zip Code
Glen Rock NJ 07452-3210

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

Name of Employer Occupation
Emergency Medical Associates Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: C986891

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Heather Anne Marshall

Mailing Address 2418 N 31st St

City State Zip Code
Tacoma WA 98407-6402

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

Name of Employer Occupation
Tacoma Emer Care Phys Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: C987118

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 88 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ricardo Martinez

Mailing Address 2828 Cravey Dr NE

City Atlanta State GA Zip Code 30345-1420

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

Name of Employer the schumacher group Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2010
Transaction ID: C1106306
Amount of Each Receipt this Period 250.00

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

Mailing Address 2201 Firerock Ave

City Richland State WA Zip Code 99352-8912

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

Name of Employer Kadlec Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2010
Transaction ID: C959161
Amount of Each Receipt this Period 100.00

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

Mailing Address 2201 Firerock Ave

City Richland State WA Zip Code 99352-8912

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

Name of Employer Kadlec Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2010
Transaction ID: C1106239
Amount of Each Receipt this Period 900.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 89 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Angela F Mattke		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
Mailing Address 1080 Pebblebrook Rd SE		Transaction ID: C961663
City Mableton	State GA	Zip Code 30126-5612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EmergiNet/Summit Med Svcs	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 983.33	

B.

Full Name (Last, First, Middle Initial) Angela F Mattke		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address 1080 Pebblebrook Rd SE		Transaction ID: C985737
City Mableton	State GA	Zip Code 30126-5612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EmergiNet/Summit Med Svcs	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 983.33	

C.

Full Name (Last, First, Middle Initial) Angela F Mattke		Date of Receipt MM / DD / YYYY 09 / 25 / 2010
Mailing Address 1080 Pebblebrook Rd SE		Transaction ID: C1105421
City Mableton	State GA	Zip Code 30126-5612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EmergiNet/Summit Med Svcs	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 983.33	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

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

Name of Employer Occupation
EmergiNet/Summit Med Svcs Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 983.33

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106275

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Elizabeth P Maxwell-Schmidt

Mailing Address 3509 Marthas Vineyard Way

City State Zip Code
Edgewater MD 21037-4700

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

Name of Employer Occupation
Anne Arundel Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128016

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

C L McArthur, III, MD, M

Mailing Address 11 Cardiff

City State Zip Code
Laguna Niguel CA 92677-2936

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

Name of Employer Occupation
Desert Regl Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127677

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joseph T McCaslin

Mailing Address 16402 Ridgemont St

City State Zip Code
Omaha NE 68136-4020

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

Name of Employer Meth Hosp Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	1	0

Transaction ID: C953450

Amount of Each Receipt this Period
100.00

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

Mailing Address 2017 Lexington Dr

City State Zip Code
Perrysburg OH 43551-5449

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

Name of Employer Lucas County Emergency Ph-ys Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	1	0

Transaction ID: C1106195

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dawna L McCulloch

Mailing Address 708 NE Ashmont PI

City State Zip Code
Lees Summit MO 64064-1661

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

Name of Employer Dawna L McCulloch, MD Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	1	0

Transaction ID: C954040

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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 92 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Sarah McCullough

Mailing Address 3304 Winnipeg Dr

City Bismarck State ND Zip Code 58503-0455

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

Name of Employer St Alexius Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 16 / 2010
Transaction ID: C953552
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Richard M McDowell

Mailing Address 75-816 Hiona St

City Honolulu State HI Zip Code 96725-8607

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

Name of Employer Island Emer Med Svc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: C1127852
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Douglas L McGee

Mailing Address PO Box 174

City Birchrunville State PA Zip Code 19421-0174

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

Name of Employer Albert Einstein Med Ctr/ PCOM Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106200
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Dennis Lucas McGill

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

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

Name of Employer Emer Med Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	1	0

Transaction ID: C959181

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dennis Lucas McGill

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

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

Name of Employer Emer Med Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: C961662

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dennis Lucas McGill

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

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

Name of Employer Emer Med Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	1	0

Transaction ID: C1106281

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 94 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
William J McIntyre

Mailing Address 580 Lakeside Dr

City State Zip Code
Jenkins KY 41537-9746

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

Name of Employer Occupation
Webster Co Mem Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: C953540

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
William J McIntyre

Mailing Address 580 Lakeside Dr

City State Zip Code
Jenkins KY 41537-9746

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

Name of Employer Occupation
Webster Co Mem Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: C985500

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
John Gerard McManus, Jr

Mailing Address 726 Ridge Trce

City State Zip Code
San Antonio TX 78258-6917

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

Name of Employer Occupation
Brooke Army Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2010

Transaction ID: C1105440

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Tad McReynolds

Mailing Address 3405 Cactus Wren Way

City State Zip Code
Austin TX 78746-6636

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

Name of Employer Occupation
Dr. Tad McReynolds Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: C1126451

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Tamara McReynolds

Mailing Address 916 S Walnut St

City State Zip Code
Georgetown TX 78626-6031

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

Name of Employer Occupation
Dept Of EM Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: C953534

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William Joel Meggs

Mailing Address 103 Hidden Hills Dr

City State Zip Code
Greenville NC 27858-8635

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

Name of Employer Occupation
E Carolina Univ Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 594.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106143

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional) ▶

590.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Howard K Mell

Mailing Address 3 Cove Pointe Ct

City State Zip Code
Bloomington IL 61704-1417

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

Name of Employer Occupation
MD EMS SYSTEMS LLC Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106100

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
David James Mendelson

Mailing Address 4633 Post Oak Dr

City State Zip Code
Frisco TX 75034-5130

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

Name of Employer Occupation
EmCare Inc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: C985719

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Jacob Mark Meredith, III

Mailing Address 1231A Route 532

City State Zip Code
Chatsworth NJ 08019-9711

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

Name of Employer Occupation
Jersey Emer Méd Spec Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1183.33

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C961661

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Jacob Mark Meredith, III

Mailing Address 1231A Route 532

City State Zip Code
Chatsworth NJ 08019-9711

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

Name of Employer Occupation
Jersey Emer Med Spec Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1183.33

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106135

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Scott H Meyer

Mailing Address 1401 SW 21st St

City State Zip Code
Boca Raton FL 33486-6521

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

Name of Employer Occupation
Coastal Emerg Svcs Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C961534

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

David L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code
Baltimore MD 21209-4421

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

Name of Employer Occupation
EmCare Inc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C962009

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

383.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
David L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code
Baltimore MD 21209-4421

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

Name of Employer EmCare Inc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2010

Transaction ID: C963731

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
David A Miranda

Mailing Address 5007 Gregory Pl

City State Zip Code
West Lake Hls TX 78746-5508

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

Name of Employer David A Miranda, MD, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: C1126454

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City State Zip Code
Franklin TN 37064-9575

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

Name of Employer Dr. Thomas R Mitchell Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: C959745

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City State Zip Code
Franklin TN 37064-9575

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

Name of Employer: Dr. Thomas R Mitchell Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: C979586
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
James C Mitchiner

Mailing Address 1265 Barrister Rd

City State Zip Code
Ann Arbor MI 48105-2821

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

Name of Employer: St Joseph Mercy Hosp ED Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1105916
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
George W Molzen

Mailing Address PO Box 3309

City State Zip Code
Naples FL 34106-3309

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

Name of Employer: Albuquerque Emer Med Assoc Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: C961660
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kevin Monfette

Mailing Address 2954 Island Point Dr

City State Zip Code
Metamora MI 48455-9625

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

Name of Employer St Joseph Mercy Oakland Hosp
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2010

Transaction ID: C1106151

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Harold Moores, III

Mailing Address 22499 200th Ave

City State Zip Code
Tustin MI 49688-8121

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

Name of Employer Dr. Harold Moores, III
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 04 / 2010

Transaction ID: C953248

Amount of Each Receipt this Period
100.00

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

Mailing Address 2201 Plumbrook Dr

City State Zip Code
Austin TX 78746-6233

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

Name of Employer Emer Svc Prtnrs La Costa Ctr
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2010

Transaction ID: C1127863

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional) ► **1025.00**

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 101 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Matthew B Mostofi, DO, FACEP

Mailing Address 46 Frothingham St

City State Zip Code
Milton MA 02186-3317

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

Name of Employer Occupation
New England Med Ctr Emer Emergency Physician
Phys

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106120

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Carla Elizabeth Murphy

Mailing Address 1196 Preserve Cir

City State Zip Code
Golden CO 80401-7045

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

Name of Employer Occupation
Emer Svc Phys PC Emergency Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106270

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Daniel G Murphy

Mailing Address 36 Huntington Rd

City State Zip Code
Garden City NY 11530-3102

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

Name of Employer Occupation
Long Island Emer Care PC Emergency Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: C1105531

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 102 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Scott B Murray

Mailing Address 1 Sandy Way

City State Zip Code
Ayer MA 01432-1590

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

Name of Employer
Dr. Scott B Murray

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2010

Transaction ID: C953448

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Christopher J Najberg

Mailing Address 4411 Carondelet St

City State Zip Code
New Orleans LA 70115-4819

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

Name of Employer
Ochsner Clinic Fndt

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: C953554

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Christopher J Najberg

Mailing Address 4411 Carondelet St

City State Zip Code
New Orleans LA 70115-4819

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

Name of Employer
Ochsner Clinic Fndt

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: C959714

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David C Narunatvanich

Mailing Address 1721 North Sheffield Number 102

City State Zip Code
Chicago IL 60614

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

Name of Employer: David C Narunatvanich, MD Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 16 / 2010
Transaction ID: C953573
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Richard N Nelson, MD, FACEP

