FEC FORM 3X	AN	D DISE	BURSEI	CEIPTS MENTS zed Commit			Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING YPE OR PRIN		Example:If typir over the lines	ng, type			
National Emergenc	· · · · · · · · · · · · · · · · · · ·	cal Action Con						
Check if differ than previousl reported. (ACC	y Irvi C) ⊥	ing			<b>]</b>		75038	-
2. FEC IDENTIFICAT		<b>¥</b>	3. IS THI	e 🗖	NEW	STATE		DE 🔺
C00140061	• • • • •		REPO		(N) OR	X A		
July 15 Quarterly October	orts: Report(Q1) Report(Q2) 15	o) Monthly Report Due On: (c) 12-Day <b>PRE</b> -E Report		VI3)	· L	Sep		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
January 3 Quarterly July 31 M Report(N Year Only	Report(YE) lid-Year on-election		Election on Election X for the:	General (30	DG)	Runoff (3	in the State of 30R)	of Special (30S)
(TER)			Election on	11	04	2008	in the State o	TX
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	reasurer <u>P</u> Ele <u>ctronically</u>	and to the bes hyllis Edans, C Filed by Phy	DPA, CAE	A, CAE	is true, correct	Date 01	2 0 0 8 2 6 2 6	2 0 0 9 S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20	M 3X

### Image# 29990822759

# SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	D D Y Y W Y 16 2008	To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To: To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2008 Y Y		634937.01
	(b) Cash on Hand at Begining of Reporting Period	582107.25	
	(c) Total Receipts (from Line 19)	180154.23	836886.24
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	762261.48	1471823.25
<b>.</b>	Total Disbursements (from Line 31)	385683.16	1095244.93
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	376578.32	376578.32
).	Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	]

X 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

FE6AN026

Image# 29990822760 DETAILED SUMMARY PAGE OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name National Emergency Medicine Political Action Committee 2<sup>D</sup>4 <sup>м</sup> м 10 1<sup>D</sup>6 2008 <sup>M</sup> <sup>M</sup> D D 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 441025.45 130552.64 (i) Itemized (use Schedule A) ..... 48944.98 385616.58 (ii) Unitemized ..... (iii) TOTAL (add 179497.62 826642.03 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 179497.62 826642.03 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 1000.00 Political Committees ..... 17. Other Federal Receipts 656.61 9244.21 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 180154.23 836886.24 12, 13, 14, 15, 16, 17, and 18(c)) .....

180154.23

836886.24

20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... Image# 29990822761

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. 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	8906.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) <b>&gt;</b>	0.00	8906.75
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees	138000.00	822000.00
and Other Political Committees	247166.00	247166.00
(use Schedule E) 5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))		
(use Schedule F)	0.00	0.00
5. Loan Repayments Made	0.00	0.00
<ol> <li>Loans Made</li> <li>Refunds of Contributions To:</li> </ol>	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(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)) <b>&gt;</b>	0.00	150.00
<ol> <li>Other Disbursements</li> </ol>	517.16	17022.18
<ul> <li>Federal Election Activity (2 U.S.C 431(20))</li> <li>(a) Shared Federal Election Activity</li> </ul>		
(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
I. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	385683.16	1095244.93
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	385683.16	1095244.93

## Image# 29990822762

# DETAILED SUMMARY PAGE

	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)	179497.62	826642.03
34.	Total Contribution Refunds (from Line 28(d))	0.00	150.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	179497.62	826492.03
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	8906.75
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	8906.75

FE6AN026

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 123	
			arate schedule(s) category of the	(check only one)	
I			Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)				
	National Emergency Medicine Political	Action Committee		1	
Α.	Full Name (Last, First, Middle Initial) Kate Aberger			Date of Receipt	
	Mailing Address 7 Rutgers Ct B-6			мм/ D D / Y Y Y Y 111 04 2008	
	City	State Zip Coo	le	Transaction ID: C526413	
	Belleville	NJ 07109-	2592	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer St Josephs Regl Med Ctr	Occupation Emergency Physicia	an		
	Receipt For:	Aggregate Year-to-Dat		-	
	Primary     General       Other (specify) ▼		250.00		
- В.	Full Name (Last, First, Middle Initial) Peter G G Anderson			Date of Receipt	
	Mailing Address 1610 W Ocean Front			10 22 2008	
	City	State Zip Coo	de	Transaction ID: C522360	
	Newport Beach	CA 92663-	4518	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer Fountain Valley Reg Hosp	Occupation Emergency Physicia	an		
	Receipt For:	Aggregate Year-to-Dat	e 🔻		
	Primary     General       Other (specify)     ▼		250.00		
– C.	Full Name (Last, First, Middle Initial) James V V Antinori			Date of Receipt	
	Mailing Address 3060 Oak Rim Ln			M M / D D / Y Y Y Y 10 29 2008	
	City	State Zip Coo		Transaction ID: C524973	
	Park City	UT 84060-	6803	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer EPIC LLC	Occupation Emergency Physicia	an	]	
	Receipt For:	Aggregate Year-to-Dat	e 🔻		
	Primary     General       Other (specify)     ▼		500.00		
ſ	SUBTOTAL of Receipts This Page (optional)		••••••	875.00	
F	TOTAL This Period (last page this line number	only)	<b>&gt;</b>		

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 7 / 123         (check only one)       X         X       11a         13       14         15       16         17					
Any or f	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 Politica	Action Committee						
	Full Name (Last, First, Middle Initial) Brahim Ardolic		Date of Receipt					
l	Mailing Address 475 Seaview Ave		10 <sup>M</sup> / D D / Y Y Y Y 10 <sup>D</sup> 28 <sup>J</sup> 2008					
	City	State Zip Code	Transaction ID: C524156					
-	Staten Island	NY 10305-3436	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	900.00					
	Name of Employer Staten Island Univ Dept	Occupation Emergency Physician						
-	of EM Receipt For:	Aggregate Year-to-Date	1					
	Primary General Other (specify) ▼	1000.00						
	Full Name (Last, First, Middle Initial) Brent Asplin		Date of Receipt					
ļ	Mailing Address 4162 Ethan Dr		10 29 2008					
	City	State Zip Code	Transaction ID: C525017					
	Eagan	MN 55123-4908	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	100.00					
-	Name of Employer Assoc Prof of EM	Occupation Emergency Physician	_					
	Receipt For:	Aggregate Year-to-Date						
	Primary   General     Other (specify)	900.00						
	Full Name (Last, First, Middle Initial) Brent Asplin	I	Date of Receipt					
	Mailing Address 4162 Ethan Dr		M M / D D / Y Y Y Y 11 24 2008					
	City	State Zip Code	Transaction ID: C595275					
-	Eagan	MN 55123-4908	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	100.00					
	Name of Employer Assoc Prof of EM	Occupation Emergency Physician						
	Receipt For:	Aggregate Year-to-Date						
	Primary     General       Other (specify)     Image: Constraint of the second	900.00						
SI	BTOTAL of Receipts This Page (optional)	·	1100.00					
	TAL This Period (last page this line number	-						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 / 123 (check only one) X 11a 11b 11c 12
Г			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com		
				1
Α.	Full Name (Last, First, Middle Initial) Christine Assia	Date of Receipt		
	Mailing Address 1404 Natl Ave			M M / D D / Y Y Y Y 11 1 19 2008
	City	State	Zip Code	Transaction ID: C592441
	Rockford	IL	61103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rockford Hith Syst	Occupation	n Icy Physician	
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	e Year-to-Date V	-1
	Primary General	, iggi ogulo		1
	Other (specify) <b>v</b>		250.00	
- В.	Full Name (Last, First, Middle Initial) Nancy J J Auer	•		Date of Receipt
	Mailing Address 747 Broadway			M M / D D / Y Y Y Y 10 29 2008
	City	State	Zip Code	Transaction ID: C524918
	Seattle	WA	98122-4379	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Swedish Hosp Admin 1SW	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	]
- C.	Full Name (Last, First, Middle Initial) James Jerome Jerome Augustine	1		Date of Receipt
	Mailing Address 5006 Macarthur Ct NW Apt 329	I		M M / D D / Y Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525058
	Washington	DC	20016-3343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Deputy Chief Asst Med Dir	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1350.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	I	<b>.</b>	1750.00
ŀ	TOTAL This Period (last page this line number of			
		Unity)	·····	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9 / 123         (check only one)       7         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) A. Neal Finley Finley Aulick, II		Date of Receipt
Mailing Address 11 Aaronwoods Ct		M M / D D / Y Y Y Y 10 30 2008
City	State Zip Code	Transaction ID: C525145
Wheeling	WV 26003-9358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP of Ohio Co PLLC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Thabit M M Bahhur		Date of Receipt
Mailing Address 1221 Pine Grove		M M / D D / Y Y Y Y 10 24 2008
City	State Zip Code	Transaction ID: C523309
Port Huron	MI 48060-3511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Port Huron Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt		Date of Receipt
Mailing Address 68 Greenlawn Ave		M M / D D / Y Y Y Y 10 28 2008
City	State Zip Code	Transaction ID: C524187
Newton	MA 02459-1714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Tufts Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date V	
Other (specify) ▼	950.01	
SUBTOTAL of Receipts This Page (optiona	l)	2100.00
	ber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 10 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt		Date of Receipt
	Mailing Address 68 Greenlawn Ave		1 1 / 2 4 / Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State Zip Code	Transaction ID: C595272
	Newton	MA 02459-1714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Tufts Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	7
	Primary     General       Other (specify) ▼	950.01	
В.	Full Name (Last, First, Middle Initial) Wayne S S Barry		Date of Receipt
	Mailing Address 397 Caddie Dr		10 <sup>M</sup> / 28 <sup>J</sup> 2008
	City	State Zip Code	Transaction ID: C524162
	DeBary	FL 32713-4514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer W Volusia Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	500.00	
С.	Full Name (Last, First, Middle Initial) Joseph Bergen		Date of Receipt
	Mailing Address 133 Old Rd to 9 Acre 0	Cor	10 <sup>//</sup> 28 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C524211
	Concord	MA 01742-4159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Emerson Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional)	······	650.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 11 / 123         (check only one)       I1a         X       11a       11b       11c       12         I3       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica		
⊻ A.	Full Name (Last, First, Middle Initial) Leo E E Berkenbile, Jr		Date of Receipt
	Mailing Address 20524 Pacific Coast H	łwy	M M / D D / Y Y Y Y 111 03 2008
	City	State Zip Code	Transaction ID: C526203
	Malibu	CA 90265-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Verdugo Hills Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary     General       Other (specify) ▼	500.00	
— В.	Full Name (Last, First, Middle Initial) Andrew I I Bern	1	Date of Receipt
	Mailing Address 9846 NW 18th St		10 <sup>//</sup> / <sup>28</sup> / <sup>Y</sup>
	City	State Zip Code	Transaction ID: C524178
	Coral Springs	FL 33071-5826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Inphynet Team Hith	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary   General     Other (specify)	1850.01	
– C.	Full Name (Last, First, Middle Initial) Stephen O Bernardon	1	Date of Receipt
	Mailing Address 755 Hurstborne Ln		M M / D D / Y Y Y Y 1 1 05 2008
	City	State Zip Code	Transaction ID: C526612
	Edgewood	KY 41017-9602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer St Elizabeth Med Ctr	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	1600.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/123		
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)		
			Detailed Summary Page			
	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 Con	nmittee			
A.	Full Name (Last, First, Middle Initial) William A A Biggers, Jr			Date of Receipt		
	Mailing Address 101 Brock Ridge Run			10 <sup>//</sup> <sup>0</sup> <sup>0</sup> <sup>1</sup>		
	City	State	Zip Code	Transaction ID: C525104		
	Elizabeth City	NC	27909-8730	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer EMP of Pasquotank	Occupatio				
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	ncy Physician			
	Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	1000.00			
- В.	Full Name (Last, First, Middle Initial) Frederick C C Blum			Date of Receipt		
	Mailing Address 1470 Point Marion Rd			M M / D D / Y Y Y Y 10 28 2008		
	City	State	Zip Code	Transaction ID: C524210		
	Morgantown	WV	26508-1454	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		83.33		
	Name of Employer RCB-HSC	Occupatio				
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	ncy Physician e Year-to-Date 🔻			
	Primary General	Aggregate		-		
	Other (specify)	0 0	916.67			
– c.	Full Name (Last, First, Middle Initial) Frederick C C Blum			Date of Receipt		
	Mailing Address 1470 Point Marion Rd			M M / D D / Y Y Y Y 1 1 2 4 2 0 0 8		
	City	State	Zip Code	Transaction ID: C595277		
	Morgantown	WV	26508-1454	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		83.33		
	Name of Employer RCB-HSC	Occupatio Emerger	<sup>on</sup> ncy Physician			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary     General       Other (specify)     ▼	0 0	916.67	]		
Γ	SUBTOTAL of Receipts This Page (optional)	I	•	666.66		
┢						
	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 13 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       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 Politica	I Action Committee						
۷ A.	Full Name (Last, First, Middle Initial) Michael A A Bohrn	Date of Receipt						
	Mailing Address 70 Timberline Dr		1 1 / D D / Y Y Y Y 1 1					
	City	State Zip Code	Transaction ID: C526626					
	Wyomissing FEC ID number of contributing federal political committee.	PA 19610-1970	Amount of Each Receipt this Period 50.00					
	Name of Employer York Hosp ED	Occupation Emergency Physician	_					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  400.00						
- B.	Full Name (Last, First, Middle Initial) Michael A A Bohrn Mailing Address 70 Timberline Dr		Date of Receipt					
			M M / D D / Y Y Y Y 111 24 2008					
	City Wyomissing	State Zip Code PA 19610-1970	Transaction ID: C595264					
	FEC ID number of contributing federal political committee.	PA 19610-1970	Amount of Each Receipt this Period					
	Name of Employer York Hosp ED	Occupation Emergency Physician	_					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
- C.	Full Name (Last, First, Middle Initial) Marni Judith Judith Bonnin		Date of Receipt					
	Mailing Address 972 Linwood Rd		M M / D D / Y Y Y Y 10 30 2008					
	City	State Zip Code	Transaction ID: C525114					
	Birmingham FEC ID number of contributing federal political committee.	AL 35222-4435	Amount of Each Receipt this Period					
	Name of Employer Dr. Marni Judith Bonnin	Occupation Emergency Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00						
ſ	SUBTOTAL of Receipts This Page (optional)	·	600.00					
F	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 14 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
, А.	Full Name (Last, First, Middle Initial) Ashley E E Booth		Date of Receipt
	Mailing Address 655 W 8th St		M M / D D / Y Y Y Y 10 28 2008
	City	State Zip Code	Transaction ID: C524220
	Jacksonville	FL 32209-6511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Shands Jacksonville Educ	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify) ▼	1000.00	]
B.	Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg		Date of Receipt
	Mailing Address 145 Oyster Point Rov		M M / D D / Y Y Y Y Y 10 29 2008
	City	State Zip Code	Transaction ID: C525015
	Charleston	SC 29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Med Univ of SC	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	900.00	
C.	Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg		Date of Receipt
	Mailing Address 145 Oyster Point Rov	V	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C595273
	<u>Charleston</u>	SC 29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Med Univ of SC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	900.00	
	SUBTOTAL of Receipts This Page (optional)	·····	450.00
	TOTAL This Period (last page this line numbe		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 15 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	mittee	
Α.	Full Name (Last, First, Middle Initial) John C C Braaten			Date of Receipt
	Mailing Address 164 Jordon Blvd			M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525115
	Delmar	NY	12054-4137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Samaritan Hosp	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date V	
	Other (specify)	0 0	1000.00	]
В.	Full Name (Last, First, Middle Initial) John E E Braden			Date of Receipt
	Mailing Address 701 Minorca Ave			M M / D D / Y Y Y Y 10 29 2008
	City	State	Zip Code	Transaction ID: C524962
	Coral Gables	<u>FL</u>	33134-3758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer S Miami Criticare Inc	Occupation Emergend	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date V	_
	Primary     General       Other (specify) ▼	0 0	300.00	]
С.	Full Name (Last, First, Middle Initial) Richard Neville Neville Bradley			Date of Receipt
	Mailing Address 6411Fannin St			M M / D D / Y Y Y Y Y 10 28 2008
	City	State	Zip Code	Transaction ID: C524212
	Houston	TX	77030-1501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UT Health Science Ctr		cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date V	
	Other (specify) ▼	0 0	350.00	
	SUBTOTAL of Receipts This Page (optional)			1450.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 16 / 123         (check only one)       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	he name and addre	ss of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Comm	nittee	
Α.	Full Name (Last, First, Middle Initial) Robert I I Broida			Date of Receipt
	Mailing Address PO Box 5404			10 <sup>/</sup> / <sup>2008</sup> / <sup>2008</sup>
	City	State	Zip Code	Transaction ID: C525119
	Akron	OH	44334-0404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Robert I Broida	Occupation Emergency	Physician	
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		1000.00	
В.	Full Name (Last, First, Middle Initial) Kevin R R Brown			Date of Receipt
	Mailing Address 28 Byram Hill Rd			10 <sup> d d d d d d d d d d d d d d d d d d d</sup>
	City	State	Zip Code	Transaction ID: C521245
	Armonk	NY	10504-1506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Kevin R Brown	Occupation Emergency	,	
	Receipt For: Primary General	Aggregate Y	ear-to-Date 🔻	-
	Other (specify) ▼		300.00	
с.	Full Name (Last, First, Middle Initial) Craig A A Bryant			Date of Receipt
	Mailing Address 3 Broadway Ave			10 30 Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525106
	Mystic	СТ	06355-2701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Lawrence and Meml Hosp	Occupation Emergency		
	Receipt For: Primary General	Aggregate Y	ear-to-Date 🔻	_
	Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)	·		2100.00
	TOTAL This Period (last page this line number		•	