Mailing Address 1654 Upham Dr
Room 146 Means Hall

City State Zip Code
Columbus OH 43210-1250

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

Name of Employer: Room 146 Means Hall Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 09 / 25 / 2010
Transaction ID: C1105441
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Richard N Nelson, MD, FACEP

Mailing Address 1654 Upham Dr
Room 146 Means Hall

City State Zip Code
Columbus OH 43210-1250

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

Name of Employer: Room 146 Means Hall Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 09 / 25 / 2010
Transaction ID: C1105442
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard N Nelson, MD, FACEP

Mailing Address 1654 Upham Dr
Room 146 Means Hall

City Columbus State OH Zip Code 43210-1250

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

Name of Employer Room 146 Means Hall Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 26 / 2010
Transaction ID: C1106260
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Ira R Nemeth

Mailing Address 1408 Vermont St
Unit A

City Houston State TX Zip Code 77006-1071

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

Name of Employer Dr. Ira R Nemeth Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2010
Transaction ID: C962011
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Ira R Nemeth

Mailing Address 1408 Vermont St
Unit A

City Houston State TX Zip Code 77006-1071

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

Name of Employer Dr. Ira R Nemeth Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2010
Transaction ID: C985745
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 220.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Ira R Nemeth</p> <p>Mailing Address 1408 Vermont St Unit A</p> <p>City State Zip Code Houston TX 77006-1071</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dr. Ira R Nemeth Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2010</p> <p>Transaction ID: C1105423</p> <p>Amount of Each Receipt this Period 100.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Ira R Nemeth</p> <p>Mailing Address 1408 Vermont St Unit A</p> <p>City State Zip Code Houston TX 77006-1071</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dr. Ira R Nemeth Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2010</p> <p>Transaction ID: C1106155</p> <p>Amount of Each Receipt this Period 100.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Jeffrey R Nickel</p> <p>Mailing Address 2300 N Black Oak Dr</p> <p>City State Zip Code Angola IN 46703-8195</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pro Emer Phys Inc Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 833.34</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2010</p> <p>Transaction ID: C962012</p> <p>Amount of Each Receipt this Period 83.33</p>
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SUBTOTAL of Receipts This Page (optional)	283.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City State Zip Code
Angola IN 46703-8195

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

Name of Employer Pro Emer Phys Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: C985746

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City State Zip Code
Angola IN 46703-8195

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

Name of Employer Pro Emer Phys Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2010

Transaction ID: C1128014

Amount of Each Receipt this Period
83.37

C.

Full Name (Last, First, Middle Initial)
Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City State Zip Code
Angola IN 46703-8195

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

Name of Employer Pro Emer Phys Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1128015

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **250.03**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Craig Norquist</p> <p>Mailing Address PO Box 2808 Scottsdale Hosp</p> <p>City State Zip Code Scottsdale AZ 85252-2808</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Scottsdale Hosp Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2010</p> <p>Transaction ID: C1106121</p> <p>Amount of Each Receipt this Period 1000.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Andrew C Nothmann, MD, FACEP</p> <p>Mailing Address 1879 Seville Dr</p> <p>City State Zip Code Napa CA 94559-4257</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Napa Valley Emer Med Grp Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010</p> <p>Transaction ID: C987109</p> <p>Amount of Each Receipt this Period 350.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Robert E O'Connor</p> <p>Mailing Address 515 Foxdale Ln</p> <p>City State Zip Code Charlottesvle VA 22903-9201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Univ of VA Hlth Svc-Dept of EM Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 833.33</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2010</p> <p>Transaction ID: C962010</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	1600.00
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 108 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Robert E O'Connor

Mailing Address 515 Foxdale Ln

City State Zip Code
Charlottesville VA 22903-9201

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

Name of Employer Occupation
Univ of VA Hlth Svc-Dept of EM Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 833.33

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106153

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Kathleen T O'Donnell

Mailing Address 434 Euclid Ter NE

City State Zip Code
Atlanta GA 30307-2042

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

Name of Employer Occupation
Emory Univ Schl of Med Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2010

Transaction ID: C951087

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mark Olivier

Mailing Address 2022 Bushville Hwy

City State Zip Code
Arnaudville LA 70512-4104

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

Name of Employer Occupation
Opelousas Gen Health System Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1128161

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **633.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William P Olivieri

Mailing Address 1 Musky Ridge Dr

City State Zip Code
Hackettstown NJ 07840-1750

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

Name of Employer Occupation
Hackettstown Cmnty Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2010

Transaction ID: C1105434

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Jorge E Otero, MD

Mailing Address NE Emer Med Spec
245 E Rock Rd

City State Zip Code
New Haven CT 06511-1230

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

Name of Employer Occupation
NE Emer Med Spec Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961641

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Jorge E Otero, MD

Mailing Address NE Emer Med Spec
245 E Rock Rd

City State Zip Code
New Haven CT 06511-1230

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

Name of Employer Occupation
NE Emer Med Spec Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: C985709

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **291.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Jorge E Otero, MD

Mailing Address NE Emer Med Spec
245 E Rock Rd

City State Zip Code
New Haven CT 06511-1230

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

Name of Employer Occupation
NE Emer Med Spec Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
750.01

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2010

Transaction ID: C1105425

Amount of Each Receipt this Period
83.37

B.

Full Name (Last, First, Middle Initial)
David T Overton, MD, FACEP

Mailing Address MSU/KCMS
1000 Oakland Dr

City State Zip Code
Kalamazoo MI 49008-1282

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

Name of Employer Occupation
MSU/KCMS Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1105857

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Diane Paratore

Mailing Address 1737 Sheffield Rd

City State Zip Code
Birmingham MI 48009-7224

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

Name of Employer Occupation
Botsford Gen Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C962247

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

1183.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Sarah Jane Paris

Mailing Address 6 Alger St

City State Zip Code
Saratoga Spgs NY 12866-1526

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

Name of Employer EMP of Albany Co PLLC Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	1	0

Transaction ID: C953570

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Sarah Jane Paris

Mailing Address 6 Alger St

City State Zip Code
Saratoga Spgs NY 12866-1526

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

Name of Employer EMP of Albany Co PLLC Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	1	0

Transaction ID: C966552

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Rebecca B Parker

Mailing Address 5880 Highland Ln

City State Zip Code
Vlg Of Lakewd IL 60014-4808

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

Name of Employer Dr. Rebecca B Parker Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	1	0

Transaction ID: C1106278

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 112 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles F Pattavina, MD, FACEP

Mailing Address St Joseph Hosp
360 Broadway

City State Zip Code
Bangor ME 04401-3979

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

Name of Employer St Joseph Hosp Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	1	0

Transaction ID: C985739

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Charles F Pattavina, MD, FACEP

Mailing Address St Joseph Hosp
360 Broadway

City State Zip Code
Bangor ME 04401-3979

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

Name of Employer St Joseph Hosp Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	1	0

Transaction ID: C1106142

Amount of Each Receipt this Period
100.00

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

Mailing Address 3902 Woodhollow Ct

City State Zip Code
Sugar Land TX 77479-2839

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

Name of Employer Dr. Michael A Pawlowski Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: C1105633

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Lee E Payne

Mailing Address 4199 Douglass Way

City State Zip Code
Usaf Academy CO 80840-1099

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

Name of Employer Occupation
HQ Air Force Space Command Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.34

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C961657

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
Lee E Payne

Mailing Address 4199 Douglass Way

City State Zip Code
Usaf Academy CO 80840-1099

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

Name of Employer Occupation
HQ Air Force Space Command Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.34

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: C985740

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
Lee E Payne

Mailing Address 4199 Douglass Way

City State Zip Code
Usaf Academy CO 80840-1099

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

Name of Employer Occupation
HQ Air Force Space Command Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.34

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2010

Transaction ID: C1105426

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

250.03

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lee E Payne

Mailing Address 4199 Douglass Way

City State Zip Code
Usaf Academy CO 80840-1099

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

Name of Employer Occupation
HQ Air Force Space Command Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106283

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Mark D Pearlmutter

Mailing Address 440 Boylston St

City State Zip Code
Brookline MA 02445-6005

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

Name of Employer Occupation
St Elizabeths Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106227

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Alberto Perez, MD, FACEP

Mailing Address 59 Windswept Way

City State Zip Code
Coventry CT 06238-3622

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

Name of Employer Occupation
NE Emer Med Spec Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: C961658

Amount of Each Receipt this Period
83.33

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alberto Perez, MD, FACEP

Mailing Address 59 Windswept Way

City State Zip Code
Coventry CT 06238-3622

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

Name of Employer: NE Emer Med Spec Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 09 / 03 / 2010
Transaction ID: C985741
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Alberto Perez, MD, FACEP

Mailing Address 59 Windswept Way

City State Zip Code
Coventry CT 06238-3622

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

Name of Employer: NE Emer Med Spec Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 09 / 25 / 2010
Transaction ID: C1105427
Amount of Each Receipt this Period: 83.37

C. Full Name (Last, First, Middle Initial)
Alberto Perez, MD, FACEP

Mailing Address 59 Windswept Way

City State Zip Code
Coventry CT 06238-3622

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

Name of Employer: NE Emer Med Spec Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106156
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► 250.03

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 116 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Fernando J Perez

Mailing Address 14 Hibernia Rd

City Savannah State GA Zip Code 31411-1439

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

Name of Employer St Josephs Hospital Savannah
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
09 / 23 / 2010

Transaction ID: C987120

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Charles Allan Phillips

Mailing Address 6801 Trinity Landing Dr S

City Fort Worth State TX Zip Code 76132-3754

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

Name of Employer Questcare
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
09 / 14 / 2010

Transaction ID: C985687

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Wake Emer Phys, PAC

Mailing Address 543 Keisler Dr Ste 202

City Cary State NC Zip Code 27518-9321

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

Name of Employer Information Requested
Occupation FEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt MM / DD / YYYY
09 / 24 / 2010

Transaction ID: C1095736

Amount of Each Receipt this Period 4000.00

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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 117 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gina Marie Piazza

Mailing Address 1401 S Joyce St

City Arlington State VA Zip Code 22202-1874

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

Name of Employer Med Coll of Georgia Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: C1128198
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Sandra Rose Picone

Mailing Address 100 Mount Grey Rd

City Setauket State NY Zip Code 11733-1653

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

Name of Employer Good Samaritan Hosp Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 29 / 2010
Transaction ID: C959761
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
David J Pillow, Jr

Mailing Address 5332 Wateka Dr

City Dallas State TX Zip Code 75209-5512

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

Name of Employer St Paul Univ Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 29 / 2010
Transaction ID: C979157
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 118 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert F Poirier, Jr

Mailing Address 18 S Kingshighway Blvd

City State Zip Code
Saint Louis MO 63108-1308

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

Name of Employer Washington Univ School of Med
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	1	0

Transaction ID: C1106218

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
S Scott Polsky

Mailing Address 174 Mariners Way

City State Zip Code
Moyock NC 27958-9049

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

Name of Employer Dr. S Scott Polsky
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	0

Transaction ID: C960183

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Paul R Pomeroy, Jr

Mailing Address 34069 Hathaway St

City State Zip Code
Livonia MI 48150-5603

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

Name of Employer Dr. Paul R Pomeroy, Jr
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	1	0

Transaction ID: C1106249

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 119 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ericka Powell

Mailing Address 40 Lane Rd

City State Zip Code
Derry NH 03038-4194

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

Name of Employer Occupation
Lancaster Regional Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961659

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Ericka Powell

Mailing Address 40 Lane Rd

City State Zip Code
Derry NH 03038-4194

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

Name of Employer Occupation
Lancaster Regional Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: C985742

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Ericka Powell

Mailing Address 40 Lane Rd

City State Zip Code
Derry NH 03038-4194

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

Name of Employer Occupation
Lancaster Regional Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
MM / DD / YYYY
09 / 25 / 2010

Transaction ID: C1105429

Amount of Each Receipt this Period
83.37

SUBTOTAL of Receipts This Page (optional) ► **250.03**

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 120 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Ericka Powell

Mailing Address 40 Lane Rd

City State Zip Code
Derry NH 03038-4194

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

Name of Employer Occupation
Lancaster Regional Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106157

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Eva Prakash

Mailing Address 334 Gershwin Dr

City State Zip Code
Houston TX 77079-7312

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

Name of Employer Occupation
GHEP Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961656

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Louise A Prince

Mailing Address 750 E Adams St
SUNY Upstate Med Univ ED

City State Zip Code
Syracuse NY 13210-2342

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

Name of Employer Occupation
SUNY Upstate Med Univ ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1105710

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **633.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Karen Agape Quaday

Mailing Address 640 Jackson St
Regions Hosp ED

City State Zip Code
Saint Paul MN 55101-2502

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

Name of Employer Regions Hosp ED Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: C956233

Amount of Each Receipt this Period
400.00

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

Mailing Address 13702 Keneva Dr

City State Zip Code
Cypress TX 77429-4870

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

Name of Employer Kingwood Med Ctr Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: C985671

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Anines Quinones Quinones Rosado

Mailing Address 14656 Grand Cove Dr

City State Zip Code
Orlando FL 32837-8178

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

Name of Employer FL Emer Phys Kang & Assoc Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2010

Transaction ID: C954042

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 122 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Teresa M Rainone		Date of Receipt MM / DD / YYYY 07 / 16 / 2010
Mailing Address 11 Tinker Bluff Ct		Transaction ID: C955118
City Setauket	State NY	Zip Code 11733-4051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer J T Mather Hosp ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Teresa M Rainone		Date of Receipt MM / DD / YYYY 08 / 17 / 2010
Mailing Address 11 Tinker Bluff Ct		Transaction ID: C985651
City Setauket	State NY	Zip Code 11733-4051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer J T Mather Hosp ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Guhan Rammohan		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 4785 Curly Horse Dr		Transaction ID: C1126387
City Center Valley	State PA	Zip Code 18034-8788
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Emerg Med Res /St Lukes Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 123 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.	Full Name (Last, First, Middle Initial) Patrick S Ramsey		Date of Receipt MM / DD / YYYY 09 / 26 / 2010		
	Mailing Address 6398 Nesbitt Rd.		Transaction ID: C1128224		
	City Madison	State WI	Zip Code 53719-1896	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Information Requested		Occupation Information Requested		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Michael Raso		Date of Receipt MM / DD / YYYY 07 / 29 / 2010		
	Mailing Address 1115 N Bourland Ave		Transaction ID: C959763		
	City Peoria	State IL	Zip Code 61606-1210	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Michael Raso, MD		Occupation Emergency Physician		Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Michael Raso		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 1115 N Bourland Ave		Transaction ID: C985663		
	City Peoria	State IL	Zip Code 61606-1210	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Michael Raso, MD		Occupation Emergency Physician		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
R Lynn Rea

Mailing Address 7618 Tanglecrest Dr

City State Zip Code
Dallas TX 75254-8021

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

Name of Employer Emer Med Consultants Ltd Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106253

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Frank Austin Redmond

Mailing Address 39 Leeward Cove Dr

City State Zip Code
Spring TX 77381-3307

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

Name of Employer St Lukes Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: C959494

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Michael Edward Richards

Mailing Address 1 Univ of NM
Dept of Emer Med MSC10 5560

City State Zip Code
Albuquerque NM 87131-0001

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

Name of Employer Dept of Emer Med MSC10 55-60 Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1128018

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Lynne D Richardson	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 284 W 114th St # 2A	Transaction ID: C987125
	City State Zip Code New York NY 10026-2804	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mt Sinai School of Medicine	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Gregory Conway Risk	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 113 Arbon Ln	Transaction ID: C955116
	City State Zip Code New Bern NC 28562-8729	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Craven Reg Med Ctr ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Gregory Conway Risk	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 113 Arbon Ln	Transaction ID: C985650
	City State Zip Code New Bern NC 28562-8729	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Craven Reg Med Ctr ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 126 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial)
Ralph James Riviello

Mailing Address 866 Ashburn Way

City State Zip Code
Swedesboro NJ 08085-4018

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

Name of Employer Occupation
Drexel Univ Colg of Med Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1105448

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Brian Jon Robb

Mailing Address 1435 Woodbury Ln

City State Zip Code
Liberty MO 64068-1266

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

Name of Employer Occupation
Liberty Emer Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106186

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Sam S Roberts, III

Mailing Address 6300 La Calma Dr
Emer Svc Partners LP

City State Zip Code
Austin TX 78752-3825

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

Name of Employer Occupation
Emer Svc Partners LP Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: C963727

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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 127 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Paul F Robinson

Mailing Address 948 Bayshore Dr

City State Zip Code
Tarpon Spgs FL 34689-2411

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

Name of Employer Occupation
EM/Urgent Care Inc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106177

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ross B Rodgers

Mailing Address 9208 E Desert Park Dr

City State Zip Code
Scottsdale AZ 85255-6215

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

Name of Employer Occupation
Scottsdale Emergency Associates Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106130

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Alan Roga

Mailing Address 10865 E Cochise Ave

City State Zip Code
Scottsdale AZ 85259-4840

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

Name of Employer Occupation
SEA Ltd Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1105553

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 128 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

A.