	ULE A (FEC Form 3X) ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 17 / 123         (check only one)       X         X       11a       11b       11c       12         I3       14       15       16       17
Any information or for comm	ation copied from such Reports and St nercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	DF COMMITTEE (In Full) al Emergency Medicine Political	Action Committee	
A. Austin W	ne (Last, First, Middle Initial) /illiam William Burgess		Date of Receipt
Mailing /	Address 236 Seatrace Ln		10 <sup>M</sup> /2008 <sup>Y</sup> /2008
City		State Zip Code	Transaction ID: C525150
	number of contributing political committee.	NC 28570-6408	Amount of Each Receipt this Period 1000.00
Name of Carteret	f Employer General Hosp	Occupation Emergency Physician	_
	For: imary General ther (specify) <b>▼</b>	Aggregate Year-to-Date  1000.00	
B. Francine	ne (Last, First, Middle Initial) D D Cantor		Date of Receipt
Mailing /	Address 137 Howard St		10 <sup>M</sup> / D D / Y Y Y Y 10 <sup>D</sup> 2008
City		State Zip Code	Transaction ID: C525063
	r number of contributing political committee.	ME 04401-4127	Amount of Each Receipt this Period
Name of Dr. Fran	f Employer ncine D Cantor	Occupation Emergency Physician	_
	For: imary General ther (specify) <b>▼</b>	Aggregate Year-to-Date ▼ 250.00	
C. Michael	ne (Last, First, Middle Initial) L L Carius		Date of Receipt
Mailing /	Address 34 Maple St		M M / D D / Y Y Y Y 10 28 2008
City		State Zip Code	Transaction ID: C524163
	K number of contributing political committee.	CT 06850-3815	Amount of Each Receipt this Period
Name of Norwalk	f Employer Hosp Emerg Phys	Occupation Emergency Physician	-
	For: imary General ther (specify) <b>▼</b>	Aggregate Year-to-Date  1000.00	
SUBTOTA	L of Receipts This Page (optional)	·····	2250.00
TOTAL T	nis Period (last page this line number c	• • • • • • • • • • • • • • • • • • •	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 18 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Michael B B Carney		Date of Receipt
	Mailing Address 108 Daisy Ln		10 <sup>M</sup> / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State Zip Code	Transaction ID: C525056
		WV 26003-9750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Ohio Valley Med Ctr ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	500.00	
- В.	Full Name (Last, First, Middle Initial) Timothy John John Carr		Date of Receipt
	Mailing Address 4304 Gray Heron Dr		10 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C525142
	N Myrtle Bch	SC 29582-9524	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Dr. Timothy John Carr	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1000.00	
- C.	Full Name (Last, First, Middle Initial) Michael Ciccarelli		Date of Receipt
	Mailing Address 3 Edward Dr		M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: C525057
	W Sand Lake	NY 12196-9789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Emer Medicine Physicians	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	2500.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		lse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 19 / 123           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and or for commercial purposes, other than using the	d Statements may not he name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Commit	tee	
A.	Full Name (Last, First, Middle Initial) R Carter Clements			Date of Receipt
	Mailing Address 5558 Taft Ave			M M / D D / Y Y Y Y 111 14 2008
	City		Zip Code	Transaction ID: C528318
	Oakland	CA	94618-1519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OakCare Med Grp Inc	Occupation Emergency F	Physician	
	Receipt For:	Aggregate Yea	•	
	Primary     General       Other (specify) ▼	0 0 0	450.00	]
- В.	Full Name (Last, First, Middle Initial) R Carter Clements			Date of Receipt
	Mailing Address 5558 Taft Ave			M M / D D / Y Y Y Y Y 11 1 19 2008
	City		Zip Code	Transaction ID: C592438
	Oakland	CA	94618-1519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer OakCare Med Grp Inc	Occupation Emergency F	Physician	
	Receipt For:	Aggregate Yea	r-to-Date 🔻	
	Primary     General       Other (specify) ▼		450.00	]
- C.	Full Name (Last, First, Middle Initial) Clinton Coil			Date of Receipt
	Mailing Address 1000 W Carson St B Apt 217			M M / D D / Y Y Y Y Y 1 1 2008
	City		Zip Code	Transaction ID: C526208
	Torrance	CA	90502-2004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer LAC Harbor UCLA Med Ctr	Occupation Emergency F	•	
	Receipt For: Primary General	Aggregate Yea	r-to-Date 🔻	
	Other (specify) ▼	0 0 0	300.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·		450.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 123
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Cor	nmittee	
<i>–</i> А.	Full Name (Last, First, Middle Initial) Mary Lois Lois Colfer	Date of Receipt		
	Mailing Address 21 Furnace St Unit 605	5		10 30 Y Y Y Y 12008
	City	State	Zip Code	Transaction ID: C525061
	Akron	OH	44308-1962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Emer Med Phys	Occupatio		
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	ncy Physician	
	Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)		1000.00	1
– B.	Full Name (Last, First, Middle Initial) Orion J J Colfer	•		Date of Receipt
	Mailing Address 21 Furnace St Unit 605	5		M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525140
	Akron	OH	44308-1962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EMP of Samaritan	Occupatio		
	Receipt For:	1 · · · · · · ·	ncy Physician	
	Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	1000.00	]
- C.	Full Name (Last, First, Middle Initial) Timothy Corvino	•		Date of Receipt
	Mailing Address Dept of EM 2525 Ct Dr Apt 1303			M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525141
	Gastonia	NC	28054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Gaston Mem Hosp	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		1000.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		3000.00
┝	CODICIAL OF RECEIPTS THIS Faye (optional)			
	TOTAL This Period (last page this line number	only)	D	

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 21 / 12           (check only one)         11a         11b         11c         12           13         14         15         16	<u>23</u>				
Any information or for commerc	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.								
	COMMITTEE (In Full) Emergency Medicine Politica	al Action Comm	ittee						
Full Name (I Robert J J Co	Last, First, Middle Initial)			Date of Receipt					
Mailing Add	ress 817 Thomaston St			M M / D D / Y Y Y 10 28 2008					
City		State	Zip Code	Transaction ID: C524185					
<u>Barnesvill</u>		GA	30204-1729	Amount of Each Receipt this Period					
	nber of contributing cal committee.	C		250.00	)				
Name of Em NE Tower S	ployer te 2100	Occupation Emergency	Physician						
Receipt For:		_ <b> </b> ,	ear-to-Date V						
Prima			250.00	]					
Full Name (I Pamela V V	Last, First, Middle Initial) Cutler			Date of Receipt					
Mailing Add	ress 6405 Ave La Cuchilla	NW		M M / D D / Y Y Y 10 28 2008					
City		Zip Code	Transaction ID: C524130						
Los Ranch	10S	NM	87107	Amount of Each Receipt this Period					
	nber of contributing cal committee.	C		250.00	)				
Name of Em Schumache	iployer r Group	Occupation Emergency	Physician						
Receipt For:		Aggregate Ye	ear-to-Date V						
Prima Other	ry General (specify) <b>▼</b>		350.00	]					
Full Name (I Adrian A A D	∟ast, First, Middle Initial) 'Amico			Date of Receipt					
Mailing Add	ress 577 Dorseyville Rd			M M / D D / Y Y Y 10 30 2008					
City		State	Zip Code	Transaction ID: C525064					
<u>Pittsburgh</u>		PA	15238-1524	Amount of Each Receipt this Period					
	nber of contributing cal committee.	C		1000.00	)				
Name of Err Forbes Reg	iployer I Hosp ED	Occupation Emergency	Physician						
Receipt For:			ear-to-Date 🔻						
Prima Other	ry General (specify) <b>▼</b>		1000.00	]					
SUBTOTAL o	f Receipts This Page (optional) .			1500.00	)				

Ċ	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 123
			Use separate schedule(s) for each category of the	(check only one)
I			Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may n	not be sold or used by any perso	13     14     15     16     17       on for the purpose of soliciting contributions       oslicit contributions from such committee
	NAME OF COMMITTEE (In Full)	ie name and addle	un any political committee to	
	National Emergency Medicine Politica	al Action Comm	nittee	
∠ A.	Full Name (Last, First, Middle Initial) Brian C C Dawson			Date of Receipt
	Mailing Address 4209 Leicester Ct			10 <sup>//</sup> 22 <sup>/</sup> 2008
	City	State	Zip Code	Transaction ID: C522334
	Winterville	NC	28590-9248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Brody Schl of Med @ ECU ED	Occupation Emergency	y Physician	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary     General       Other (specify) ▼		250.00	]
– В.	Full Name (Last, First, Middle Initial) Joseph C C Dell'Aria	-		Date of Receipt
	Mailing Address 108 Gracelyn Ln			M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525054
	Newport	NC	28570-8163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Joseph C Dell'Aria	Occupation Emergency	y Physician	
	Receipt For:	Aggregate Y	′ear-to-Date 🔻	_
	Primary     General       Other (specify) ▼		250.00	]
– C.	Full Name (Last, First, Middle Initial) Fred Dennis			Date of Receipt
	Mailing Address 22287 Mullholland Dr	Ste 187		M M / D D / Y Y Y Y 10 28 2008
	City	State	Zip Code	Transaction ID: C524209
	Calabasas	CA	91302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Fred Dennis	Occupation Emergency	y Physician	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	_
	Primary     General       Other (specify) ▼		250.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			750.00
┢				
	TOTAL This Period (last page this line number	er only)		

		、	FOR LINE NUMBER: PAGE 23 / 123
	SCHEDULE A (FEC Form 3X		(check only one)
l	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$X$ 11a $\prod$ 11b $\prod$ 11c $\prod$ 12
		Detailed Summary Page	
	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politic	cal Action Committee	
Α.	Full Name (Last, First, Middle Initial) Mounang P P Desai		Date of Receipt
	Mailing Address 5819 Sante Fe Sprg		M M / D D / Y Y Y Y 11 1 24 2008
	City	State Zip Code	Transaction ID: C595266
	Houston	TX 77041-5759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Dr. Mounang P Desai	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date V	-1
	Primary General		
	Other (specify)	1600.00	
- В.	Full Name (Last, First, Middle Initial) Frank Louis Louis Dimase		Date of Receipt
	Mailing Address 11 Pine Tree Ln		M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: C525070
	<u>Albany</u>	NY 12208-1603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Samaritan Hosp	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		
	Other (specify)	1000.00	
- с.	Full Name (Last, First, Middle Initial) Jesse Mark Mark DiRando	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
	Mailing Address 5690 Great Northern	n Blvd Apt G	10 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C525092
	N Olmsted	OH 44070-5642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Emerg Med Physicians	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	]
	Primary     General       Other (specify) ▼	1000.00	
ſ	CINTAL of Poppinto This Days (anti-		2500.00
┝	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	
	TOTAL This Period (last page this line numb	er 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 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politic	al Action Cor	nmittee	
A.	Full Name (Last, First, Middle Initial) Jeffrey D D Dixon			Date of Receipt
	Mailing Address 1389 E 27th St			10 <sup>//</sup> <sup>//</sup> <sup>/</sup>
	City	State	Zip Code	Transaction ID: C525016
	Tulsa	OK	74114-4107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer T-HEP Inc	Occupatio Emerger	n ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	]
- B.	Full Name (Last, First, Middle Initial) Melissa J J Dooley			Date of Receipt
	Mailing Address 568 Chinquapin Dr			M M / D D / Y Y Y Y Y 10 24 2008
	City	State	Zip Code	Transaction ID: C523280
	Eglin AFB	<u> </u>	32542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wilford Hall Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	250.00	
- C.	Full Name (Last, First, Middle Initial) Jennifer Dow			Date of Receipt
	Mailing Address PO Box 1229			10 <sup>//</sup> / <sup>23</sup> / <sup>2008</sup>
	City	State	Zip Code	Transaction ID: C522518
	Girdwood	AK	99587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer DEMA	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			1500.00
ŀ				
	TOTAL This Period (last page this line number	er only)	·····	

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 25 / 123           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than           NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perso using the name and address of any political committee to	pn for the purpose of soliciting contributions
National Emergency Medicine		
Full Name (Last, First, Middle Initial) Constance J J Doyle		Date of Receipt
Mailing Address 1251 King Geo	orge Blvd	10 <sup>//</sup> 2008
City	State Zip Code	Transaction ID: C525096
Ann Arbor	MI 48108-1759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Joseph Mercy Hosp ED	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	280.00	
Full Name (Last, First, Middle Initial) Anthony Clement Clement Duarte		Date of Receipt
Mailing Address 127 Berry Mou	ntain Rd	10 <sup>//</sup> 2008
City	State Zip Code	Transaction ID: C525062
Cramerton	NC 28032-1638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Gaston Mem Hosp	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Anthony Clement Clement Duarte		Date of Receipt
Mailing Address 127 Berry Mou	ntain Rd	10 <sup>//</sup> 2008
City	State Zip Code	Transaction ID: C525122
Cramerton	NC 28032-1638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Gaston Mem Hosp	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (or	otional)	750.00
	e number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 26 / 123           (check only one)	
	Any information copied from such Reports and Statements may		y not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica				
Z	Full Name (Last, First, Middle Initial)				
λ.	Irv E E Edwards Mailing Address 111 N Sepulveda Ste 2 Ste 210	Date of Receipt 1 0 2 9 2 0 0 8			
	City	State	Zip Code	Transaction ID: C525011	
	Manhattan Beach CA		90266-6849	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1500.00	
	Name of Employer Chino Valley Med Ctr	Occupatio Emerger	on ncy Physician		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_ ]	
	Primary General Other (specify)		1500.00	]	
- 3.	Full Name (Last, First, Middle Initial) Emile El-Shammaa			Date of Receipt	
	Mailing Address 287 Bristol Way			1 1 / D D / Y Y Y Y 1 1 2 0 0 8	
	City	State	Zip Code	Transaction ID: C526228	
	Worthington	OH	43085-3272	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer OH State Univ Med Ctr	, I – – – – – – – – – – – – – – – – – –	ncy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 500.00	]	
;.	Full Name (Last, First, Middle Initial) John Mason Mason Ellison			Date of Receipt	
	Mailing Address 27530 Mooncrest Dr			M M / D D / Y Y Y Y 11 05 2008	
	City State		Zip Code	Transaction ID: C526616	
	Carmel	CA	93923-8535	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		125.00	
	Name of Employer Monterey Bay Emer Phys	1 · · · · · · ·	ncy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 225.00	]	
Γ	SUBTOTAL of Receipts This Page (optional)			2125.00	
	TOTAL This Period (last page this line number	only)			