Full Name (Last, First, Middle Initial) Todd A Rogers		Date of Receipt MM / DD / YYYY 07 / 19 / 2010
Mailing Address 102 Craborchard PI		Transaction ID: C953655
City Chapel Hill	State NC	Zip Code 27514-9553
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Durham Emer Phys PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Fred Romano		Date of Receipt MM / DD / YYYY 07 / 16 / 2010
Mailing Address 4516 Tuscana Dr		Transaction ID: C953561
City Sarasota	State FL	Zip Code 34241-4201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Alexander Max Rosenau		Date of Receipt MM / DD / YYYY 09 / 25 / 2010
Mailing Address PO Box 689 Lehigh Valley Hosp		Transaction ID: C1105435
City Allentown	State PA	Zip Code 18105-1556
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lehigh Valley Phys Grp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Mark S Rosenberg

Mailing Address 38 N Ridge Rd

City State Zip Code
Denville NJ 07834-9629

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

Name of Employer Occupation
M and L Holdings Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2010

Transaction ID: C966340

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mark S Rosenberg

Mailing Address 38 N Ridge Rd

City State Zip Code
Denville NJ 07834-9629

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

Name of Employer Occupation
M and L Holdings Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127844

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Bruce W Rosenthal

Mailing Address 156 W Hutchinson Ave

City State Zip Code
Pittsburgh PA 15218-1322

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

Name of Employer Occupation
Emerg Med Assoc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: C959258

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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 130 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John A Rosica
Mailing Address 10 Balmoral Ln
City State Zip Code
Scotch Plains NJ 07076-2203
FEC ID number of contributing federal political committee. **C**
Name of Employer St Clares Hosp Occupation Emergency Physcian
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 16 / 2010
Transaction ID: C953559
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
David William Ross
Mailing Address 15340 Raton Rd
City State Zip Code
Colorado Spgs CO 80921-2140
FEC ID number of contributing federal political committee. **C**
Name of Employer Front EM Specialties Inc Occupation Emergency Physcian
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00
Date of Receipt 09 / 26 / 2010
Transaction ID: C1106149
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Gary S Rudolph, MD, FACEP
Mailing Address 299 Bay Ave
City State Zip Code
Halesite NY 11743-1136
FEC ID number of contributing federal political committee. **C**
Name of Employer North Shore Univ Hosp Emer Phys Occupation Emergency Physcian
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 26 / 2010
Transaction ID: C1106199
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
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 131 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Raymond Remo Rudoni

Mailing Address 401 S Ballenger Hwy
McLaren Regl Med Ctr

City State Zip Code
Flint MI 48532-3638

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

Name of Employer Occupation
Emer Med Specialists PC Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1105948

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Sebastian A Rueckert

Mailing Address 170 Dielman Rd

City State Zip Code
Saint Louis MO 63124-1705

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

Name of Employer Occupation
Christian Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: C1105542

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dino Peter Rumoro, DO, FACEP

Mailing Address 26 W 381 Glen Eagles Dr

City State Zip Code
Winfield IL 60190-2313

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

Name of Employer Occupation
Rush Univ Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1128021

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

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 132 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Diane Sigrid Ruschke

Mailing Address 1733 E 6400 S

City State Zip Code
Salt Lake City UT 84121-2010

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

Name of Employer Occupation
EPIC LLC Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: C985689

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Andrew Sama, MD, FACEP

Mailing Address 253 Dover Rd

City State Zip Code
Manhasset NY 11030-3709

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

Name of Employer Occupation
North Shore Univ Hosp Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 772.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2010

Transaction ID: C958021

Amount of Each Receipt this Period
84.00

C.

Full Name (Last, First, Middle Initial)
Andrew Sama, MD, FACEP

Mailing Address 253 Dover Rd

City State Zip Code
Manhasset NY 11030-3709

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

Name of Employer Occupation
North Shore Univ Hosp Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 772.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: C969965

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► 1168.00

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 133 / 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Andrew Sama, MD, FACEP

Mailing Address 253 Dover Rd

City State Zip Code
Manhasset NY 11030-3709

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
North Shore Univ Hosp Emer Emergency Physician
Phys

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 772.00

Date of Receipt M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106127

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Tracy G Sanson

Mailing Address 812 Lorena Rd

City State Zip Code
Lutz FL 33548-4589

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
TEAMHealth Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106244

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Thomas Sapp

Mailing Address 1397 Glen Ellyn Dr SE

City State Zip Code
Grand Rapids MI 49546-3888

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Emergency Care Specialists Emergency Physician
PC

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: C1106302

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) 400.00

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 134 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey D Sarata

Mailing Address 6595 Peninsula Way

City Laingsburg State MI Zip Code 48848-9204

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

Name of Employer MSU Sparrow Lansing Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2010

Transaction ID: C1106308

Amount of Each Receipt this Period 200.00

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

Mailing Address 258 Independence Rd

City Concord State MA Zip Code 01742-2645

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

Name of Employer Dr. Steven P Sbardella Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2010

Transaction ID: C1127907

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert W Schafermeyer

Mailing Address PO Box 32861
Carolinas Med Ctr

City Charlotte State NC Zip Code 28232-2861

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

Name of Employer CMC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2010

Transaction ID: C953557

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 135 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Frederick M Schiavone

Mailing Address 31 Pagnotta Dr

City State Zip Code
Port Jeff Sta NY 11776-4454

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

Name of Employer Occupation
SUNY Stony Brook Dept EM Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: C1105631

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
David Herbert Schiff

Mailing Address 792 Rowland Blvd

City State Zip Code
Novato CA 94947-4601

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

Name of Employer Occupation
Kaiser Permanente Medical Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: C985665

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Nathaniel R Schlicher

Mailing Address 4615 77th Ave NW

City State Zip Code
Gig Harbor WA 98335-6532

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

Name of Employer Occupation
Wright State Univ Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	1	0

Transaction ID: C1105436

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 136 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
David P Schlueter, II

Mailing Address 16970 Timbers Edge Dr

City Noblesville State IN Zip Code 46062-7170

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

Name of Employer David P Schlueter II, MD Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2010
Transaction ID: C1106232
Amount of Each Receipt this Period 250.00

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

Mailing Address 511 Broad Stream Ln

City Davidsonville State MD Zip Code 21035-2049

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

Name of Employer Virginia Hosp Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2010
Transaction ID: C985661
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Margaret Beth Schneider

Mailing Address 300 Overhill Dr

City Redding State CA Zip Code 96001-0300

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

Name of Employer Enloe Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2010
Transaction ID: C985699
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sandra M Schneider

Mailing Address 601 Elmwood Ave

City State Zip Code
Rochester NY 14642-0001

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

Name of Employer Occupation
Univ of Rochester Schl of Med Emergency Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: C969989

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Regan Andre Schwartz

Mailing Address 2446 Westminster Ter

City State Zip Code
Oviedo FL 32765-7503

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

Name of Employer Occupation
FL Emer Phys Kang & Assoc Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: C955111

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David Charles Seaberg

Mailing Address 960 E 3rd St
Univ TN Colg of Med-Deans Ofc

City State Zip Code
Chattanooga TN 37403-2133

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

Name of Employer Occupation
Univ TN Colg of Med-Deans Ofc Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961655

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 138 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Geneiso Armando Armando Serri

Mailing Address Aultman Hosp
2600 6th St SW

City Canton State OH Zip Code 44710-1702

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

Name of Employer Aultman Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: C985620
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Gregory L Shangold, MD, FACEP

Mailing Address 66 Beacon Hill Dr

City Storrs Manfld State CT Zip Code 06268-2756

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

Name of Employer NE Emer Med Spec Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 07 / 30 / 2010
Transaction ID: C961653
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Gregory L Shangold, MD, FACEP

Mailing Address 66 Beacon Hill Dr

City Storrs Manfld State CT Zip Code 06268-2756

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

Name of Employer NE Emer Med Spec Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 09 / 02 / 2010
Transaction ID: C985743
Amount of Each Receipt this Period: 83.37

SUBTOTAL of Receipts This Page (optional) ► 266.70

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gregory L Shangold, MD, FACEP
Mailing Address 66 Beacon Hill Dr

City State Zip Code
Storrs Manfld CT 06268-2756

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

Name of Employer: NE Emer Med Spec Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 09 / 25 / 2010
Transaction ID: C1095769
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Gregory L Shangold, MD, FACEP
Mailing Address 66 Beacon Hill Dr

City State Zip Code
Storrs Manfld CT 06268-2756

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

Name of Employer: NE Emer Med Spec Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 09 / 26 / 2010
Transaction ID: C1106147
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Louis Sharp
Mailing Address 2211 W Farragut Ave

City State Zip Code
Chicago IL 60625-1801

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

Name of Employer: Loyola Univ Med Ctr Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 14 / 2010
Transaction ID: C985686
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **416.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Jonathan E Siff

Mailing Address 2500 Metrohealth Dr
Metro Health Med Ctr ED

City Cleveland State OH Zip Code 44109-1900

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

Name of Employer Metro Health Med Ctr ED Occupation Emergency Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 13 / 2010
Transaction ID: C967490
 Amount of Each Receipt this Period 600.00

B.