FEC ID number of contributing federal political committee.       C       85.0         Name of Employer Dr. Clifford Erickson       Occupation Emergency Physician       85.0         Receipt For:       Aggregate Year-to-Date ▼       935.00         C.       Full Name (Last, First, Middle Initial)       935.00         Clifford Erickson       Date of Receipt         Mailing Address       31 Forest Dr       11         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation	<u>23</u>		
National Emergency Medicine Political Action Committee         A.       Full Name (Last, First, Middle Initial) Richard S S Elman       Date of Receipt         Mailing Address 6191 Senate Cir       Date of Receipt         City       State       Zip Code         East Amherst       NY       14051-1979         FEC ID number of contributing federal political committee.       C       mount of Each Receipt this Perior         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Date of Receipt         B.       Citifer (specify) ▼       State       Zip Code       Transaction ID: C525153         Amount of Each Receipt this Perior       Image of Employer       Date of Receipt         Mailing Address       31 Forest Dr       C       Mailing Address         City       State       Zip Code       Transaction ID: C525153         Amount of Each Receipt this Perior       Beregency Physician       Receipt For:       85.1         Primary       General       Occupation       Emergency Physician       Aggregate Year-to-Date ▼       Mount of Each Receipt this Perior         Primary       General       Occupation       Emergency Physician       Aggregate Year-to-Date ▼       Mount of Each Receipt this Perior         Primary       General       Occupation       935.00	s –		
A.       Pichard S S Elman       Date of Receipt         Mailing Address       6191 Senate Cir       11       2 0 0         City       State       Zip Code       Transaction ID: CS27906         East Amherst       NY       14051-1979       Amount of Each Receipt His Period         FEC ID number of contributing federal political committee.       Occupation       Transaction ID: CS27906         Burdon Mercy Hosp ED       Occupation       Temergency Physician         Receipt For:       Other (specify) ▼       350.00         Primary       General       350.00         Other (specify) ▼       State       Zip Code         Voorheesville       NY       12186-9530         Primary       General       Occupation         Primary       General       Aggregate Year-to-Date          Primary       General			
City       State       Zip Code       Transaction ID: C527906         FEC ID number of contributing rederal political committee.       C       Amount of Each Receipt this Perior         Name of Employer Buffato Mercy Hosp ED       C       Cocupation Emergency Physician       Amount of Each Receipt this Perior         Receipt For:       Aggregate Year-to-Date ▼       350.00       Date of Receipt         City       State       Zip Code       Transaction ID: C525153         Mailing Address       31 Forest Dr       C       Transaction ID: C525153         Manuer of Employer Brinary       Control Encloson       Cocupation Emergency Physician       Date of Receipt         Receipt For:       Occupation Enderal political committee.       C       Transaction ID: C525153       Amount of Each Receipt this Perior         Norme of Employer Brinary       General       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Transaction ID: C525153         Amount of Each Receipt this       Mailing Address 31 Forest Dr       Aggregate Year-to-Date ▼       Transaction ID: C525282         Citiford Encloson       Mailing Address 31 Forest Dr       Aggregate Year-to-Date ▼       Transaction ID: C525282         Yoorheesville       NY       12186-9530       Transaction ID: C525282       Amount of Each Receipt this Perior         Full Name (Last, Firi			
East Amherst       NY       14051-1979       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       100.1         Name of Employer Builtado Mercy Hosp ED       C       100.1         Receipt For: Primary       General Other (specify) ▼       Occupation Emergency Physician       Date of Receipt         B.       Citiford Erickson       01100 Address       350.00       Date of Receipt         Mailing Address       31 Forest Dr       01100 Address       0100 Address         City       State       Zip Code Noort of Each Receipt this Period       Mount of Each Receipt this Period         Date of Receipt       Mount of Each Receipt this Period       100 Address       2 0 0         Transaction ID: C525153       Amount of Each Receipt this Period       10 Address       2 0 0         Voorheesville       NY       12186-9530       Feel Date of Receipt this Period       85.1         Primary       General       Occupation Emergency Physician       Amount of Each Receipt this Period       11 D       2 4 Address         C.       Full Name (Last, First, Middle Initial)       Occupation       Date of Receipt       11 D       2 4 Address       2 0 0         Citiford Erickson       Mailing Address 31 Forest Dr       Date of Receipt this Period			
FEC ID number of contributing federal political committee.       C       100.1         Name of Employer Buffalo Mercy Hosp ED       Occupation Emergency Physician       100.1         Receipt For: Other (specify) ♥       Aggregate Year-to-Date ♥       0         B.       Full Name (Last, First, Middle Initial) Citiford Erickson       Date of Receipt         Mailing Address 31 Forest Dr       0       0         City       State       Zip Code         Name of Employer Dr. Citiford Erickson       NY       12186-9530         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Dr. Citiford Erickson       Occupation Emergency Physician Emergency Physician       Amount of Each Receipt this Period         Name of Employer Dr. Citiford Erickson       Occupation Emergency Physician       Date of Receipt         Mailing Address 31 Forest Dr       Occupation Emergency Physician       Date of Receipt         Mailing Address 31 Forest Dr       935.00       Date of Receipt         City       State       Zip Code         Mailing Address 31 Forest Dr       Tansaction ID: C595282         City       State       Zip Code         NY       12186-9530       Transaction ID: C595282         Amount of Each Receipt this Period       55.1 </th <th></th>			
federal political committee.       Image: Committee.       Image: Committee.       Image: Committee.         Name of Employer Buffald Mercy Hosp ED       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Peceipt For:       Aggregate Year-to-Date ▼       Image: Committee.       Image: Committee.         Citiford Erickson       Mailing Address: 31 Forest Dr       Date of Receipt         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing federal political Erickson       Emergency Physician         Receipt For:       Occupation         Primary       General         Other (specify) ▼       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       Occupation         Date of Receipt       Mailing Address: 31 Forest Dr         Citiford Erickson       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       State         Zip Code       NY         Mailing Address:       31 Forest Dr         City       State       Zip Code         Mailing Address:       31 Forest Dr <td< th=""><th>-</th></td<>	-		
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Date of Receipt         B.       Cliftord Erickson         Mailing Address 31 Forest Dr       Date of Receipt         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Amount of Each Receipt fibris Period         Primary       General       Occupation       Beceipt For:       85.4         Primary       General       Occupation       Primary       935.00         C.       Full Name (Last, First, Middle Initial)       C       11       0 de of Receipt         Citifrod Erickson       Aggregate Year-to-Date ▼       935.00       Transaction ID: C525252         C.       Full Name (Last, First, Middle Initial)       C       Transaction ID: C525282         Other (specify) ▼       State       Zip Code       Transaction ID: C525282         Voorheesville       NY       12186-9530       Transaction ID: C525282         Amount of Each Receipt this Period       \$5.1       11       2 0 0	0		
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       350.00         B.       Full Name (Last, First, Middle Initial)         Clifford Erickson       Date of Receipt         Mailing Address       31 Forest Dr         City       State       Zip Code         Yoorheesville       NY       12186-9530         FEC ID number of contributing federal political committee.       Occupation         Dr.       Cilfford Erickson         Name of Employer       Occupation         Dr.       Cilfford Erickson         Receipt For:       Occupation         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       C         Ctifford Erickson       Date of Receipt         Mailing Address 31 Forest Dr       Tasaction ID: C525282         Amount of Each Receipt this Period			
Primary       General         Other (specify) ▼       350.00         B.       Full Name (Last, First, Middle Initial)         Citford Erickson       Date of Receipt         Mailing Address 31 Forest Dr       0         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Dr. Clifford Erickson       Occupation       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         Primary       General       Other (specify) ▼       935.00       Date of Receipt         C.       Cliftord Erickson       Aggregate Year-to-Date ▼        Transaction ID: C525153         Mailing Address 31 Forest Dr       0ther (specify) ▼       935.00       Date of Receipt         C.       Cliftord Erickson       Date of Receipt       11       2 0 0         Mailing Address 31 Forest Dr       Transaction ID: C525282       Amount of Each Receipt this Period         City       State       Zip Code       Transaction ID: C525282         Voorheesville       NY       12186-9530       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C			
B.       Clifford Erickson       Date of Receipt         Mailing Address 31 Forest Dr       Image: Sign of the second se			
Mailing Address 31 Forest Dr       Image: Size of Control Size of Contremate and Control Size of Control Size of Cont			
Voorheesville       NY       12186-9530       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       85.1         Name of Employer Dr. Clifford Erickson       Occupation Emergency Physician       85.1         Receipt For:       Aggregate Year-to-Date ▼       935.00         Other (specify) ▼       935.00       Date of Receipt         Clifford Erickson       Mailing Address 31 Forest Dr       11         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing tederal political committee.       C         Ority       State       Zip Code         NY       12186-9530       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       85.1         Name of Employer       Occupation       Amount of Each Receipt this Period         Name of Employer       Occupation       85.1			
FEC ID number of contributing federal political committee.       C       85.4         Name of Employer Dr. Clifford Erickson       Occupation Emergency Physician       85.4         Receipt For:       Aggregate Year-to-Date ▼       935.00         C.       Full Name (Last, First, Middle Initial)       935.00         C.       Full Name (Last, First, Middle Initial)       Date of Receipt         Citiford Erickson       Mailing Address 31 Forest Dr       Date of Receipt         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing federal political committee.       C       85.4         Name of Employer       Occupation       Receipt Mis Period         Manuer of Employer       Occupation       85.4			
federal political committee.       0         Name of Employer Dr. Clifford Erickson       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       935.00         C.       Full Name (Last, First, Middle Initial) Clifford Erickson         Mailing Address       31 Forest Dr         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation	Amount of Each Receipt this Period		
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify)       935.00         C.       Full Name (Last, First, Middle Initial)         Clifford Erickson       Date of Receipt         Mailing Address       31 Forest Dr         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation	0		
Primary       General       935.00         Other (specify)        935.00         C.       Full Name (Last, First, Middle Initial)       Date of Receipt         Clifford Erickson       Mailing Address 31 Forest Dr       Date of Receipt         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing federal political committee.       C       85.0         Name of Employer       Occupation       Occupation			
Other (specify) ▼       935.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Clifford Erickson       1 1 2 4 2 0 0         Mailing Address 31 Forest Dr       1 1 2 4 2 0 0         City       State       Zip Code         Voorheesville       NY       12186-9530         FEC ID number of contributing federal political committee.       C       85.0         Name of Employer       Occupation       0ccupation			
C.       Clifford Erickson       Date of Receipt         Mailing Address       31 Forest Dr       11       24       200         City       State       Zip Code       Transaction ID: C595282         Voorheesville       NY       12186-9530       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       85.0         Name of Employer       Occupation       Occupation			
City     State     Zip Code       Voorheesville     NY     12186-9530       FEC ID number of contributing federal political committee.     C     Amount of Each Receipt this Period       Name of Employer     Occupation			
Voorheesville     NY     12186-9530       FEC ID number of contributing federal political committee.     C     Amount of Each Receipt this Period 85.0       Name of Employer Dr. Olfford Frideron     Occupation			
FEC ID number of contributing federal political committee.     C     85.0       Name of Employer     Occupation			
federal political committee.     0000       Name of Employer     Occupation	-		
Name of Employer Occupation	0		
Emergency Physician			
Receipt For: Aggregate Year-to-Date V			
Primary     General       Other (specify)     Image: Constraint of the second			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)	0		