Full Name (Last, First, Middle Initial)
John Skienzielewski

Mailing Address 1325 Red Ln

City Danville State PA Zip Code 17821-8416

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

Name of Employer Geisinger Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2010
Transaction ID: C1106196
 Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Kevin Teal Slaughter

Mailing Address 1930 Village Center Cir

City Las Vegas State NV Zip Code 89134-6245

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

Name of Employer Dr. Kevin Teal Slaughter Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 26 / 2010
Transaction ID: C959230
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 141 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Todd Slesinger, MD, FACEP

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

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

Name of Employer North Shore Univ Hosp Emer Phys
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961654

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Todd Slesinger, MD, FACEP

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

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

Name of Employer North Shore Univ Hosp Emer Phys
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: C985744

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Todd Slesinger, MD, FACEP

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

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

Name of Employer North Shore Univ Hosp Emer Phys
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106138

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Virgil W Smaltz

Mailing Address 10 Saint Charles Ave

City State Zip Code
Wheeling WV 26003-9382

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

Name of Employer: Wheeling Hosp Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961634

Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Virgil W Smaltz

Mailing Address 10 Saint Charles Ave

City State Zip Code
Wheeling WV 26003-9382

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

Name of Employer: Wheeling Hosp Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
09 / 03 / 2010

Transaction ID: C985705

Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Virgil W Smaltz

Mailing Address 10 Saint Charles Ave

City State Zip Code
Wheeling WV 26003-9382

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

Name of Employer: Wheeling Hosp Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106166

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

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

FOR LINE NUMBER: PAGE 143 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6970 Crystal Creek Dr

City Brecksville State OH Zip Code 44141-2174

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

Name of Employer MetroHealth Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2010
Transaction ID: C1105944
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Rodney W Smith

Mailing Address 150 Dhu Varren Rd

City Ann Arbor State MI Zip Code 48105-9688

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

Name of Employer Emer Phys Med Grp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2010
Transaction ID: C985676
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Sullivan K Smith

Mailing Address 1 Medical Center Blvd

City Cookeville State TN Zip Code 38501-4294

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

Name of Employer VMG Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2010
Transaction ID: C1105447
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 144 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Gregory Jon Smolin</p> <p>Mailing Address 3435 Pebble Ridge Dr</p> <p>City York State PA Zip Code 17402-4349</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer EMP of York County LLC Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2010</p> <p>Transaction ID: C985673</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Amy Jill Snover</p> <p>Mailing Address 100 Rhoads Hill Rd</p> <p>City Danville State PA Zip Code 17821-9327</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Geisinger Med Ctr ED Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2010</p> <p>Transaction ID: C1106171</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Peter Erik Sokolove</p> <p>Mailing Address 3889 Exmoor Cir</p> <p>City Sacramento State CA Zip Code 95864-5904</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Univ of CA - Davis Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2010</p> <p>Transaction ID: C961645</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City State Zip Code
Oakdale PA 15071-3726

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

Name of Employer Occupation
Steel Vly Emer Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 977.85

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C976250

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City State Zip Code
Oakdale PA 15071-3726

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

Name of Employer Occupation
Steel Vly Emer Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 977.85

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: C985738

Amount of Each Receipt this Period
83.33

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

Mailing Address 108 Saddle Ridge Dr

City State Zip Code
Oakdale PA 15071-3726

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

Name of Employer Occupation
Steel Vly Emer Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 977.85

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: C1105438

Amount of Each Receipt this Period
144.55

SUBTOTAL of Receipts This Page (optional) ► **311.21**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City State Zip Code
Oakdale PA 15071-3726

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

Name of Employer Occupation
Steel Vly Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 977.85

Date of Receipt
MM / DD / YYYY
09 / 25 / 2010

Transaction ID: C1095771

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City State Zip Code
Oakdale PA 15071-3726

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

Name of Employer Occupation
Steel Vly Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 977.85

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106134

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Brian Lee Springer

Mailing Address 3525 Southern Blvd
Wright State Univ Dept of EM

City State Zip Code
Dayton OH 45429-1221

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

Name of Employer Occupation
Wright State Univ ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106210

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **466.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Robert D Stangl

Mailing Address 1401 E Juniper Crest Ct

City State Zip Code
Andover KS 67002-7969

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

Name of Employer Occupation
Via Christi Regl Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: C959254

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Anthony Gregg Steele

Mailing Address 7668 St Lawrence Ct

City State Zip Code
Zionsville IN 46077-8558

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

Name of Employer Occupation
Dr. Anthony Gregg Steele Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1128012

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Richard L Stennes

Mailing Address 2533 Calle Del Oro

City State Zip Code
La Jolla CA 92037-2005

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

Name of Employer Occupation
Dr. Richard L Stennes Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106163

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 148 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Eric William Stern

Mailing Address 2401 S 31st St
TX A&M Scott & White Meml Hosp Eme

City State Zip Code
Temple TX 76508-0001

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

Name of Employer Occupation
DES Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: C946897

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Eric William Stern

Mailing Address 2401 S 31st St
TX A&M Scott & White Meml Hosp Eme

City State Zip Code
Temple TX 76508-0001

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

Name of Employer Occupation
DES Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: C961578

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Angela L Straface

Mailing Address 2104 Watercrest Ct

City State Zip Code
Keller TX 76248-8340

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

Name of Employer Occupation
Arlington Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1416.69

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106217

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 149 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) David F E Stuhlmiller		Date of Receipt MM / DD / YYYY 09 / 26 / 2010
Mailing Address 100 Woods Rd Westchester Med Ctr Emer Dept		Transaction ID: C1105963
City Valhalla	State NY	Zip Code 10595-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Emerg Med Assoc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Peter James Stull		Date of Receipt MM / DD / YYYY 07 / 07 / 2010
Mailing Address 3626 Lovejoy Ct NE		Transaction ID: C953466
City Olympia	State WA	Zip Code 98506-9619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer US ARMY	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) Peter James Stull		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 3626 Lovejoy Ct NE		Transaction ID: C959756
City Olympia	State WA	Zip Code 98506-9619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US ARMY	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Thomas Jerome Sugarman

Mailing Address 1563 Solano Ave

City Berkeley State CA Zip Code 94707-2116

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

Name of Employer Sutter Delta Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 26 / 2010

Transaction ID: C1106102

Amount of Each Receipt this Period 650.00

B. Full Name (Last, First, Middle Initial)
Christine Sullivan

Mailing Address 12408 Lamar Ave

City Leawood State KS Zip Code 66209-2703

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

Name of Employer Truman Med Ctr ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2010

Transaction ID: C1106193

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Erik Thomas Sundell

Mailing Address 1314 7th St

City New Orleans State LA Zip Code 70115-3319

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

Name of Employer Ochsner Clinic Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 02 / 2010

Transaction ID: C962745

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 151 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Douglas Gilbert Sward

Mailing Address 4436 Prancing Deer Dr

City State Zip Code
Ellicott City MD 21043

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

Name of Employer Occupation
Dr. Douglas Gilbert Sward Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C961638

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gary William Tamkin

Mailing Address 4 Valley High

City State Zip Code
Lafayette CA 94549-2418

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

Name of Employer Occupation
Mercy Med Ctr Merced, ED Dir Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2010

Transaction ID: C962452

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
James D Thompson

Mailing Address 200 Exempla Cir
Good Samaritan Med Ctr ED

City State Zip Code
Lafayette CO 80026-3370

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

Name of Employer Occupation
Emerg Svc Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1105953

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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 152 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Jaimie Tom

Mailing Address 3615 Kumu St

City Honolulu State HI Zip Code 96822-1145

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

Name of Employer Dr. Jaimie Tom Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2010

Transaction ID: C959281

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Jaimie Tom

Mailing Address 3615 Kumu St

City Honolulu State HI Zip Code 96822-1145

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

Name of Employer Dr. Jaimie Tom Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 17 / 2010

Transaction ID: C985657

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Vicken Y Totten

Mailing Address 14500 S Park Blvd

City Cleveland State OH Zip Code 44120-1330

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

Name of Employer Univ Hosp Casé Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 25 / 2010

Transaction ID: C985647

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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 153 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Vicken Y Totten

Mailing Address 14500 S Park Blvd

City Cleveland State OH Zip Code 44120-1330

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

Name of Employer Univ Hosp Case Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 14 / 2010

Transaction ID: C985551

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Larisa May Traill

Mailing Address 22844 Renford St

City Novi State MI Zip Code 48375-4529

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

Name of Employer Med Ctr Emer Svcs Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2010

Transaction ID: C1105628

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Brent Treichler

Mailing Address 325 Pecan Grove Rd

City Ennis State TX Zip Code 75119-8986

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

Name of Employer UTSW Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2010

Transaction ID: C953563

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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 154 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Paul C Tripathi

Mailing Address 1313 Ozkan St

City State Zip Code
McLean VA 22101-2724

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

Name of Employer Occupation
Best Practices Inc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: C1106304

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)

Philip F F Troiano, III

Mailing Address 945 N 12th St
Aurora Sinai Hosp ED

City State Zip Code
Milwaukee WI 53233-1305

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

Name of Employer Occupation
Aurora Sinai Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: C959097

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Michael A Turturro

Mailing Address 821 Ridgeview Dr

City State Zip Code
Pittsburgh PA 15228-1707

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

Name of Employer Occupation
Emerg Med Assoc of Pittsb-
urgh Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106119

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)

1600.00

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 155 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Joseph Adrian Tyndall

Mailing Address PO Box 10186
Univ of FL - Dept of EM

City Gainesville State FL Zip Code 32610-0001

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

Name of Employer Univ of FL - Dept of EM Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106105

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dennis T Uehara

Mailing Address 5092 Crofton Dr

City Rockford State IL Zip Code 61114-5422

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

Name of Employer Rockford Memorial Hosp ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C953539

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bradley J Uren

Mailing Address 8115 Pettysville Rd

City Pinckney State MI Zip Code 48169-8281

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

Name of Employer Univ of MI Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106194