Mailing Address       7900 Wisconsin Ave #406 Ste 406       Image: Mailing Address       7900 Wisconsin Ave #406 Image: Disconsin Ave #406         City       State       Zip Code       Image: Transaction ID: C526604         Bethesda       MD       20814-3634       Amount of Each Receipt this Period         FEC ID number of contributing       1000       1000	9. Y
National Emergency Medicine Political Action Committee         A.       Full Name (Last, First, Middle Initial)         Robert J J Fallik       Date of Receipt         Mailing Address       5497 Governors Ave NW         City       State       Zip Code         Canton       OH       44718-1455         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Perint Temergency Physician         Receipt For:       Occupation       Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       1000.00       Date of Receipt         Mailing Address       6707 Wakehurst Rd       Transaction ID: CS25125         Amount of Each Receipt this Perint       0 Occupation       Transaction ID: CS25125         Amount of Each Receipt for:       NC       28226-5565         FCI ID number of contributing federal political committee.       C       Transaction ID: CS25125         Amount of Each Receipt       Aggregate Year-to-Date ▼       Transaction ID: CS25125         Amount of Each Receipt this Perint       1000.00       Transaction ID: CS25125         Amount of Each Receipt       Aggregate Year-to-Date ▼       Transaction ID: CS25125         Amount of Each Receipt Mathematice       C       Transaction ID: CS25125         Amoun	
A.       Robert J J Fallik       Date of Receipt         Mailing Address       5497 Governors Ave NW <ul> <li>City</li> <li>City</li></ul>	
City       State       Zip Code         City       OH       44718-1455         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Peril         Name of Employer Emerg Med Phys       Occupation Emergency Physician       Aggregate Year-to-Date ▼       1000.00         B.       Full Name (Last, First, Middle Initial) City       State       Zip Code       Transaction ID: C525125         Chromoto fear Borizon       Nating Address       6707 Wakehurst Rd       Date of Receipt       1000.00         B.       Full Name (Last, First, Middle Initial) Receipt For:       NC       28226-5565       Amount of Each Receipt this Peril         FEC ID number of contributing federal political committee.       Occupation Emergency Physician       Date of Receipt         Name of Employer Feel Por:       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Info         Name of Employer Full Name (Last, First, Middle Initial)       C       Aggregate Year-to-Date ▼       Info         Other (specify) ▼       Info       1000.00       Info       Info         Primary       General Other (specify) ▼       Info       Info       Info         C       Joseph S S Fastow       Mailing Address       7900 Wisconsin Ave #406 Ste 406       Info       Info       Info	
Canton       OH       44718-1455         FEC ID number of contributing tederal political committee.       C       1000         Name of Employer Emergency Physician       Aggregate Year-to-Date ▼       1000.00         B.       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       6707 Wakehurst Rd       C       Image: Committee.       Minor of Each Receipt this Perint 1000.00         B.       Full Name (Last, First, Middle Initial)       Date of Receipt       Date of Receipt         City       State       Zip Code       Transaction ID: C525125         Amount of Each Receipt this Perint 1000.00       1000.00       Transaction ID: C525125         Amount of Each Receipt this Perint 1000.00       Image: Committee.       Image: Committee.         Name of Employer       Coccupation       Image: Cocupation       Image: Cocupation         Receipt For:       Occupation       Aggregate Year-to-Date ▼       Image: Cocupation         Primary       General       Other (specify) ▼       Image: Cocupation       Image: Cocupation         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Image: Cocupation       Image: Cocupation         C.       Josepit S S Fastow       Maling Address       7900 Wisconsin Ave #406 <t< th=""><td>· •</td></t<>	· •
FEC ID number of contributing federal political committee.       C       1000         Name of Employer Emerg Med Phys       Occupation Emergency Physician       1000.00         Receipt For:       Aggregate Year-to-Date ▼       0         Primary       General       1000.00       0         B.       Robert R F Farquharson       Date of Receipt         Mailing Address       6707 Wakehurst Rd       0       0         City       State       Zip Code       Transaction ID: C525125         Charlotte       NC       28226-5565       Amount of Each Receipt this Peri-         FEC ID number of contributing federal political committee.       C       1000.00       1000.00         Name of Employer Emerg Med Phys       Occupation Emergency Physician       Aggregate Year-to-Date ▼       1000.00         Receipt For:       Aggregate Year-to-Date ▼       0       0       1000.00         C.       Juseph S S Fastow       Date of Receipt       1000.00       0         Mailing Address       7900 Wisconsin Ave #406 Ste 406       10       0       5       2.0         City       State       Zip Code Bethesda       MD       20814-3634       Amount of Each Receipt this Peri-         Mailing Address       7900 Wisconsin Ave #406 Ste 406       State <th></th>	
federal political committee.       Image: Committee.       Image: Committee.       Image: Committee.         Name of Emergion Methods Phys       Emergency Physician       Aggregate Year-to-Date ▼       Image: Committee.         Primary       General       000.00       Image: Committee.       Image: Committee.       Image: Committee.         B.       Robert R F arquingharson       Date of Receipt       Image: Committee.       Image: Committee. </th <th>d</th>	d
Emerg Med Phys       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1000.00         B.       Full Name (Last, First, Middle Initial)         Robert R R Farquharson       Mailing Address 6707 Wakehurst Rd         City       State       Zip Code         Charlotte       NC       28226-5565         FEC ID number of contributing federal political committee.       C         Primary       General       Occupation         Receipt For:       Occupation       1000.00         Primary       General       Occupation         Receipt For:       Aggregate Year-to-Date ▼       1000.00         C.       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         Joseph S S Fastow       Date of Receipt       111 0 0 0 / 2 0 / 2 0         Mailing Address       7900 Wisconsin Ave #406       11 1 0 0 0 / 2 0 / 2 0         City       State       Zip Code       Transaction ID: C526604         Amount of Each Receipt this Peri       1000       05 / 2 0         Transaction ID: C526604       Amount of Each Receipt this Peri       1000	00
Receipt For:       Aggregate Year-to-Date       ▼         Primary       General       1000.00         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         B.       Robert R R Farquharson       Date of Receipt         Mailing Address       6707 Wakehurst Rd       1000.00         City       State       Zip Code         Charlotte       NC       28226-5565         FEC ID number of contributing federal political committee.       C         Maing Address       Occupation         Emerg Med Phys       Emergency Physician         Receipt For:       Aggregate Year-to-Date       ▼         Primary       General       1000.00         Other (specify)        1000.00         C.       Full Name (Last, First, Middle Initial)       Joseph S S Fastow         Mailing Address       7900 Wisconsin Ave #406       Tansaction ID: C52604         City       State       Zip Code       Tansaction ID: C52604         Amount of Each Receipt this Peri       1000       7 2 0         City       State       Zip Code       Tansaction ID: C526604         Amount of Each Receipt this Peri       Tensection ID: C526604       Amount of Each Receipt this Peri         FEC ID number o	
Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       6707 Wakehurst Rd         City       State       Zip Code         Charlotte       NC       28226-5565         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Emerg Med Phys       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       1000.00       1000.00         C.       Full Name (Last, First, Middle Initial)       Joseph S S Fastow       Date of Receipt         Mailing Address       7900 Wisconsin Ave #406       Transaction ID: C526604       Transaction ID: C526604         Gethesda       MD       20814-3634       Amount of Each Receipt this Period	
B.       Robert R R Farquharson       Date of Receipt         Mailing Address       6707 Wakehurst Rd       10       0       0       20         City       State       Zip Code       Transaction ID: C525125       Amount of Each Receipt His Peri-         FEC ID number of contributing federal political committee.       Occupation       Emergency Physician       1000       1000         Name of Employer       Occupation       Emergency Physician       Aggregate Year-to-Date ▼       1000.00         Primary       General       00ther (specify) ▼       1000.00       Date of Receipt         Mailing Address       7900 Wisconsin Ave #406       11       0 5 / 2 0         City       State       Zip Code       11       1000 5 / 2 0         City       State       Zip Code       11       10       0 5 / 2 0         City       State       Zip Code       11       1       0 5 / 2 0         City       State       Zip Code       11       1       0 5 / 2 0         City       State       Zip Code       11       1       0 5 / 2 0         City       State       Zip Code       11       1       0 5 / 2 0         City       State       Zip Code       11	
City       State       Zip Code       Transaction ID: C525125         Charlotte       NC       28226-5565       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       1000       1000         Name of Employer Emerg Med Phys       Occupation Emergency Physician       1000.00       1000         Receipt For:       Aggregate Year-to-Date ▼       1000.00       Date of Receipt         Other (specify) ▼       1000.00       Date of Receipt       11       0       5       2       0         C.       Full Name (Last, First, Middle Initial)       Joseph S S Fastow       Date of Receipt       11       0       5       2       0         Mailing Address       7900 Wisconsin Ave #406       State       Zip Code       Transaction ID: C526604       Amount of Each Receipt this Period       1000         FEC ID number of contributing       C       1000       1000       1000       1000       1000       1000       1000	
Charlotte       NC       28226-5565         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period 1000         Name of Employer Emerg Med Phys       Occupation Emergency Physician       1000         Receipt For:       Aggregate Year-to-Date ▼       1000.00         Other (specify) ▼       1000.00       Date of Receipt         City       State       Zip Code         Bethesda       MD       20814-3634         FEC ID number of contributing       1000	
FEC ID number of contributing federal political committee.       1000         Name of Employer Emerg Med Phys       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial) Joseph S S Fastow       Date of Receipt         Mailing Address       7900 Wisconsin Ave #406 Ste 406         City       State       Zip Code         Bethesda       MD       20814-3634         FEC ID number of contributing       1000	
federal political committee.       Image: Committee in the second	d
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1000.00         C.       Full Name (Last, First, Middle Initial)         Joseph S S Fastow       Date of Receipt         Mailing Address       7900 Wisconsin Ave #406         Ste 406       State         City       State         Bethesda       MD         FEC ID number of contributing       1000	00
Primary       General       1000.00         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       Joseph S S Fastow         Mailing Address       7900 Wisconsin Ave #406         Ste 406       Image: Control of the second	
Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       Joseph S S Fastow         Mailing Address       7900 Wisconsin Ave #406         Ste 406       11         City       State       Zip Code         Bethesda       MD       20814-3634         FEC ID number of contributing       1000	
C.       Joseph S S Fastow       Date of Receipt         Mailing Address       7900 Wisconsin Ave #406       11         Ste 406       Ste 406       11         City       State       Zip Code         Bethesda       MD       20814-3634         FEC ID number of contributing       1000	
Ste 406     1 1     0 5     2 0       City     State     Zip Code     Transaction ID: C526604       Bethesda     MD     20814-3634     Amount of Each Receipt this Period       FEC ID number of contributing     1 1     0 5     2 0	
Bethesda     MD     20814-3634     Amount of Each Receipt this Period       FEC ID number of contributing     1000	
FEC ID number of contributing	
	0.8
	0.8
Name of Employer Calvert Memorial HospOccupation Emergency Physician	0 8 d
Receipt For: Aggregate Year-to-Date ▼	0 8 d
Primary General Other (specify) ▼ 1000.00	0 8 d
SUBTOTAL of Receipts This Page (optional)	0 8 d
TOTAL This Period (last page this line number only)	0 8 d 00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 29 / 123       (check only one)     11a       X     11a       11b     11c       12
	Any information copied from such Reports and S or for commercial purposes, other than using the	13     14     15     16     17       on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Cor	nmittee	
Z A.	Full Name (Last, First, Middle Initial) Christian P P Feinauer	Date of Receipt		
	Mailing Address 383 La Purissima Way	10 <sup>PDD</sup> /YYYY 2008		
	City	State	Zip Code	Transaction ID: C522357
	Sacramento	CA	95819-2814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Dr. Christian P Feinauer	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary     General       Other (specify)		250.00	]
— В.	Full Name (Last, First, Middle Initial) Russell J J Firman			Date of Receipt
	Mailing Address 112 Woodberry Ln			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C525111
	Fayetteville	NY	13066-1746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Cortland Regl Med Ctr	Occupatio Emerger	<sup>on</sup> ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)	0 0	1195.00	]
– c.	Full Name (Last, First, Middle Initial) Diana L L Fite			Date of Receipt
	Mailing Address PO Box 2029			M M / D D / Y Y Y Y 111 14 2008
	City	State	Zip Code	Transaction ID: C528317
	Waller	ТХ	77484-2029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Meth Willowbrook Hosp ED	Occupatio Emerger	<sup>on</sup> ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		830.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	•	1225.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 30 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee		
A.	Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz		Date of Receipt	
	Mailing Address 6021 90th St		M M / D D / Y Y Y Y 10 28 2008	
	City	State Zip Code	Transaction ID: C524221	
		TX 79424-0814	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	83.33	
	Name of Employer Covenant Med Grp	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date V	_	
	Primary     General       Other (specify)     ▼	1016.67		
- В.	Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz		Date of Receipt	
	Mailing Address 6021 90th St	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y		
	City	State Zip Code	Transaction ID: C595267	
	Lubbock	TX 79424-0814	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	83.33	
	Name of Employer Covenant Med Grp	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date V		
	Primary     General       Other (specify) ▼	1016.67		
- C.	Full Name (Last, First, Middle Initial) Mark Gordon Flammer		Date of Receipt	
	Mailing Address 1691 N. 200 W.		M M / D D / Y Y Y Y 111 22 2008	
	City	State Zip Code	Transaction ID: C592427	
	Centerville	UT 84014-1160	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer EPIC	Occupation MD		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
ſ	SUBTOTAL of Receipts This Page (optional)		666.66	
ŀ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 31 / 123           (check only one)		
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee			
۷ A.	Full Name (Last, First, Middle Initial) Kelly Foley	Date of Receipt			
	Mailing Address 1133 Pond Cypress D	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y			
	City	State Zip Code	Transaction ID: C524208		
	Virginia Bch FEC ID number of contributing federal political committee.	VA 23455-6859	Amount of Each Receipt this Period 100.00		
	Name of Employer	Occupation			
	Emer Phys of Tidewater	Emergency Physician	_		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 965.00			
- B.	Full Name (Last, First, Middle Initial) Kelly Foley		Date of Receipt		
	Mailing Address 1133 Pond Cypress D	M M / D D / Y Y Y Y 111 24 2008			
	City	State Zip Code	Transaction ID: C595279		
	Virginia Bch FEC ID number of contributing federal political committee.	VA 23455-6859	Amount of Each Receipt this Period 100.00		
	Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 965.00			
- C.	Full Name (Last, First, Middle Initial) Steven Gerald Gerald Folstad		Date of Receipt		
•	Mailing Address 131 Sanibel Ln		M M / D D / Y Y Y Y 1 1 1 1 1 2 0 0 8		
	City	State Zip Code	Transaction ID: C527896		
	Mooresville FEC ID number of contributing	NC 28117-9062	Amount of Each Receipt this Period		
	federal political committee.		17.00		
	Name of Employer Dr. Steven Gerald Folstad	Occupation Emergency Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	]		
ſ	SUBTOTAL of Receipts This Page (optional)	·	217.00		
F	TOTAL This Period (last page this line number				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 32 / 123           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and or for commercial purposes, other than using the	I Statements may he name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Com	mittee	
				-
Α.	Full Name (Last, First, Middle Initial) Marsha D D Ford	Date of Receipt		
	Mailing Address PO Box 32861	10 <sup>28</sup> /2008		
	City	State	Zip Code	Transaction ID: C524216
	Charlotte	NC	28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Carolinas Med Ctr ED	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼		462.00	]
- В.	Full Name (Last, First, Middle Initial) Marsha D D Ford			Date of Receipt
	Mailing Address PO Box 32861			M M / D D / Y Y Y Y Y 11 1 24 2008
	City State Zip Code			Transaction ID: C595260
	Charlotte	NC	28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Carolinas Med Ctr ED	Occupation Emergen	n cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		462.00	
- с.	Full Name (Last, First, Middle Initial) Michael Frank			Date of Receipt
	Mailing Address 1940 Hines Hill Rd			M M         /         D D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C525073
	Hudson	OH	44236-1716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Emerg Med Phys	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		1050.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1084.00
ŀ	TOTAL This Period (last page this line number			

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 123
I	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
_			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Political	Action Cor	nmittee	
∡ A.	Full Name (Last, First, Middle Initial) Anita Marie Marie Gage			Date of Receipt
	Mailing Address 2174 N Hametown Rd	M M / D D / Y Y Y Y 10 30 2008		
	City	State	Zip Code	Transaction ID: C525103
	Akron	OH	44333-1026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EMP Ltd	Occupatio	n	
		Emerger	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		1100.00	
		0.0		1
- В.	Full Name (Last, First, Middle Initial) Angela F F Gardner			Date of Receipt
Б.	Mailing Address 1914 Fair Field Dr			M M / D D / Y Y Y Y
	-			11 24 2008
	City	State TX	Zip Code	Transaction ID: C595270
	Grapevine		76051-7100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UTMB Univ of TX	Occupatio		
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	ncy Physician e Year-to-Date 🔻	_
	Primary General	Aggregate		1
	Other (specify)	0 0	1000.00	
– C.	Full Name (Last, First, Middle Initial) Michael David David Garfinkel	1		Date of Receipt
	Mailing Address 1677 Beechwood Blvd			
	City	State	Zip Code	Transaction ID: C525152
	Pittsburgh	PA	15217-1433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer EMP of Allegheny Co	Occupatio Emerger	on ncy Physician	
	Receipt For:	, I	e Year-to-Date V	1
	Primary General		250.00	1
	Other (specify) 🔻			1
ſ	SUBTOTAL of Receipts This Page (optional)	I		1500.00
┝	contraction of the state (optional)			
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 34 / 123           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         11						
Any information copied from such Reports or for commercial purposes, other than usin	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Committee							
Full Name (Last, First, Middle Initial) Cloyd B B Gatrell								
Mailing Address 1304 White Birch	Ln	M M / D D / Y Y Y Y 11 1 17 2008						
City	State Zip Code	Transaction ID: C529450						
Carlisle	PA 17013-3582	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer EmCare	Occupation Emergency Physician	-						
Receipt For:	Aggregate Year-to-Date V	1						
Primary General Other (specify) ▼	250.00							
Full Name (Last, First, Middle Initial) Laurence J J Gavin		Date of Receipt						
Mailing Address 39th & Market St		M M / D D / Y Y Y Y 111 05 2008						
City	State Zip Code	Transaction ID: C526624						
Philadelphia	PA 19104	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	365.00						
Name of Employer Presbyterian Med Ctr ED	Occupation Emergency Physician							
Receipt For:	Aggregate Year-to-Date ▼	_						
Primary     General       Other (specify) ▼	365.00							
Full Name (Last, First, Middle Initial) Timothy David David Genetta		Date of Receipt						
Mailing Address 52620 Lakeview [	Dr	M M / D D / Y Y Y Y 10 30 2008						
City	State Zip Code	Transaction ID: C525069						
Dillionvale	OH 43917-9508	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1000.00						
Name of Employer Ohio Valley Medical Ctr EMP	Occupation Emergency Physician	]						
Receipt For:	Aggregate Year-to-Date V							
Primary     General       Other (specify)     ▼	1100.00							
SUBTOTAL of Receipts This Page (option	nal)	1465.00						
CODICIAL OF HOUSING THIS TAGE (OPIIO	P							