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Mark Duane Utkewicz

Mailing Address 41 Hansom Rd

City State Zip Code
Basking Ridge NJ 07920-2974

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

Name of Employer Occupation
Emer Med Assoc Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: C959255

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Philip C Van Dongen

Mailing Address 75 May Apple Ln

City State Zip Code
Martinsburg WV 25403-1123

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

Name of Employer Occupation
Dr. Philip C Van Dongen Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: C987051

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Robert Thomas VanHook, MD, FACEP

Mailing Address 4009 Clipper Ln

City State Zip Code
Portsmouth VA 23703-5302

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

Name of Employer Occupation
Naval Med Ctr/ Portsmouth Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1128209

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 157 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Tracey Venning

Mailing Address 15903 Negaunee

City State Zip Code
Redford MI 48239-3946

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

Name of Employer Occupation
Dr. Tracey Venning Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: C985660

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Peter Viccellio

Mailing Address 19 Valleywood Ct E

City State Zip Code
Saint James NY 11780-1112

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

Name of Employer Occupation
Univ Hosp at Stony Brook ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106247

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Gregory A Volturo

Mailing Address 350 Ball Hill Rd

City State Zip Code
Princeton MA 01541-1712

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

Name of Employer Occupation
Univ of MA Med Ctr ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1127841

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mary Jo Wagner

Mailing Address 5425 Nottingham Dr N

City State Zip Code
Saginaw MI 48603-2821

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

Name of Employer Synergy Med Educ Alliance Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2010

Transaction ID: C1106139

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael S Wahl

Mailing Address 222 S Riverside Plz
Illinois Poison Center

City State Zip Code
Chicago IL 60606-6010

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

Name of Employer Illinois Poison Center Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: C1127982

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Carolyn Waldo

Mailing Address 5D Glendale Ln

City State Zip Code
Rapid City SD 57702-4992

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

Name of Employer Rapid City IHS Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: C1128177

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 159 / 206
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Bruce D Wapen

Mailing Address 969G Edgewater Blvd

City State Zip Code
Foster City CA 94404-3775

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

Name of Employer Mills Peninsula Emer Med Grp
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: C987082

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
George Lawrence Ward

Mailing Address 17 Golf View Dr

City State Zip Code
Pass Chris MS 39571-2045

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

Name of Employer Dr. George Lawrence Ward
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: C985605

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Nathan P Watkins

Mailing Address 8300 W 38th Ave
Lutheran Med Ctr

City State Zip Code
Wheat Ridge CO 80033-6005

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

Name of Employer Lutheran Med Ctr
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: C985704

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 160 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Matthew J Watson, MD, FACEP

Mailing Address 1280 Longpointe Pass

City State Zip Code
Alpharetta GA 30005-2284

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

Name of Employer Northside Emer Assoc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961652

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Matthew J Watson, MD, FACEP

Mailing Address 1280 Longpointe Pass

City State Zip Code
Alpharetta GA 30005-2284

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

Name of Employer Northside Emer Assoc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106132

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael L Weaver

Mailing Address 4505 Headwood Dr

City State Zip Code
Kansas City MO 64111-3439

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

Name of Employer Hospital Emer Phys Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: C953537

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 161 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Deborah E Weber

Mailing Address 1420 Shawnee Trl

City State Zip Code
Riverwoods IL 60015-1631

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

Name of Employer Occupation
Lutheran Gen Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106201

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Daniel R Wehner

Mailing Address 355 Bliss St

City State Zip Code
Johnstown PA 15905-2755

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

Name of Employer Occupation
Conemaugh Valley Memorial Hospital Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: C964075

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Daniel R Wehner

Mailing Address 355 Bliss St

City State Zip Code
Johnstown PA 15905-2755

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

Name of Employer Occupation
Conemaugh Valley Memorial Hospital Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1105591

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 162 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lori Weichenthal

Mailing Address 387 W Jordan Ave

City Clovis State CA Zip Code 93611-7182

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

Name of Employer UCSF Fresno Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2010

Transaction ID: C1128162

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Joshua B Weil

Mailing Address 5791 De Soto Ct

City Santa Rosa State CA Zip Code 95409-7301

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

Name of Employer Permanente Med Grp Kaiser Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2010

Transaction ID: C985693

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Arlo F Weltge

Mailing Address 5213 Valerie St

City Bellaire State TX Zip Code 77401-4826

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

Name of Employer UT Med School Houston Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 01 / 2010

Transaction ID: C945374

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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 163 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Michael J Werdmann		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	5		2	0	1	0													
Mailing Address 240 Porters Hill Rd		Transaction ID: C1105439																				
City Monroe	State CT	Zip Code 06468-2236																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>125.00</td></tr> </table>	125.00																			
125.00																						
Name of Employer Bridgeport Hosp ED	Occupation Emergency Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>375.00</td></tr> </table>	375.00																				
375.00																						

B.

Full Name (Last, First, Middle Initial) Richard A Wilson		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	6		2	0	1	0													
Mailing Address 2522 Bluestone Bay Dr		Transaction ID: C955112																				
City New Lenox	State IL	Zip Code 60451-9201																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer Palos Cmnty Hosp	Occupation Emergency Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>300.00</td></tr> </table>	300.00																				
300.00																						

C.

Full Name (Last, First, Middle Initial) Richard A Wilson		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	8		2	0	1	0													
Mailing Address 2522 Bluestone Bay Dr		Transaction ID: C979582																				
City New Lenox	State IL	Zip Code 60451-9201																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer Palos Cmnty Hosp	Occupation Emergency Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>300.00</td></tr> </table>	300.00																				
300.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>325.00</td></tr></table>	325.00
325.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 206
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Curtice Wong

Mailing Address 2012 Highland Ave

City State Zip Code
Manhattan Bch CA 90266-4562

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

Name of Employer Occupation
Torrance Emer Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: C961651

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Deniese L Worthy

Mailing Address 11465 Hawthorne

City State Zip Code
Southgate MI 48195-8515

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

Name of Employer Occupation
Emer Med Specialists PC Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1105529

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Thomas E Wyatt, MD, FACEP

Mailing Address 3925 Drew Ave S

City State Zip Code
Minneapolis MN 55410-1049

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

Name of Employer Occupation
Mercy Hospital Emergency Physicians Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1128191

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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 165 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Clark Dayton York

Mailing Address 7055 N 23rd Way

City State Zip Code
Phoenix AZ 85020-5619

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

Name of Employer: John C Lincoln Hosp Deer Vly
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 01 / 2010
Transaction ID: C979192
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
Minneapolis MN 55410-2117

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

Name of Employer: Health Partners
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 07 / 30 / 2010
Transaction ID: C961640
 Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
Minneapolis MN 55410-2117

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

Name of Employer: Health Partners
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 09 / 03 / 2010
Transaction ID: C985708
 Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► **266.66**

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

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

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

FOR LINE NUMBER: PAGE 166 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
Minneapolis MN 55410-2117

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

Name of Employer Health Partners Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
MM / DD / YYYY
09 / 25 / 2010

Transaction ID: C1128199

Amount of Each Receipt this Period
83.37

B. Full Name (Last, First, Middle Initial)
Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
Minneapolis MN 55410-2117

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

Name of Employer Health Partners Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: C1106140

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **166.70**

TOTAL This Period (last page this line number only) ► **153553.92**

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

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

FOR LINE NUMBER: PAGE 167 / 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alexis Lieser

Mailing Address PO Box 51

City State Zip Code
Georgetown CA 95634-0051

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

Name of Employer UC Irvine Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 1 0

Transaction ID: C985640

Amount of Each Receipt this Period
-100.00

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

Mailing Address 430 Pettyjohn Rd

City State Zip Code
Kingsport TN 37664-4712

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

Name of Employer Dr. James Luna Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 1 / 2 0 1 0

Transaction ID: C985634

Amount of Each Receipt this Period
-100.00

SUBTOTAL of Receipts This Page (optional) ► **-200.00**

TOTAL This Period (last page this line number only) ► **-200.00**

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

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

FOR LINE NUMBER: PAGE 168 / 206
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code
Washington DC 20036-5308

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.37

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: C1128225

Amount of Each Receipt this Period

243.76

B.

Full Name (Last, First, Middle Initial)
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code
Washington DC 20036-5308

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.37

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2010

Transaction ID: C1128226

Amount of Each Receipt this Period

33.33

C.

Full Name (Last, First, Middle Initial)
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code
Washington DC 20036-5308

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.37

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: C1128227

Amount of Each Receipt this Period

21.63

SUBTOTAL of Receipts This Page (optional)

298.72

TOTAL This Period (last page this line number only)

298.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) 21ST CENTURY MAJORITY FUND	Transaction ID: D96245 Date of Disbursement 07 / 15 / 2010
	Mailing Address 6065 Roswell Road #2274 BOX 2274	Amount of Each Disbursement this Period 2500.00
	City Atlanta State GA Zip Code 30328	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: D101053 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO Box 1024	Amount of Each Disbursement this Period 2500.00
	City Mount Laurel State NJ Zip Code 08054	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. John Adler	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALAMO PAC	Transaction ID: D96399 Date of Disbursement 07 / 21 / 2010
	Mailing Address c/o 1020 North Fairfax Street Suite 201	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 170 / 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D101143 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Bera for Congress</p> <p>Mailing Address PO Box 582496</p> <p>City Elk Grove State CA Zip Code 95758</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96257 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress</p> <p>Mailing Address 8550 United Plaza Blvd Suite 1001</p> <p>City Baton Rouge State LA Zip Code 70809-2256</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Bill Cassidy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D97304 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Bill Hardiman for Congress <hr/> Mailing Address PO Box 2066 <hr/> City Grand Rapids State MI Zip Code 49501-2066 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96218 Date of Disbursement 07 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/Type
B.	Full Name (Last, First, Middle Initial) BILL PAC <hr/> Mailing Address 228 S. Washington St. Ste. 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution	Transaction ID: D101146 Date of Disbursement 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/Type
C.	Full Name (Last, First, Middle Initial) Steve Chabot for Congress <hr/> Mailing Address 3014 Harrison Ave. 3014 Harrison Ave. <hr/> City Cincinnati State OH Zip Code 45211 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96210 Date of Disbursement 07 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D97299 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Mr. Charles Boustany</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96646 Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Collins For Senator</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Sen. Susan M. Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ME District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96211 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism</p> <p>Mailing Address PO Box 65314</p> <p>City Washington State DC Zip Code 20035</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution</p> <p>State: District:</p>	<p>Transaction ID: D101133 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement Contributions for federal candidates</p> <p>Candidate Name Rep. Christopher S. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 05</p>	<p>Transaction ID: D96643 Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Dan Coats for Indiana</p> <p>Mailing Address 700 12th Street, NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District:</p>	<p>Transaction ID: D100985 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Dan Coats for Indiana	Transaction ID: D100986 Date of Disbursement 09 / 15 / 2010
	Mailing Address 700 12th Street, NW Suite 700	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Diane Black for Congress	Transaction ID: D97301 Date of Disbursement 09 / 08 / 2010
	Mailing Address 819 Plantation Blvd	Amount of Each Disbursement this Period 5000.00
	City Gallatin State TN Zip Code 37066-4497	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Diane Black	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Diane Black for Congress	Transaction ID: D96239 Date of Disbursement 07 / 15 / 2010
	Mailing Address 819 Plantation Blvd	Amount of Each Disbursement this Period 5000.00
	City Gallatin State TN Zip Code 37066-4497	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Diane Black	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Duncan for Congress <hr/> Mailing Address PO Box 732 <hr/> City Clinton State SC Zip Code 29325 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96982 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) ERIC PAC <hr/> Mailing Address 209 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003-1107 <hr/> Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D97305 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Fleming for Congress <hr/> Mailing Address PO Box 1236 <hr/> City Minden State LA Zip Code 71058-1236 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96395 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE	Transaction ID: D97294
	Mailing Address 104 Hume Ave	Date of Disbursement 09 / 08 / 2010
	City Alexandria State VA Zip Code 22301-1015	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions for Federal PACs/Committees	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	
	Annual contribution	

B.	Full Name (Last, First, Middle Initial) Friends Of Bennie Thompson	Transaction ID: D97289
	Mailing Address 236 Massachusetts Ave NE Ste 603	Date of Disbursement 09 / 08 / 2010
	City Washington State DC Zip Code 20002-4971	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Bennie G. Thompson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MS District: 02	

C.	Full Name (Last, First, Middle Initial) Cardoza For Congress	Transaction ID: D97303
	Mailing Address PO Box 2749	Date of Disbursement 09 / 08 / 2010
	City Merced State CA Zip Code 95340	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Mr. Dennis Cardoza	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 18	

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee <hr/> Mailing Address PO Box 1949 <hr/> City Springfield State IL Zip Code 62705 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Richard J. Durbin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D97297 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Harry Teague for Congress <hr/> Mailing Address PO BOX 5153 PO BOX 5153 <hr/> City HOBBS State NM Zip Code 88241 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96642 Date of Disbursement 08 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Harry Teague for Congress <hr/> Mailing Address PO BOX 5153 PO BOX 5153 <hr/> City HOBBS State NM Zip Code 88241 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D100988 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Hatch Election Committee Mailing Address PO Box 1480 City Washington State DC Zip Code 20013-1480 Purpose of Disbursement VOID CK 7364 06/23/10 Candidate Name Sen. Orrin G. Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D107821 Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period -2500.00 VOID CK 7364 06/23/10
B.	Full Name (Last, First, Middle Initial) Hoeven for Senate Mailing Address PO Box 861 City Bismarck State ND Zip Code 58502 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96983 Date of Disbursement 08 / 18 / 2010 Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 4201 Northview Dr, Ste 307 City Bowie State MD Zip Code 20716 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96390 Date of Disbursement 07 / 21 / 2010 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) John Carney for Congress	Transaction ID: D96985 Date of Disbursement 08 / 18 / 2010
	Mailing Address 426 C St NE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002-5839	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Carney for Congress	Transaction ID: D97288 Date of Disbursement 09 / 08 / 2010
	Mailing Address 426 C St NE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002-5839	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee	Transaction ID: D97285 Date of Disbursement 09 / 08 / 2010
	Mailing Address PO Box 75214	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Contributions for federal candidates Candidate Name Rep. John D. Dingell	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) John S Fund</p> <p>Mailing Address PO Box 853</p> <p>City Edwardsville State IL Zip Code 62025</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name John Shimkus</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D101042 Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Karen Bass for Congress</p> <p>Mailing Address c/o SG Consulting 1280 Bison Avenue, Suite B9-585</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96208 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) KEYSTONE PAC</p> <p>Mailing Address PO BOX 29</p> <p>City UWCHLAND State PA Zip Code 19480</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution</p>	<p>Transaction ID: D96236 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>010 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Kuipers for Congress <hr/> Mailing Address PO Box 1241 <hr/> City Holland State MI Zip Code 49422-1241 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96220 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress <hr/> Mailing Address 205 N Main St. <hr/> City Oregon City State OR Zip Code 97045 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. Kurt Schrader <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96242 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Lautenberg For Senate <hr/> Mailing Address Riverfront Plaza Station PO Box 200596 <hr/> City Newark State NJ Zip Code 07102 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Frank R. Lautenberg <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D100987 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Manchin for West Virginia	Transaction ID: D96981 Date of Disbursement 08 / 18 / 2010
	Mailing Address 426 C Street, NE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special

B.	Full Name (Last, First, Middle Initial) Martin Heinrich for Congress	Transaction ID: D101138 Date of Disbursement 09 / 20 / 2010
	Mailing Address 2118 CENTRAL AVENUE SE #71	Amount of Each Disbursement this Period 4000.00
	City ALBUQUERQUE State NM Zip Code 87106	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NewDem PAC	Transaction ID: D97295 Date of Disbursement 09 / 08 / 2010
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contributions for Federal PACs/Committees	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	14000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Fortney Peter Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96252 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Raj Goyle for Congress</p> <p>Mailing Address PO Box 780971</p> <p>City Wichita State KS Zip Code 67278</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96233 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contributions for federal candidates</p> <p>Candidate Name Rep. Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96977 Date of Disbursement 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS <hr/> Mailing Address P.O. Box 14131 <hr/> City St. Paul State MN Zip Code 55114 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Betty McCollum <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101047 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS <hr/> Mailing Address P.O. Box 640 <hr/> City Totowa State NJ Zip Code 07511 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Bill Pascrell, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96215 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS <hr/> Mailing Address PO Box 27 <hr/> City Hollidaysburg State PA Zip Code 16648 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Bill Shuster <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101051 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 4000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27 City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement VOID CK 7484 09/16/10 Candidate Name Rep. Bill Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D107819 Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period -4000.00 VOID CK 7484 09/16/10
B.	Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P. O. Box 7292 Ste 422 City CHICAGO State IL Zip Code 60680 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Bobby L. Rush Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101046 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS Mailing Address 22 West Padonia Road Suite C-141 City Timonium State MD Zip Code 21093 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. C.A. Ruppertsberger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D97286 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	-500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS	Transaction ID: D96212 Date of Disbursement 07 / 15 / 2010
	Mailing Address 462 California Road	Amount of Each Disbursement this Period 1500.00
	City Bronxville State NY Zip Code 10708	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Eliot L. Engel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS	Transaction ID: D96213 Date of Disbursement 07 / 15 / 2010
	Mailing Address 462 California Road	Amount of Each Disbursement this Period 1000.00
	City Bronxville State NY Zip Code 10708	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Eliot L. Engel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN	Transaction ID: D97306 Date of Disbursement 09 / 08 / 2010
	Mailing Address P.O. Box 44369	Amount of Each Disbursement this Period 1500.00
	City Eden Prairie State MN Zip Code 55344	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Erik Paulsen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US	Transaction ID: D96644 Date of Disbursement
	Mailing Address P.O. Box 490	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City St. Joseph State MI Zip Code 49085	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Rep. Fred Upton	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS	Transaction ID: D97293 Date of Disbursement
	Mailing Address PO Box 12886	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Tucson State AZ Zip Code 85732	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Rep. Gabrielle Giffords	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN	Transaction ID: D96984 Date of Disbursement
	Mailing Address PO BOX 16128	<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City HOUSTON State TX Zip Code 77222	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="5000.00"/>
	Candidate Name Rep. Gene Green	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS</p> <p>Mailing Address PO BOX 17192</p> <p>City FT MITCHELL State KY Zip Code 41017</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Geoff Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96394 Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE</p> <p>Mailing Address 499 S Capitol St SW Ste 404</p> <p>City Washington State DC Zip Code 20003-4004</p> <p>Purpose of Disbursement Contributions for federal candidates</p> <p>Candidate Name Rep. Glenn C. Nye</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96256 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN</p> <p>Mailing Address PO BOX 12567</p> <p>City COLUMBIA State SC Zip Code 29211</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96254 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City Freedom State PA Zip Code 15042 Purpose of Disbursement Contributions for Federal candidates Candidate Name Rep. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96398 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908 Cincinnati Dayton Road City West Chester State OH Zip Code 45069 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101043 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS Mailing Address 4590 Macarthur Boulevard City Newport Beach State CA Zip Code 92660 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John Campbell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101041 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS <hr/> Mailing Address P.O. BOX 2323 <hr/> City ATLANTA State GA Zip Code 30301 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96391 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96396 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JUDY CHU FOR CONGRESS <hr/> Mailing Address 777 S FIGUEROA STREET SUITE 4050 <hr/> City LOS ANGELES State CA Zip Code 90017 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Judy Chu <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101139 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS	Transaction ID: D101052
	Mailing Address 301 W. Platt Street #385	Date of Disbursement 09 / 16 / 2010
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Kathy Castor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS	Transaction ID: D101048
	Mailing Address PO Box 12667	Date of Disbursement 09 / 16 / 2010
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Kevin McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs	Transaction ID: D101145
	Mailing Address PO Box 23940	Date of Disbursement 09 / 20 / 2010
	City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Louise M. Slaughter