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 35 / 123         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       1		
Any information copied from such Reports an or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s			
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee			
Full Name (Last, First, Middle Initial) Michael Joseph Joseph Gerardi		Date of Receipt		
Mailing Address 29 Heritage Ct		M M / D D / Y Y Y Y 10 28 2008		
City	State Zip Code	Transaction ID: C524189		
Randolph	NJ 07869-3534	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Emer Med Assoc	Occupation Emergency Physician			
Receipt For:	Aggregate Year-to-Date V			
Primary     General       Other (specify) ▼	1082.00			
Full Name (Last, First, Middle Initial) Michael Alfred Alfred Gibbs	- 1	Date of Receipt		
Mailing Address 16 Riverside Dr		M M / D D / Y Y Y Y 10 28 2008		
City	State Zip Code	Transaction ID: C524119		
Falmouth	ME 04105-2109	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Maine Med Ctr ED	Occupation Emergency Physician			
Receipt For:	Aggregate Year-to-Date ▼	_		
Primary     General       Other (specify) ▼	1000.00			
Full Name (Last, First, Middle Initial) Bret E E Ginther		Date of Receipt		
Mailing Address 3611 Genista Pl		M M / D D / Y Y Y Y 1 1 0 4 2008		
City	State Zip Code	Transaction ID: C526416		
Fallbrook	CA 92028-8143	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		125.00		
Name of Employer CA Emer Phys	Occupation Emergency Physician			
Receipt For:	Aggregate Year-to-Date V			
Primary     General       Other (specify)     ▼	225.00			
SUBTOTAL of Receipts This Page (optional		1375.00		
TOTAL This Period (last page this line number	·			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 36 / 123         (check only one)	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Commi	ittee		
A.	Full Name (Last, First, Middle Initial) Heather R R Godale	Date of Receipt			
	Mailing Address 447 Malvern Rd	M M / D D / Y Y Y Y 10 30 2008			
	City	State	Zip Code	Transaction ID: C525083	
	Akron	OH	44303-1737	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Massillon Comm Hosp	Occupation Emergency	Physician	-	
	Receipt For:	Aggregate Ye	•		
	Primary     General       Other (specify) ▼		1000.00	]	
В.	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber			Date of Receipt	
	Mailing Address 7809 Trieste Pl			M M / D D / Y Y Y Y 10 28 2008	
	City State		Zip Code	Transaction ID: C524197	
	Delray Bch	FL	33446-4403	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Coral Springs Med Ctr	Occupation Emergency	Physician		
		Aggregate Ye	ar-to-Date 🔻	_	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0 0	1100.00		
с.	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber			Date of Receipt	
	Mailing Address 7809 Trieste PI			M M / D D / Y Y Y Y Y 11 24 2008	
	City	State	Zip Code	Transaction ID: C595271	
	Delray Bch	FL	33446-4403	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Coral Springs Med Ctr	Occupation Emergency	· ·		
	Receipt For:	Aggregate Ye	ar-to-Date 🔻		
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		1100.00		
	SUBTOTAL of Receipts This Page (optional)			1200.00	
	TOTAL This Period (last page this line number only)				

SCHEDULE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAG (check only one) X 11a 11b 11c 13 14 15	GE 37 / 123			
Any information cop or for commercial p	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	MITTEE (In Full) rgency Medicine Political	Action Com	mittee					
Full Name (Last Ken John John G	First, Middle Initial) ramyk			Date of Receipt				
Mailing Address	PO Box 729			M M / D D / Y 10 29	2008 <sup>°</sup>			
City		State	Zip Code	Transaction ID: C52496	7			
Sagle		ID	83860-0729	Amount of Each Receipt th	nis Period			
FEC ID number federal political c		C			250.00			
Name of Employ Lake Pend Oreil	er le Emer Med	Occupation Emergen	r cy Physician					
Receipt For:			Year-to-Date V					
Other (spe	General cify) <b>▼</b>		250.00					
Full Name (Last Andrea L L Green	First, Middle Initial)			Date of Receipt				
Mailing Address	Mailing Address 22428 Springflower Dr				2008			
City		State	Zip Code	Transaction ID: C52420	3			
Golden		CO	80401-8033	Amount of Each Receipt th	nis Period			
FEC ID number federal political o		C			300.00			
Name of Employ Dr. Andrea L Gr	er een	Occupation Emergen	r cy Physician					
Receipt For:		Aggregate	Year-to-Date 🔻					
Other (spe	icify) <b>▼</b>		400.00	]				
Full Name (Last Robert D D Green	First, Middle Initial) berg			Date of Receipt				
Mailing Address	2401 S 31st St			M M / D D / Y 10 28	2008 <sup>Y</sup>			
City		State	Zip Code	Transaction ID: C52420	1			
Temple		TX	76508-0002	Amount of Each Receipt th	nis Period			
FEC ID number federal political c		C			250.00			
Name of Employ Dept of Emer M	er edcn	Occupation Emergen	r cy Physician					
Receipt For: Primary Other (spe	General cify) <b>▼</b>	Aggregate	Year-to-Date 250.00	]				
SUBTOTAL of Re	Leipts This Page (optional)				800.00			
	d (last page this line number o							

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 123
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any persor the name and address of any political committee to s	h for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Alexander Grinshpun		Date of Receipt
Mailing Address 2105 Sausse Ave # Apt 3B		M M / D D / Y Y Y Y Y 10 30 2008
City	State Zip Code	Transaction ID: C525080
Troy	NY 12180-1739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr Alexander Grinshpun	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Brad Gruehn		Date of Receipt
Mailing Address 207 Heather Glen Re		M M / D D / Y Y Y Y 10 28 2008
City	State Zip Code	Transaction ID: C524190
Sterling	VA 20165-5824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Mr. Brad Gruehn	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	450.00	
Full Name (Last, First, Middle Initial) Brad Gruehn	I	Date of Receipt
Mailing Address 207 Heather Glen Ro		M M / D D / Y Y Y Y Y 111 24 2008
City	State Zip Code	Transaction ID: C595274
<u>Sterling</u>	VA 20165-5824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Mr. Brad Gruehn	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	450.00	
SUBTOTAL of Receipts This Page (optional)	)	350.00

		FOR LINE NUMBER: PAGE 39/123				
SCHEDULE A (FEC Form 3		(check only one)				
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12				
		13 14 15 16 17				
Any information copied from such Reports a or for commercial purposes, other than usin	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In Full)						
National Emergency Medicine Pol	litical Action Committee					
Full Name (Last, First, Middle Initial) Kenneth S S Gummerson						
Mailing Address 12 Wendover Rd		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y				
City	State Zip Code	Transaction ID: C528323				
Baltimore	MD 21218-1832	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Doctors Emergency Services	Occupation Emergency Physician	-				
Receipt For:	Aggregate Year-to-Date V	1				
Primary General						
Other (specify)	250.00					
Full Name (Last, First, Middle Initial) Theresa Gunnarson		Date of Receipt				
Mailing Address 7460 Eagle Ridge	Rd	M M / D D / Y Y Y Y 10 29 2008				
City	State Zip Code	Transaction ID: C524964				
Orr	MN 55771-8473	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer St Marys Med Ctr	Occupation Emergency Physician					
Receipt For:	Aggregate Year-to-Date V	-				
Primary General						
Other (specify)	250.00					
Full Name (Last, First, Middle Initial) J Brian Hancock		Date of Receipt				
Mailing Address 4827 Pebworth PI		M M / D D / Y Y Y Y 10 28 2008				
City	State Zip Code	Transaction ID: C524219				
Saginaw	MI 48603-9306	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer MI State Univ Colg of Hmn Medn	Occupation Emergency Physician					
Receipt For:	Aggregate Year-to-Date V	1				
Primary General Other (specify) ▼	500.00					
		750.00				
SUBTOTAL of Receipts This Page (option	nal)	750.00				
TOTAL This Period (last page this line num	mber only)					

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 40 / 123           (check only one)         X           X         11a         11b         11c         12
Any information copied from such Reports a	and Statements may not be sold or used by any person ig the name and address of any political committee to s	13 14 15 16 1'
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	· · · · ·	
Full Name (Last, First, Middle Initial) Russell H H Harris		Date of Receipt
Mailing Address 5829 Wissahickor	n Ave	10 <sup>//</sup> 29 <sup>/</sup> 2008
City	State Zip Code	Transaction ID: C524972
Philadelphia	PA 19144-4446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EmCare Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Anthony William William Hartmann		Date of Receipt
Mailing Address 2 Wincot Ct		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C524106
Hillsborough	NJ 08844-2213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Stephen Carl Carl Hartsell		Date of Receipt
Stephen Carl Carl Hartsell Mailing Address 75 N Medical Dr #	1150	10 28 2008
City	State Zip Code	Transaction ID: C524172
Salt Lake City	UT 84132-0005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Univ of Utah ED	Occupation Emergency Physician	]
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	2125.00
	mber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 41 / 123           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	pn for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Cor	nmittee	
∠ A.	Full Name (Last, First, Middle Initial) Stephen Carl Carl Hartsell			Date of Receipt
	Mailing Address 75 N Medical Dr #1150	)		M M / D D / Y Y Y Y 10 29 2008
	City	State	Zip Code	Transaction ID: C524900
	Salt Lake City	UT	84132-0005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Univ of Utah ED	Occupation Emerger	on ncy Physician	
	Receipt For:	, I —	e Year-to-Date V	1
	Primary     General       Other (specify)		250.00	]
– B.	Full Name (Last, First, Middle Initial) William C C Haselow	I		Date of Receipt
	Mailing Address 7118 W Lafayette Pl			M M / D D / Y Y Y Y 10 28 2008
	City	State	Zip Code	Transaction ID: C524114
		WI	53092-8600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Infinity HealthCare Inc	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)	0 0	500.00	
– C.	Full Name (Last, First, Middle Initial) Elaine M M Haule	1		Date of Receipt
	Mailing Address 3 Aldgate Way			M M / D D / Y Y Y Y 10 24 2008
	City	State	Zip Code	Transaction ID: C523315
	Greer	SC	29650-5320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer St Francis Health System	Occupation Emerger	<sup>on</sup> ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)		600.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		725.00
F	TOTAL This Period (last page this line number			

	ILE A (FEC Form 3X) D RECEIPTS	Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER:         PAGE 42 / 123           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
Any information or for comme	on copied from such Reports and S rcial purposes, other than using the	sed by any person cal committee to se	for the purpose of soliciting contributions olicit contributions from such committee.	
	COMMITTEE (In Full) Emergency Medicine Politica	Action Committee		
	e (Last, First, Middle Initial) W Henrichs, III	Date of Receipt		
Mailing Ac	dress 800 N Justice St			1 1 / 2 4 / Y Y Y Y 1 1 1 / 2 4
City		State Zip Code		Transaction ID: C595262
<u>Henders</u>	onville	NC 28791-3410	)	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
	Employer nville Emer Consu-	Occupation		
<u>Itant</u> Receipt Fo	or:	Emergency Physician Aggregate Year-to-Date	,	1
Prim			1000.00	
	e (Last, First, Middle Initial) n Glenn Hensley			Date of Receipt
Mailing Ac	dress 3116 Rolston Rd			10 30 2008
City		State Zip Code		Transaction ID: C525082
<u>Greenvil</u>	le	NC 27858-6255	5	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		1000.00
Name of E EMP of C	Employer raven County PLLC	Occupation Emergency Physician		
Receipt Fo		Aggregate Year-to-Date		
Prim Othe	nary General er (specify) ♥		1000.00	
Full Name C. Timothy J	e (Last, First, Middle Initial) J Hill			Date of Receipt
Mailing Ac	dress 2200 NE 96th St			10 20 2008
City		State Zip Code		Transaction ID: C521249
<u>Oklahom</u>	na City	OK 73131-3504	1	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
Name of E Mercy Ho	Employer sp	Occupation Emergency Physician		
Receipt Fo		Aggregate Year-to-Date V	,	1
Prim Othe	nary General er (specify) 🔻		500.00	
SUBTOTAL	of Receipts This Page (optional)	l		1500.00
	s Period (last page this line number			

				FOR LINE NUMBER: PAGE 43 / 123
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
г				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Jon Mark Mark Hirshon			Date of Receipt
<u> </u>	Mailing Address 1062 River Bay Rd			M M / D D / Y Y Y Y
				10 28 2008
	City	State	Zip Code	Transaction ID: C524217
	Annapolis	MD	21409-4830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ MD ED	Occupatio	n	_
			ncy Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		250.00	
			0 0 0 0 0 0 0 0	-
- -	Full Name (Last, First, Middle Initial)			Dete of Descipt
В.	Cherri D D Hobgood Mailing Address 6599 Gordonton Rd			Date of Receipt
		11 12 2008		
	City	State	Zip Code	Transaction ID: C528196
	Hurdle Mills	NC	27541-9215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Neurosciences Hosp	Occupatio		
	· · · · · · · · · · · · · · · · · · ·	U U	ncy Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		730.00	
		0.0		
- С.	Full Name (Last, First, Middle Initial) Michael B B Hocker			Date of Receipt
0.	Michael B B Hocker Mailing Address Trent Dr DUMC # 3096			
	Trent Dr DUMC # 3096			10 29 2008
	City	State	Zip Code	Transaction ID: C524949
	Durham	NC	27710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Duke Univ Med Ctr - Div	Occupatio		7
	of EM	- <b>i</b>	ncy Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		500.00	
-				
ſ	SUBTOTAL of Receipts This Page (optional)			1115.00
ŀ			•	
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC F ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 44 / 123           (check only one)         (check 112)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such or for commercial purposes, othe	n Reports and Statements m r than using the name and a	ay not be sold or used by any pers ddress of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In F National Emergency Med	,	mmittee	
Full Name (Last, First, Middle Sandy J J Honke	Initial)		Date of Receipt
Mailing Address 3815 Pine	e View Dr		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State	Zip Code	Transaction ID: C526210
Rapid City FEC ID number of contributing federal political committee.	g C	57702-6977	Amount of Each Receipt this Period 500.00
Name of Employer Rapid City Regional Hosp	Occupati		
ED Receipt For: Primary Gener	Aggrega	ency Physician te Year-to-Date 🔻	
Other (specify) <b>v</b>	0 0	750.00	
Full Name (Last, First, Middle Lisa Dianne Dianne Hrutkay Mailing Address RR #1 Bc	,		Date of Receipt
			10 30 2008
City Valley Grove	State WV	Zip Code 26060-8910	Transaction ID: C525112
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
Name of Employer EMSTAR OVMC	Occupati Emerge	on ency Physician	
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date  1200.00	
Full Name (Last, First, Middle Antony P P Hsu	Initial)		Date of Receipt
Mailing Address 113 Pine	wood Pl		M M / D D / Y Y Y Y 10 30 2008
City	State NY	Zip Code	Transaction ID: C525081
Ithaca FEC ID number of contributing federal political committee.		14850-1909	Amount of Each Receipt this Period 455.70
Name of Employer EMP of Cortland Cnty PLLC	Occupati Emerge	on ency Physician	
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 455.70	
SUBTOTAL of Receipts This Pa	age (optional)		1155.70
TOTAL This Period (last page the	his line number only)		

SCHEDULE A (FEC Form		FOR LINE NUMBER: PAGE 45 / 123 (check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
Any information copied from such Reports or for commercial purposes, other than us	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	olitical Action Committee				
Full Name (Last, First, Middle Initial)					
A. Raymond lannaccone Mailing Address 25 Oakwood Rd		Date of Receipt			
City	State Zip Code	10282008 Transaction ID: C524141			
Allendale	NJ 07401-2100	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		1000.00			
Name of Employer EMA NY	Occupation Emergency Physician	-			
Receipt For:	Aggregate Year-to-Date V	1			
Primary     General       Other (specify) ▼	1000.00				
Full Name (Last, First, Middle Initial) <b>3.</b> John Bruce Bruce Irwin		Date of Receipt			
Mailing Address 12328 Bluff Shor	e Dr	M M / D D / Y Y Y Y 111 177 2008			
City	State Zip Code	Transaction ID: C529456			
Knoxville	TN 37922-6102	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Southeastern Emer Phys	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) John Janikas		Date of Receipt			
Mailing Address Refer To A42977		10 <sup>//</sup> 30 <sup>/</sup> 2008			
City	State Zip Code	Transaction ID: C525102			
Brockton	MA 02302-3308	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer John Janikas	Occupation Information Requested				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	1000.00				
SUBTOTAL of Receipts This Page (optic	onal)	2100.00			
	umber only)				

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 123 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	person for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Z	Full Name (Last, First, Middle Initial)		
Α.	Andrew David David Jenis Mailing Address 115 Cayuga Heights R	Date of Receipt	
	City	State Zip Code	Transaction ID: C525123
	Ithaca	NY 14850-2102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Emerg Med Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	—
	Primary General Other (specify) ▼	1100.00	•
— В.	Full Name (Last, First, Middle Initial) Ramon W W Johnson		Date of Receipt
	Mailing Address 26875 La Alameda # 1 Apt 1021	021	M M / D D / Y Y Y Y 10 / 29 / 2008
	City	State Zip Code	Transaction ID: C524938
	Mission Viejo	CA 92691-7347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Mission Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1100.00	
 D	Full Name (Last, First, Middle Initial) Ramon W W Johnson		Date of Receipt
	Mailing Address 26875 La Alameda # 1 Apt 1021		M M / D D / Y Y Y Y Y 111 / 21 / 2008
	City Mission Visio	State Zip Code	Transaction ID: C593554
	Mission Viejo	CA 92691-7347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Mission Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1100.00	
Γ	SUBTOTAL of Receipts This Page (optional)		2100.00
	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	National and	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 47 / 123           (check only one)
	or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	I Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Bruce G G Jones			Date of Receipt
	Mailing Address 465 Woodard Pl			10 <sup>M M</sup> / D D / Y Y Y Y 1030 2008
	City	State	Zip Code	Transaction ID: C525138
	Powell	OH	43065-7448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Emerg Med Phys	Occupatio Emerger	n ncy Physician	
	Receipt For:	1 .	e Year-to-Date V	_
	Primary General		500.00	1
	Other (specify)	0 0		1
в.	Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph			Date of Receipt
	Mailing Address 14855 Tyler Mill Ct			M M / D D / Y Y Y Y 10 29 2008
	City	State	Zip Code	Transaction ID: C524896
	<u>Haymarket</u>	VA	20169-2628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Jeffrey Alan Joseph	Occupatio Emerger	n ncy Physician	
			e Year-to-Date 🔻	
	Other (specify)	0 0	300.00	]
С.	Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph	I		Date of Receipt
	Mailing Address 14855 Tyler Mill Ct			M M / D D / Y Y Y Y 111 24 2008
	City	State	Zip Code	Transaction ID: C595257
	<u>Haymarket</u>	VA	20169-2628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Jeffrey Alan Joseph	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	300.00	]
	SUBTOTAL of Receipts This Page (optional)			700.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 48 / 123           (check only one)         X           X         11a         11b         11c         12
Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) A. Jay Kaplan		Date of Receipt
Mailing Address 300 Oak Ave		10 <sup>//</sup> <sup>28</sup> / <sup>2008</sup>
City	State Zip Code	Transaction ID: C524182
San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer CA Emerg Phys Med Grp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	966.66	
Full Name (Last, First, Middle Initial) Jay Kaplan	I	Date of Receipt
Mailing Address 300 Oak Ave		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C595268
San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer CA Emerg Phys Med Grp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	966.66	
Full Name (Last, First, Middle Initial) Katrina M M Kardos		Date of Receipt
Mailing Address 4006 New Castle	Rd	10 <sup>//</sup> 30 <sup>/</sup> 2008
City	State Zip Code	Transaction ID: C525088
Schenectady	NY 12303-5093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Samaritan Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	666.66
	mber 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 / 123           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Com	imittee	
A.	Full Name (Last, First, Middle Initial) Brian F F Keaton	Date of Receipt		
	Mailing Address 164 Silver Valley Blvd	10 <sup>28</sup> 2008		
	City	State	Zip Code	Transaction ID: C524174
	Munroe Falls	OH	44262-1084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Summa Hith Syst	Occupation	r cy Physician	_
	Receipt For:	, <b>,</b> , , , , , , , , , , , , , , , , ,	Year-to-Date V	_
	Primary General		1000.00	1
	Other (specify) ▼	0.0		
- В.	Full Name (Last, First, Middle Initial) Jayne M M Kendall			Date of Receipt
2.	Mailing Address 1016 Tomshire Dr			10 30 2008
	City	State	Zip Code	Transaction ID: C525129
	Gastonia	NC	28056-2204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer EMP of Gaston County	Occupation	n cy Physician	
	Receipt For:	, I	Year-to-Date V	
	Primary General		300.00	1
	Other (specify) <b>v</b>	0 0	0 0 0 0 0 0 0	1
с.	Full Name (Last, First, Middle Initial) Richard Kessler			Date of Receipt
	Mailing Address 2987 Rainbow Ln			M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525078
	Richfield	OH	44286-9223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer EMP	Occupation Emergen	r cy Physician	
	Receipt For:	1 · · · · · · · ·	Year-to-Date V	
	Primary     General       Other (specify)     ▼	0 0	500.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	I		1700.00
F	TOTAL This Period (last page this line number			

(	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 123
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	I Action Cor	nmittee	
A.	Full Name (Last, First, Middle Initial) Stuart Gary Gary Kessler			Date of Receipt
	Mailing Address PO Box 71			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C528321
	Marlboro	NJ	07746-0071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Elmhurst Hosp Ctr ED	Occupatio	on ncy Physician	_
	Receipt For:	1 I	e Year-to-Date V	
	Primary General	, iggi ogu		1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Kevin Michael Michael Klauer			Date of Receipt
	Mailing Address 4281 Glenmoor Rd NV	N		M M / D D / Y Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525157
	Canton	OH	44718-2255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer EMP Ltd	Occupatio		
		, <b>,</b> , , , , , , , , , , , , , , , , ,	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	325.00	
– c.	Full Name (Last, First, Middle Initial) Judith Knoll			Date of Receipt
	Mailing Address 5507 Lake Shore Dr			M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525110
	Erie	PA	16505-1264	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		800.00
	Name of Employer Dr. Judith Knoll	Occupatio Emerger	n ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	825.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1275.00
┝	SUBTOTAL OF RECEIPTS THIS Page (optional)		••••••	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 51 / 123           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any person ing the name and address of any political committee to s	for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) National Emergency Medicine Pe	plitical Action Committee				
Full Name (Last, First, Middle Initial) Terry Kowalenko					
Mailing Address 4619 Oak Pointe					
City	State Zip Code	Transaction ID: C524109			
Brighton	MI 48116-7728	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Univ of MI - Taubman Ctr	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date V	1			
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Julio Rafael Rafael Lairet		Date of Receipt			
Mailing Address 9619 French Sto	Mailing Address 9619 French Stone				
City	State Zip Code	Transaction ID: C524160			
Helotes	TX 78023-4585	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Wilford Hall Med Ctr	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼	-			
Primary     General       Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Eric J Lavonas		Date of Receipt			
Mailing Address 7969 East 23rd A	Ave	M M / D D / Y Y Y Y 10 29 2008			
City	State Zip Code	Transaction ID: C524811			
Denver	CO 80238	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer Denver Health Hospital Au- thority	Occupation Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary     General       Other (specify) ▼	400.00				
SUBTOTAL of Receipts This Page (optic	onal)	525.00			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 52 / 123         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Marvin Leibovich		Date of Receipt
	Mailing Address 10618 Zuber Rd		10 <sup>//</sup> <sup>28</sup> / <sup>2008</sup>
	City	State Zip Code	Transaction ID: C524098
	Alexander	AR 72002-9002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Univ of AR for Med Sci	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000.00	
– В.	Full Name (Last, First, Middle Initial) Lawrence Paul Paul Levine	1	Date of Receipt
	Mailing Address 211 S Main St	M M / D D / Y Y Y Y 111 19 2008	
	City	State Zip Code	Transaction ID: C592437
	W Hartford	CT 06107-3453	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer CT Emer Med Spec LLC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	1000.00	
– C.	Full Name (Last, First, Middle Initial) Robert H H Leviton		Date of Receipt
	Mailing Address 249 Melbourne Ave	10 <sup>''</sup> 27 <sup>''</sup> 2008	
	City	State Zip Code	Transaction ID: C524047
	Mamaroneck	NY 10543-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Dr. Robert H Leviton	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)		2250.00
F	TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 53 / 123 (check only one)
ľ	<b>FEMIZED RECEIPTS</b>	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
ہم م	ny information copied from such Reports and r for commercial purposes, other than using t	d Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Polition	cal Action Committee	
	Full Name (Last, First, Middle Initial) M Scott Linscott, Jr		Date of Receipt
	Mailing Address 8157 Spectrum Cv	M M / D D / Y Y Y Y 10 28 2008	
	City	State Zip Code	Transaction ID: C524224
	Sandy	UT 84093-5408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer 1150 Moran Bldg	Occupation Emergency Physician	1
	Receipt For:	Aggregate Year-to-Date V	1
	Primary   General     Other (specify) ▼	850.00	
	Full Name (Last, First, Middle Initial) Donald Lombino	<u>I</u>	Date of Receipt
	Mailing Address 40 Barrytown Rd	10 <sup>M M</sup> /2008	
	City	State Zip Code	Transaction ID: C525074
	Red Hook	NY 12571-3626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer The Stamford Hosp	Occupation Emergency Physician	]
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	1000.00	
_	Full Name (Last, First, Middle Initial) Michael Lozano, Jr	<u> </u>	Date of Receipt
	Mailing Address 4824 Longwater Wa	M M / D D / Y Y Y Y 111 14 2008	
	City	State Zip Code	Transaction ID: C528319
	Tampa	FL 33615-4216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer EmCare	Occupation Emergency Physician	]
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	1000.00	
Г			

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 123 (check only one)		
			for each category of the	X 11a $11b$ 11c $12$		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Γ	Any information copied from such Reports and S	Statemente may	, not be sold or used by any perso			
	or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.		
	National Emergency Medicine Politica	Action Com	mittee			
۲ A.	Full Name (Last, First, Middle Initial) Kirk Lufkin					
<b>~</b> ·	Mailing Address 21145 Rivendell Tr	Date of Receipt				
	City	State	Zin Codo			
	City Houghton	MI	Zip Code	Transaction ID: C524100		
		IVII	49931-9034	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer	Occupation	n	-		
	Name of Employer Portage Hith Syst		cy Physician			
	Receipt For:	- I	Year-to-Date V			
	Primary General			1		
	Other (specify)		500.00			
_				-		
<b>D</b>	Full Name (Last, First, Middle Initial)			Data of Descript		
В.	Michael Patrick Patrick Lum Lum Lung			Date of Receipt		
	Mailing Address 1096 E Tonto Dr			10 22 2008		
	City	State	Zip Code	Transaction ID: C522361		
	Chandler	AZ	85249-2838	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		100.00		
	Name of Employer Banner Desert Hosp ED	Occupation	n cy Physician			
	Receipt For:	1 · · · · · ·	· · · _	_		
	Primary General	Aggregate	Year-to-Date V	1		
	Other (specify)		300.00			
				1		
-	Full Name (Last, First, Middle Initial)	•				
C.	Thomas J J Lydon			Date of Receipt		
	Mailing Address PO Box 51			10 <sup>22</sup> 2 <sup>4</sup> 2008		
	City	State	Zip Code	Transaction ID: C522356		
	Rye Beach	NH	03871-0051	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		150.00		
				_		
	Name of Employer Wentworth Douglass Hosp	Occupation	n cy Physician			
	Receipt For:					
	Primary General	Aggregate	Year-to-Date 🔻	1		
	Other (specify)		250.00			
			<u></u>	1		
Γ						
	SUBTOTAL of Receipts This Page (optional)			750.00		
┝	,			-		
	TOTAL This Period (last page this line number	r only)				

			[	
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 123 (check only one)
IT	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	I Action Con	nmittee	
<u>ب</u> ۹.	Full Name (Last, First, Middle Initial) Sharon E E Mace	Date of Receipt		
	Mailing Address 11961 Laurel Rd			10 <sup>//</sup> 29 <sup>/</sup> 2008
	City	State	Zip Code	Transaction ID: C525007
	Chesterland	OH	44026-1757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Cleveland Clinic ED	Occupatio		
		1 · · · · · ·	ncy Physician	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00	]]
	Other (specify)	0 0	0 0 0 0 0 0 0	1
 3.	Full Name (Last, First, Middle Initial) Mark L L Mackey	1		Date of Receipt
	Mailing Address 1740 W Taylor St # 72	22		M M / D D / Y Y Y Y 10 28 2008
	City	State	Zip Code	Transaction ID: C524139
	<u>Chicago</u>	IL	60612-7232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Univ of IL C(H) - Room 16-	Occupatio	n	_
	00	Emerger	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     Image: Content of the specific spec	0 0	500.00	]
	Full Name (Last, First, Middle Initial) Merci G G Madar			Date of Receipt
	Mailing Address 501 Leeward Ln			M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525066
	Enola	PA	17025-1348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Merci G Madar	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
	UBTOTAL of Receipts This Page (optional)	I		2500.00
Т	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 56 / 123 (check only one) X 11a 11b 11c 12
A	ny information copied from such Reports and St	Detailed Summary Page	13 14 15 16 17 n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to s Action Committee	solicit contributions from such committee.
_∠ ∧	Full Name (Last, First, Middle Initial)		Data of Pagaint
Α.	Thomas Roland Roland Magill Mailing Address 3304 Winnipeg Dr		Date of Receipt
	City	State Zip Code	Transaction ID: C526205
	Bismarck	ND 58503-0455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St Alexius Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
в.	Full Name (Last, First, Middle Initial) Anil K K Mahajan		Date of Receipt
	Mailing Address 15528 Thompson Rd		10 <sup>//</sup> 22 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C522359
	Silver Spring	MD 20905-3954	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Southern Maryland Hosp EM	Occupation Emergency Physician	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
 с.	Full Name (Last, First, Middle Initial) William K K Mallon		Date of Receipt
	Mailing Address 1200 N State St Rm 10		M M / D D / Y Y Y Y 10 28 2008
	City	State Zip Code	Transaction ID: C524153
	Los Angeles	CA 90033-1029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Gen Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
	<b>OTAL</b> This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 57 / 123           (check only one)         X           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)	al Astian Cam		
	National Emergency Medicine Politica	a Action Con		_
Α.	Full Name (Last, First, Middle Initial) Kevin D D Markowski	Date of Receipt		
	Mailing Address 572 White Tail Ridge	10 <sup>/</sup>		
	City	State	Zip Code	Transaction ID: C525076
	Fairlawn	OH	44333-3288	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Emerg Med Phys	Occupation	n cy Physician	
	Receipt For:		Year-to-Date V	_
	Primary General	33 - 3	500.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Ricardo Martinez			Date of Receipt
	Mailing Address 2828 Cravey Dr NE			M M / D D / Y Y Y Y 10 22 2008
	City	State	Zip Code	Transaction ID: C522354
	Atlanta	GA	30345-1420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Schumacher Grp-Exec VP Med	Occupation	n cy Physician	
	Aff Receipt For:		Year-to-Date V	_
	Primary General	, iggi ogaio		1
	Other (specify)	0 0	350.00	
- C.	Full Name (Last, First, Middle Initial) Ricardo Martinez			Date of Receipt
	Mailing Address 2828 Cravey Dr NE			M M / D D / Y Y Y Y 10 29 2008
	City	State	Zip Code	Transaction ID: C524899
	Atlanta	GA	30345-1420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Schumacher Grp-Exec VP Med	Occupation	n cy Physician	
	Aff Receipt For:		Year-to-Date V	-
	Primary General Other (specify) ▼		350.00	]
ſ	SUBTOTAL of Receipts This Page (optional) .		<b>`</b>	750.00
ŀ	TOTAL This Period (last page this line number			