Office Sought: House
 Senate
 President

State: NY District: 28

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D96397

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

B. WOOLSEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 750176

City Petaluma State CA Zip Code 94975

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Lynn Woolsey

Office Sought: House
 Senate
 President

State: CA District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D101142

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

C. SCHAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 100

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Mark H. Schauer

Office Sought: House
 Senate
 President

State: MI District: 07

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D97302

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) KIRK FOR Senate	Transaction ID: D96979 Date of Disbursement 08 / 18 / 2010
	Mailing Address PO Box 8	
	City Winnetka State IL Zip Code 60093-0008	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Mark S. Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) KIRK FOR Senate	Transaction ID: D96980 Date of Disbursement 08 / 18 / 2010
	Mailing Address PO Box 8	
	City Winnetka State IL Zip Code 60093-0008	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions for federal candidates Candidate Name Rep. Mark S. Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special	

C.	Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS	Transaction ID: D96976 Date of Disbursement 08 / 18 / 2010
	Mailing Address P.O. Box 1	
	City Lumberton State NC Zip Code 28359	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Mike McIntyre Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	13000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. MIKE ROSS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Mike Ross

Office Sought: House
 Senate
 President

State: AR District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D97298

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

1500.00

B. WELCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Peter Welch

Office Sought: House
 Senate
 President

State: VT District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D96978

Date of Disbursement

08 / 18 / 2010

Amount of Each Disbursement this Period

1000.00

C. FRIENDS OF PHIL HARE

Full Name (Last, First, Middle Initial)

Mailing Address 499 South Capitol Street, SW
Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Phil Hare

Office Sought: House
 Senate
 President

State: IL District: 17

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D101049

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96244 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) BOB BRADY FOR CONGRESS</p> <p>Mailing Address 12518 Chilton Road 6B23</p> <p>City Philadelphia State PA Zip Code 19154</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Robert A. Brady</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D101136 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS</p> <p>Mailing Address 21301 POWERLINE ROAD SUITE 204</p> <p>City BOCA RATON State FL Zip Code 33433</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D101140 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS	Transaction ID: D96647 Date of Disbursement 08 / 04 / 2010
	Mailing Address 21301 POWERLINE ROAD SUITE 204	Amount of Each Disbursement this Period 1500.00
	City BOCA RATON State FL Zip Code 33433	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/Type
	Candidate Name Rep. Ron Klein	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS	Transaction ID: D96648 Date of Disbursement 08 / 04 / 2010
	Mailing Address 21301 POWERLINE ROAD SUITE 204	Amount of Each Disbursement this Period 2500.00
	City BOCA RATON State FL Zip Code 33433	
	Purpose of Disbursement Contributions for federal candidates	011 Category/Type
	Candidate Name Rep. Ron Klein	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: D96228 Date of Disbursement 07 / 15 / 2010
	Mailing Address 209 Pennsylvania Ave SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-1107	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/Type
	Candidate Name Rep. Roy Blunt	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) FRIENDS OF FARR	Transaction ID: D101135 Date of Disbursement 09 / 20 / 2010
	Mailing Address 555 Capitol Mall, Suite 1425 c/o Jennifer Frost	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Sam Farr	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: D97291 Date of Disbursement 09 / 08 / 2010
	Mailing Address 2345 Grand, Suite 2400	Amount of Each Disbursement this Period 3000.00
	City Kansas City State MO Zip Code 64108	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Sam Graves	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: D96393 Date of Disbursement 07 / 21 / 2010
	Mailing Address PO Box 37	Amount of Each Disbursement this Period 2000.00
	City Roseville State MI Zip Code 48066	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Sander M. Levin	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS</p> <p>Mailing Address P.O. Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Shelley Moore Capito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D97292 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contributions for Federal candidates</p> <p>Candidate Name Rep. Stephanie Herseth Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96253 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Sue Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D97284 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS	Transaction ID: D96650
	Mailing Address P.O. Box 696	Date of Disbursement 08 / 04 / 2010
	City Madison State WI Zip Code 53701	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Tammy Baldwin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS	Transaction ID: D96255
	Mailing Address P.O. Box 696	Date of Disbursement 07 / 15 / 2010
	City Madison State WI Zip Code 53701	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Tammy Baldwin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIM BISHOP FOR CONGRESS	Transaction ID: D101050
	Mailing Address PO Box 437	Date of Disbursement 09 / 16 / 2010
	City Farmingville State NY Zip Code 11738	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Timothy H. Bishop	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: D101141
	Mailing Address P.O. Box 261060	Date of Disbursement 09 / 20 / 2010
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type
B.	Full Name (Last, First, Middle Initial) Rob Portman for US Senate	Transaction ID: D96392
	Mailing Address 900 19th Street, NW 8th Floor	Date of Disbursement 07 / 21 / 2010
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type
C.	Full Name (Last, First, Middle Initial) Ryan For Congress	Transaction ID: D96250
	Mailing Address P. O. Box 1919	Date of Disbursement 07 / 15 / 2010
	City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 01</p>	<p>Transaction ID: D96251</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) SECURE PAC</p> <p>Mailing Address 236 Massachusetts Ave., NE Suite 603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: D101137</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address P.O. BOX 19163</p> <p>City LAS VEGAS State NV Zip Code 89132</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 00</p>	<p>Transaction ID: D97287</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO	Transaction ID: D101040 Date of Disbursement
	Mailing Address PO BOX 52008	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City CASPER State WY Zip Code 82605	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Sen. John Barrasso	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC	Transaction ID: D101144 Date of Disbursement
	Mailing Address PO BOX 13026	<input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City AUSTIN State TX Zip Code 78711	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Sen. John Cornyn	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: D96247 Date of Disbursement
	Mailing Address PO BOX 586	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Sen. Max Baucus	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Stivers For Congress	Transaction ID: D97296 Date of Disbursement 09 / 08 / 2010
	Mailing Address 217 3rd St SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003-1904	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. Steve Stivers	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: D96260 Date of Disbursement 07 / 15 / 2010
	Mailing Address 2021 E Dublin Granville Road Suite 2000	Amount of Each Disbursement this Period 5000.00
	City Columbus State OH Zip Code 43229	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Patrick J. Tiberi	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WE THE PEOPLE PAC	Transaction ID: D96645 Date of Disbursement 08 / 04 / 2010
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 2500.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement Contributions for Federal PACs/committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	291000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) CHASE BANK <hr/> Mailing Address 545 E John Carpenter Fwy <hr/> City Irving State TX Zip Code 75062-8114 <hr/> Purpose of Disbursement Bank Fees July 10 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108064 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 772.74
B.	Full Name (Last, First, Middle Initial) CHASE BANK <hr/> Mailing Address 545 E John Carpenter Fwy <hr/> City Irving State TX Zip Code 75062-8114 <hr/> Purpose of Disbursement Bank Fees August 10 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108065 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 1033.46
C.	Full Name (Last, First, Middle Initial) CHASE BANK <hr/> Mailing Address 545 E John Carpenter Fwy <hr/> City Irving State TX Zip Code 75062-8114 <hr/> Purpose of Disbursement Bank Fees September 10 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108066 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 216.22

SUBTOTAL of Disbursements This Page (optional) ▶	2022.42
TOTAL This Period (last page this line number only) ▶	2022.42