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica		n for the purpose of soliciting contributions solicit contributions from such committee.
		1
γ	t	
Full Name (Last, First, Middle Initial) William M M Matre	t	Date of Receipt
Mailing Address 3001 Rising Spring C		M M / D D / Y Y Y Y 11 1 19 2008
City	State Zip Code	Transaction ID: C592443
Bellbrook	OH 45305-9749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Childrens Emergency Servi-	Occupation Emergency Physician	7
ces Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) <b>v</b>	300.00	
Full Name (Last, First, Middle Initial) C L L McArthur, III	I	Date of Receipt
Mailing Address 11 Cardiff		M M / D D / Y Y Y Y 10 28 2008
City	State Zip Code	Transaction ID: C524195
Laguna Niguel	CA 92677-2936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		225.00
Name of Employer Desert Reg Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial) David S S McClellan		Date of Receipt
Mailing Address 311 W Wilson Ave		10 28 2008
City	State Zip Code	Transaction ID: C524165
Spokane	WA 99208-7224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer Sacred Heart Med Ctr ED	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (optional).		1325.00
TOTAL This Period (last page this line numbe		

ITEMIZED RECEIPTS       Use separate schedule(s) for each category of the Detailed Summary Page       (check only one)         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting c or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       National Emergency Medicine Political Action Committee       Date of Receipt	16 17
ITEMIZED RECEIPTS       for each category of the Detailed Summary Page       Image: The Detailed Summary Page         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting c or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Dennis Lucas Lucas McGill    Date of Receipt	16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting c or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Dennis Lucas Lucas McGill    Date of Receipt	16 17
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Dennis Lucas Lucas McGill    Date of Receipt	committee.
National Emergency Medicine Political Action Committee           Full Name (Last, First, Middle Initial)           Dennis Lucas Lucas McGill         Date of Receipt	
Full Name (Last, First, Middle Initial)       Dennis Lucas Lucas McGill   Date of Receipt	
A. Dennis Lucas Lucas McGill Date of Receipt	
Mailing Address 19 Camden Rd	2008
City State Zip Code Transaction ID: C5241	83
Hillsborough NJ 08844-3842 Amount of Each Receipt	this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation Emer Med Assoc Emergency Physician	
Receipt For: Aggregate Year-to-Date V	
Primary General General	
Other (specify) ▼ 350.00	
Full Name (Last, First, Middle Initial)         John Gerard Gerard McManus, Jr         Date of Receipt	
Mailing Address 726 Ridge Trace	2008
City State Zip Code Transaction ID: C5241	64
San Antonio TX 78258-6917 Amount of Each Receipt	this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer     Occupation       Brooke Army Med Ctr     Emergency Physician	
Receipt For: Aggregate Year-to-Date V	
Primary       General         Other (specify)       ▼	
Full Name (Last, First, Middle Initial)     Date of Receipt       C.     Richard S S McMonigal     Date of Receipt	
	2008
City State Zip Code Transaction ID: C5264	
Tacoma WA 98422-2293 Amount of Each Receipt	
FEC ID number of contributing federal political committee.	250.00
Name of Employer     Occupation       Auburn General Hosp     Emergency Physician	
Receipt For: Aggregate Year-to-Date V	
Primary General Other (specify) ▼ 500.00	
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 60 / 123         (check only one)       I1a         X       11a         13       14         15       16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt
	Mailing Address 103 Hidden Hills Dr			10 <sup>M M</sup> /28 <sup>Y</sup> YYY 2008
	City	State	Zip Code	Transaction ID: C524188
	Greenville	NC	27858-8635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupatio Emerger	<sup>on</sup> ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	620.00	
в.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt
	Mailing Address 103 Hidden Hills Dr			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C595281
	Greenville	NC	27858-8635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	620.00	
с.	Full Name (Last, First, Middle Initial) Stephen W W Meldon			Date of Receipt
	Mailing Address 2918 Bunnell Ct			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C525055
		OH	44113-3039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Stephen W Meldon	, <b>,</b> , , , , , , , , , , , , , , , , ,	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)			1170.00
	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 / 123         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person aname and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) David James James Mendelson		Date of Receipt
	Mailing Address 4633 Post Oak Dr		10 <sup>M</sup> /29 <sup>/</sup> YYYY 2008
	City	State Zip Code TX 75034-5130	Transaction ID: C524958
	Frisco FEC ID number of contributing federal political committee.	TX 75034-5130	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	EmCare Inc	Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	1000.00	
- В.	Full Name (Last, First, Middle Initial) Jacob Mark Mark Meredith, III		Date of Receipt
	Mailing Address 1231A Rt 532		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C524198
	Chatsworth FEC ID number of contributing	NJ 08019-9711	Amount of Each Receipt this Period
	federal political committee.		100.00
	Name of Employer Cmmty Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	950.01	
- C.	Full Name (Last, First, Middle Initial) Jacob Mark Mark Meredith, III		Date of Receipt
	Mailing Address 1231A Rt 532		M M / D D / Y Y Y Y Y 1 1 2 4 2 0 0 8
	City	State Zip Code	Transaction ID: C595269
	<u>Chatsworth</u>	NJ 08019-9711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Cmmty Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	950.01	
ſ	SUBTOTAL of Receipts This Page (optional)	·	1200.00
ŀ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Not amonto ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 62 / 123           (check only one)
	or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Con	nmittee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Andrew C C Michel			Date of Receipt
	Mailing Address 2475 Broadway St 2475 Broadway St			M M / D D / Y Y Y Y 10 28 2008
	City	State	Zip Code	Transaction ID: C524159
	<u>Helena</u>	MT	59601-4928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer St Peters Hosp ED	Occupatio Emerger	<sup>n</sup> ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	300.00	]
в.	Full Name (Last, First, Middle Initial) Calvin J J Miller			Date of Receipt
	Mailing Address 205 Upper Godfrey Dr			M M / D D / Y Y Y Y 10 / 30 / 2008
	City	State	Zip Code	Transaction ID: C525093
	Leechburg	PA	15656-7230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EMP of Alle-Kiski Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0.0	1000.00	
с.	Full Name (Last, First, Middle Initial) John S S Milne	I		Date of Receipt
	Mailing Address 530 Wilderness Peak	Dr NW		M M / D D / Y Y Y Y 10 28 2008
	City	State	Zip Code	Transaction ID: C524184
	Issaquah	WA	98027-5621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Eastside Emer Phys PLLC		ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0.0	916.67	]
	SUBTOTAL of Receipts This Page (optional)		••••••	1283.33
	TOTAL This Period (last page this line number	only)		

				FOR LINE NUMBER: PAGE 63 / 123			
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)			
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
Γ	Any information conied from such Reports and S	statemente ma	av not be sold or used by any perce	13     14     15     16     17       In for the purpose of soliciting contributions			
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so					
ſ	NAME OF COMMITTEE (In Full)						
	National Emergency Medicine Political	I Action Cor	nmittee				
A.	Full Name (Last, First, Middle Initial) John S S Milne			Date of Receipt			
	Mailing Address 530 Wilderness Peak I	1 1 D D / Y Y Y Y 1 1 1 2 4 2 0 0 8					
	City	State	Zip Code	Transaction ID: C595265			
	<u>Issaquah</u>	WA	98027-5621	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.33			
	Name of Employer	Occupatio	on	-			
	Eastside Emer Phys PLLC	1 I	ncy Physician	_			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	916.67				
- В.	Full Name (Last, First, Middle Initial) Andrew M M Milsten	1		Date of Receipt			
υ.	Mailing Address 301 Hosp Dr						
	City	State	Zip Code	Transaction ID: C525005			
	<u>Glen Burnie</u>	MD	21061-5803	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer N Arundel Hosp ED	Occupatio Emerger	on ncy Physician				
	Receipt For:	1 · · · · ·	e Year-to-Date 🔻	_			
	Primary     General       Other (specify) ▼		225.00	]			
- C.	Full Name (Last, First, Middle Initial) Glenn W W Mitchell	<u> </u>		Date of Receipt			
0.	Mailing Address 13951 Meursault Ln			M M / D D / Y Y Y Y			
		State	Zin Codo	10 20 2008			
	City Chesterfield	MO	Zip Code 63017-8316	Transaction ID: C521254 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С	· · · · · ·	50.00			
	Name of Employer Mercy Hith Syst	Occupatio	on ncy Physician				
	Receipt For:		e Year-to-Date V	_			
	Primary General Other (specify) ▼		350.00	]			
[	SUBTOTAL of Receipts This Page (optional)	I		158.33			
ŀ							
	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 / 123           (check only one)         (check 112)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may ne name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	nmittee	
۷ A.	Full Name (Last, First, Middle Initial) Jack Henry Henry Mitstifer			Date of Receipt
	Mailing Address 4877 Squire Dr			M M / D D / Y Y Y Y 11 05 2008
	City	State	Zip Code	Transaction ID: C526630
	Sagamore HIs	OH	44067-3287	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GEMS	Occupation Emergen	n cy Physician	-
	Receipt For:		Year-to-Date V	1
	Primary General Other (specify)		750.00	]
- B.	Full Name (Last, First, Middle Initial) George W W Molzen			Date of Receipt
	Mailing Address 7500 Calhoun NE			M M / D D / Y Y Y Y 10 28 2008
	City	State	Zip Code	Transaction ID: C524175
	Albuquerque	NM	87109-6464	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Albuquerque Emerg Med Ass- oc	Occupation Emergen	ր cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
- C.	Full Name (Last, First, Middle Initial) Teresita Morales	1		Date of Receipt
	Mailing Address 4186 Stellar Dr			M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: C525132
	Hilliard	OH	43026-2515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mansfield Hosp	Occupation Emergen	n cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date V	1
	Other (specify)	0 0	1100.00	
ſ	SUBTOTAL of Receipts This Page (optional) .			1500.00
ŀ	TOTAL This Period (last page this line numbe			

ļ	SCHEDULE A (FEC Form 3X)		poroto pobodulo(o)	FOR LINE NUMBER: PAGE 65 / 123
		for each	parate schedule(s) category of the	(check only one)
		Detailed	Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be solo name and address of any	d or used by any perso political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	Action Committee		
Α.	Full Name (Last, First, Middle Initial) David L L Morgan			Date of Receipt
	Mailing Address 236 Lakeview Rd			10 <sup>//</sup> 29 <sup>/</sup> 2008
	City	State Zip Co	ode	Transaction ID: C524999
	Eddy	TX 76524	-2518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Scott & White Hosp	Occupation Emergency Physic	ian	_
	Receipt For:	Aggregate Year-to-Da		-
	Primary General Other (specify) ▼		1000.00	
_			0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) John B B Moskow			Date of Receipt
	Mailing Address 720 W 34th St # 101			M M / D D / Y Y Y Y 10 29 2008
	City	State Zip Co	ode	Transaction ID: C524914
	Austin	TX 78705	5-1241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Emer Svc Partners	Occupation Emergency Physic	ian	
	Receipt For:	Aggregate Year-to-Da	ate 🔻	
	Primary     General       Other (specify) ▼		1100.00	
- C.	Full Name (Last, First, Middle Initial) John B B Moskow			Date of Receipt
	Mailing Address 720 W 34th St # 101			M M / D D / Y Y Y Y 10 29 2008
	City	State Zip Co	ode	Transaction ID: C524932
	Austin	TX 78705	5-1241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Emer Svc Partners	Occupation Emergency Physic	ian	
	Receipt For:	Aggregate Year-to-Da	ate 🔻	
	Primary     General       Other (specify) ▼		1100.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		2100.00
┢				
	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	FOR LINE NUMBER: PAGE 66 / 123 (check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
, А.	Full Name (Last, First, Middle Initial) Daniel G G Murphy		Date of Receipt
Α.	Mailing Address 36 Huntington Rd		10 28 2008
	City	State Zip Code	Transaction ID: C524194
	Garden City	NY 11530-3102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Long Island Emerg Care PC	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	300.00	
В.	Full Name (Last, First, Middle Initial) Daniel G G Murphy	I	Date of Receipt
	Mailing Address 36 Huntington Rd		M M / D D / Y Y Y Y 11 1 24 2008
	City	State Zip Code	Transaction ID: C595263
	Garden City	NY 11530-3102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Long Island Emerg Care PC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	300.00	
С.	Full Name (Last, First, Middle Initial) Ira R R Nemeth	1	Date of Receipt
	Mailing Address 3225 Turtle Creek Blvo Apt 134		10 <sup>//</sup> 28 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C524215
	Dallas	TX 75219-5457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		150.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1200.00	
	SUBTOTAL of Receipts This Page (optional)		350.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 67 / 123           (check only one)         11a           X         11a           13         14           15         16           17					
Ai	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica							
 A.	Full Name (Last, First, Middle Initial) Ira R R Nemeth	Date of Receipt						
	Mailing Address 3225 Turtle Creek Blv Apt 134	rd Apt 134	M · M         /         D · D         /         Y · Y · Y · Y         Y           1 1         2 4         2 0 0 8					
	City	State Zip Code	Transaction ID: C595243					
	Dallas	TX 75219-5457	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	150.00					
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary   General     Other (specify)   The second seco	1200.00						
 3.	Full Name (Last, First, Middle Initial) Jonathan C C Neuman		Date of Receipt					
-	Mailing Address 1104 Berwick Ct		10 <sup>/</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup>					
	City	State Zip Code	Transaction ID: C525107					
	Waxhaw	NC 28173-6547	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	900.00					
	Name of Employer Emer Med Phys	Occupation Emergency Physician						
	Receipt For:	Aggregate Year-to-Date V						
	Primary   General     Other (specify)   The second seco	1000.00						
 ).	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel		Date of Receipt					
	Mailing Address 2300 N Black Oak Dr		M M / D D / Y Y Y Y 10 29 2008					
	City	State Zip Code	Transaction ID: C525014					
	Angola	IN 46703-8195	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	100.00					
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00						
s	UBTOTAL of Receipts This Page (optional) .		1150.00					
	OTAL This Period (last page this line numbe		· · · · · · · · · · · · · · · · · · ·					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 68 / 123           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17		
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Commi	ttee			
Α.	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel			Date of Receipt		
	Mailing Address 2300 N Black Oak Dr			M M / D D / Y Y Y Y 11 1 24 2008		
	City	State	Zip Code	Transaction ID: C595244		
	Angola	IN	46703-8195	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer Pro Emer Phys Inc	Occupation Emergency	Physician			
	Receipt For:	Aggregate Yea				
	Other (specify) ▼		1100.00	]		
в.	Full Name (Last, First, Middle Initial) Kathleen T T O'Donnell			Date of Receipt		
	Mailing Address 434 Euclid Terr			M M / D D / Y Y Y Y 1 1 0 4 2008		
	City	State	Zip Code	Transaction ID: C526421		
	Atlanta	GA	30307-2042	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Emory Univ School of Med	Occupation Emergency	Physician			
		Aggregate Yea	ar-to-Date 🔻	_		
	Primary   General     Other (specify)   The second seco	0 0 0	250.00			
с.	Full Name (Last, First, Middle Initial) Rolland S S Olds	1		Date of Receipt		
	Mailing Address PO Box 500			M M / D D / Y Y Y Y 10 24 2008		
	City	State	Zip Code	Transaction ID: C523238		
	Point Clear	AL	36564-0500	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Thomas Hosp	Occupation Emergency	•			
		Aggregate Yea	ar-to-Date 🔻	_		
	Primary     General       Other (specify) ▼		250.00			
	SUBTOTAL of Receipts This Page (optional)			600.00		
	TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER:     PAGE 69 / 123       (check only one)     (check 112)       X     11a     11b     11c     12
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	> National Emergency Medicine Political	Action Committee	
۲ ۸.	Full Name (Last, First, Middle Initial) David T T Overton		Date of Receipt
	Mailing Address 1000 Oakland Dr		M M / D D / Y Y Y Y 10 28 2008
	City	State Zip Code	Transaction ID: C524113
	Kalamazoo	MI 49008-1282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer MSU/KCMS	Occupation Emergency Physician	]
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General	500.00	
	Other (specify)		
- В.	Full Name (Last, First, Middle Initial) Sarah Jane Jane Paris		Date of Receipt
	Mailing Address 6 Algert St		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: C525146
	Saratoga Spgs	NY 12866-1526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer EMP of Albany Co PLLC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1000.00	
- C.	Full Name (Last, First, Middle Initial) Rebecca B B Parker		Date of Receipt
	Mailing Address 5880 Highland Ln		10 28 2008
	City	State Zip Code	Transaction ID: C524206
	Lakewood	IL 60014-4808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Dr. Rebecca B Parker	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	-
	Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)		1750.00
ŀ	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 70 / 123           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
A oi	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
<u>۷</u>	Full Name (Last, First, Middle Initial) Lawrence Neil Neil Payne		Date of Receipt
	Mailing Address 670 Sunridge Rd		10 <sup>//</sup> 10 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C525087
	Akron FEC ID number of contributing	OH 44333-3276	Amount of Each Receipt this Period
	federal political committee.		
	Name of Employer Barberton Citizens Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	1100.00	]
	Full Name (Last, First, Middle Initial) Lee E E Payne	l	Date of Receipt
	Mailing Address 904 Luke St		10 <sup>DD</sup> /YYYY 102008
	City	State Zip Code	Transaction ID: C525094
	Travis AFB	CA 94535-1354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer David Grant Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Other (specify)	950.01	
	Full Name (Last, First, Middle Initial) Lee E E Payne	1	Date of Receipt
	Mailing Address 904 Luke St		1 1 2 4 Y Y Y Y 1 1 1 2 4 2 0 0 8
	City	State Zip Code	Transaction ID: C595251
	Travis AFB	CA 94535-1354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer David Grant Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify)	950.01	
	SUBTOTAL of Receipts This Page (optional)	I	1200.00
F	ODIVIAL OF NECERPIS THIS Page (optional)		
ר	TOTAL This Period (last page this line number	r only)	

		tements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 71 / 123           (check only one)         X           X         11a           13         14           15         16           17           of or the purpose of soliciting contributions
or for commercial NAME OF CO	purposes, other than using the na MMITTEE (In Full)	ame and add	Iress of any political committee to	solicit contributions from such committee.
National Em	ergency Medicine Political A	ACTION COM	Imiliee	
A. Mark D D Pearl	st, First, Middle Initial) mutter ss 440 Boylston St			Date of Receipt
	440 DOVISION SI			10 <sup>28</sup> , 2008
City		State	Zip Code	Transaction ID: C524117
Brookline		MA	02445-6005	Amount of Each Receipt this Period
FEC ID numbe federal politica	er of contributing I committee.	C		250.00
Name of Empl St Elizabeths I	oyer Hosp	Occupation Emergen	ı cy Physician	
Receipt For:	Conoral	Aggregate	Year-to-Date 🔻	
Other (sp	ecify) <b>▼</b>	0 0	250.00	]
Full Name (Las B. Marlys Pike	st, First, Middle Initial)			Date of Receipt
Mailing Addres	ss 2706 Chestnut Run Rd			10 <sup>//</sup> 2008
City		State	Zip Code	Transaction ID: C525065
York		PA	17402-8857	Amount of Each Receipt this Period
FEC ID number federal politica	er of contributing I committee.	C		1000.00
Name of Empl Memorial Hosp	oyer o	Occupation Emergen	n cy Physician	
Receipt For: Primary	General	Aggregate	Year-to-Date V	
	pecify) ▼	0 0	1000.00	
C. Shawn L L Posi				Date of Receipt
Mailing Addres	ss 13 Lynwood Ave			10 <sup>//</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup>
City		State	Zip Code	Transaction ID: C525116
Wheeling		WV	26003-5948	Amount of Each Receipt this Period
federal politica		C		500.00
Name of Empl Dr. Shawn L P	oyer Posin	· · · · ·	cy Physician	
Receipt For: Primary Other (sp	General gecify)	Aggregate	Year-to-Date 500.00	]
SUBTOTAL of F	Receipts This Page (optional)			1750.00
TOTAL This Per	riod (last page this line number on	nly)	·····	

SCHEDULE A (FEC Forr ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 72 / 123           (check only one)         11a         11b         11c         12           13         14         15         16         17           n for the purpose of soliciting contributions         11         11         12
NAME OF COMMITTEE (In Full) National Emergency Medicine	using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial Ericka Powell	)	Date of Receipt
Mailing Address 40 Lane Rd		10 <sup>28</sup> <sup>Y</sup> <u>Y</u> YY 2008
City	State Zip Code	Transaction ID: C524205
Derry	NH 03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial Ericka Powell	)	Date of Receipt
Mailing Address 40 Lane Rd		M M / D D / Y Y Y Y 11 24 2008
City	State Zip Code	Transaction ID: C595246
Derry FEC ID number of contributing federal political committee.	NH 03038-4194	Amount of Each Receipt this Period
Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	700.00	
Full Name (Last, First, Middle Initial Eva Prakash		Date of Receipt
Mailing Address 334 Gershwin	Dr	10 <sup>/</sup> 28 <sup>/</sup> 2008
City	State Zip Code	Transaction ID: C524200
Houston	TX 77079-7312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GHEP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (o	pptional)	700.00
TOTAL This Period (last page this lin	e number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sur		FOR LINE NUMBER:         PAGE 73 / 123           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or us name and address of any poli	used by any person tical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee		
۷ ۹.	Full Name (Last, First, Middle Initial) Louise A A Prince			Date of Receipt
	Mailing Address 750 E Adams St			10 <sup>//</sup> 28 <sup>//</sup> 2008
	City	State Zip Code	_	Transaction ID: C524107
	Syracuse	NY 13210-230	06	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SUNY Upstate Med Univ ED	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date	7	
	Primary     General       Other (specify) ▼		250.00	
- 3.	Full Name (Last, First, Middle Initial) Sarah Jane Jane Ramsay	1		Date of Receipt
	Mailing Address 2321 Crestview Dr			10 <sup>//</sup> 30 <sup>/</sup> 2008
	City	State Zip Code		Transaction ID: C525071
	New Bern	NC 28562-905	9	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	<u> </u>	1000.00
	Name of Employer Craven Regl Med Ctr	Occupation Emergency Physician		
	Receipt For: Primary General	Aggregate Year-to-Date	7	
	Other (specify)		1000.00	
-	Full Name (Last, First, Middle Initial) Masood A A Ranginwala	I		Date of Receipt
	Mailing Address 13 Nevada Pl			M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	_	Transaction ID: C525060
	Bronxville	NY 10708-591	5	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	<u> </u>	300.00
	Name of Employer Stamford Hosp	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date	7	
	Primary     General       Other (specify) ▼		300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	<b>&gt;</b>	1550.00
┢	ODIVIAL OFFICIENTS THIS Fage (optional)		••••••••••••••••••••••••••••••••••••••	
	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 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and St or for commercial purposes, other than using the		n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) William E E Reisinger, III		Date of Receipt
	Mailing Address 2801 Chalford Cir NW		10 <sup>//</sup> <sup>2</sup> <sup>0</sup> <sup>0</sup> <sup>2</sup> <sup>2</sup> <sup>0</sup> <sup>8</sup>
	City	State Zip Code	Transaction ID: C525127
	North Canton	OH 44720-8225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer EMP	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary     General       Other (specify)     ▼	1000.00	
- В.	Full Name (Last, First, Middle Initial) Geoffrey E E Renk		Date of Receipt
	Mailing Address 32 Charlotte St		10 <sup>//</sup> 30 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C525095
	Charleston	SC 29403-6330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Bon Secours/St Francis Ho- sp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	250.00	
- С.	Full Name (Last, First, Middle Initial) Derek J J Robinson		Date of Receipt
	Mailing Address 4414 S Vincennes Ave Apt 2		10 <sup>//</sup> <sup>29</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State Zip Code	Transaction ID: C524915
	Chicago	IL 60653-3454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Dr. Derek J Robinson	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional)	·····	2000.00
ŀ	TOTAL This Period (last page this line number of	only)	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Carol H H Roeder         Mailing Address 10 Fernbank Ave         City       State         PEC ID number of contributing federal political committee.         Name of Employer         Aggregate Year-to-Date         Primary         General         Other (specify) ▼         City         State         Zip Code         Transaction ID: C525134         Amount of Each Receipt for:         Primary       General         Other (specify) ▼         City       State         Zip Code       Transaction ID: C525134         Aggregate Year-to-Date       ▼         Paint of State       State         Other (specify) ▼       State         City       State       State         Aggregate Year-to-Date       Transaction ID: C526627         Allentown       PA       18105-1556         FeC ID number of contributing federal		CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 75 / 123         (check only one)       X         X       11a         11b       11c
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Gard H H Receipt         City       State         City       State         City       State         City       State         Period       City         National Emergency Physician         Receipt For:       Occupation         Phinary       General         Poil Name (Last, First, Middle Initial)         Alarsy Methods       Aggrogate Vear-to-Date ▼         Poil Name (Last, First, Middle Initial)         Alexander Max Max Rosenau         Malling Address       PO Box 689 JDMCC Ste 214         City       State       Zip Code         Allernown       PA       18105-1556         Full Name (Last, First, Middle Initial)       Aggrogate Vear-to-Date ▼         Allernown       PA       18105-1556         FUL Name (Last, First, Middle Initial)       Aggrogate Vear-to-Date ▼         Allernown       PA       18105-1556         FUL Name (Last, First, Middle Initial)       Aggrogate Vear-to-Date ▼         Other (specify) ▼       Cocupation       Transaction ID: C528/627         Amount of Each Roceipt For:       Aggrogate Vear-to-Date ▼       Cocupation </th <th>Å</th> <th>Any information copied from such Reports and or for commercial purposes, other than using th</th> <th>Statements may not be sold or used by any perso</th> <th>on for the purpose of soliciting contributions</th>	Å	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perso	on for the purpose of soliciting contributions
Card H H Beeder       Dato of Reccipt         Mailing Address 10 Fernbank Ave       Differentiation         Oily       State       Zip Code         Delmar       NY       12054-4003         FEC ID number of contributing       C       State         Identiation       Aggregate Year-to-Date       Transaction ID: C525134         Amount of Each Receipt Ib Period       State       State         Prinary       General       Occupation         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date       Transaction ID: C5256827         Alterotown       PA       18105-1556       Transaction ID: C5268627         Alterotown       PA       18105-1556       Transaction ID: C5286827         Alterotown       PA       18105-1556       Transaction ID: C528687         Mailing Address       PO Box 589 JDMCC Ste 214       Difter (Specify)        Date of Receipt         City       State       Zip Code       Transaction ID: C528687         Alterotown       C       <			al Action Committee	
City       State       Zip Code         Delmar       NY       120544003         FEC: ID number of contributing       C       Amount of Each Receipt this Period         Receipt For:       Aggregate Year-to-Date ▼       500.00         Pull Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Transaction ID: C525627         Allentown       PA       18105-1556       Transaction ID: C525627         Allentown       PA       18105-1556       Transaction ID: C525627         Allentown       PA       18105-1556       Transaction ID: C525627         Name of Employer       Occupation       Emergency Physician       Aggregate Year-to-Date ▼         Name of Employer       Occupation       Emergency Physician       Aggregate Year-to-Date ▼         Name of Employer       Occupation       Emergency Physician       Namount of Each Receipt this Period         Name of Employer       Occupation       Emergency Physician       Namount of Each Receipt this Period         Receipt For:       Aggregate Year-to-Date ▼       1000.00       Transaction ID: C524207         Annount of Each Receipt This Period       Emergency Physician       10       250.00         Receipt For:       Aggregate Year-to-Date ▼       10       250.00       10       250.00	∠ ۸.			Date of Receipt
Delmar       NY       12054-4003       Amount of Each Receipt this Period         FEC ID number of contributing       C       500.00         Name of Employer       Occupation       500.00         Name of Employer       Occupation       500.00         Receipt For:       Aggregate Year-to-Date ▼		Mailing Address 10 Fernbank Ave		
FEC ID number of contributing federal political committee.       C       500.00         Name of Employer Albary Mem Hesp       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       500.00         Full Name (Last, First, Middle Initial) Alexander Max Max Rosenau       Date of Receipt         Mailing Address       PO Box 689 JDMCC Ste 214       Taisaction ID: CS26627         Allentown       PA       18105-1556         FEC ID number of contributing federal political committee.       C         Name of Employer lehigh Valley Hesp       Cocupation Emergency Physician         Receipt For:       Qeneral Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial) Receipt Grig Reserition       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       PO Box 5101       Taisaction ID: C524207       Amount of Each Receipt Inis Period         Full Name (Last, First, Middle Initial) Receipt Grig Reserition       Aggregate Year-to-Date ▼       Taisaction ID: C524207         Mailing Address       PO Box 5101       Taisaction ID: C524207       Amount of Each Receipt Inis Period         City       State       Zip Code       Taisaction ID: C524207       Amount of Each Receipt Inis Period         Receipt For:       C       Occupation       Emergency Physician <th></th> <th>-</th> <th></th> <th>Transaction ID: C525134</th>		-		Transaction ID: C525134
rederal political committee.       00000         Name of Employer Abbary Mem Hesp       Cocupation Emergency Physician Aggregate Year-to-Date ▼         Primary       General Other (spacify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial) Alexander Nak Max Rosenau Malling Address       Date of Receipt         Mailing Address       PO Box 689 JDMCC Ste 214       Imm 1         City       State       Zip Code         Allentown       PA       18105-1556         FEC ID number of contributing federal political committee.       C         Name of Employer Lehigh Yeap       Occupation Emergency Physician Receipt For:       Aggregate Year-to-Date ▼         Primary       General Other (spacify) ▼       Occupation Emergency Physician Receipt For:       Date of Receipt 1000.00         Mailing Address       PO Box 5101       Imm 0       28.0.0         City       State       Zip Code Quiver City       Date of Receipt 1000.00         City       State       Zip Code Quiver City       Transaction ID: C524207         Mailing Address       PO Box 5101       Imm 0       250.00         Receipt For:       City       Careeral Occupation Emergency Physician Receipt For:       Aggregate Year-to-Date ▼         Calleer (specify) ▼       Cocupation Emergency Physician       Aggregate Year-to-Da			NY 12054-4003	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       500.00         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         Alexander Max Max Bacsanau       Date of Receipt         Mailing Address       PO Box 689 JDMCC Ste 214         City       State       Zip Code         Allentown       PA       18105-1556         FEC ID number of contributing       C       Amount of Each Receipt this Period         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       1000.00         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       PO Box 5101       Tinasaction ID: C524207         City       State       Zip Code         City       CA       90231-5101         Receipt For:       C       State       Zip Code         Californal Emergency Physician       Receipt His Period       250.00         Name of Employer       Coccupation       C       Mount of Each Receipt His Period         Name of Employer       Coccupation       C       250.00       Amount of Each Receipt His Period			C	500.00
Receipt For:       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Aecarder Max Max Rosenau         Maling Address       PO Box 689 JDMCC Ste 214         City       State       Zip Code         Allentown       PA       18105-1556         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Maling Address       PO Box 5101       Date of Receipt         Maling Address       PO Box 5101       Transaction ID: C524627         Amount of Each Receipt Misserie       C       Aggregate Year-to-Date ▼         Primary       General       000.00       Date of Receipt         Maling Address       PO Box 5101       Tansaction ID: C524207         City       State       Zip Code       Transaction ID: C524207         Amount of Each Receipt this Period       C       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         FEC ID number of c		Name of Employer Albany Mem Hosp		
Primary       General         Other (specify) ▼       500.00         Full Name (Last, First, Middle Initial)       Alexander Max Max Rosenau         Mailing Address       PO Box 689 JDMCC Ste 214         City       State       Zip Code         Allentown       PA       18105-1556         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Coccupation       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       PO Box 5101       Tansaction ID: C524207         Culver City       State       Zip Code         Name of Employer       C       Primary         City       State       Zip Code         City       CA       90231-5101         FEC ID number of contributing tederal political committee.       C         Primary       General       Occupation         PEC ID number of contributing tederal political committee.       C         Pitter Specify Ter:       Aggregate Year-to-Date ▼       Primary         Substrotal etherg Phys       Emergency Physician       Primary         Receipt For:		Receipt For:		
Alexander Max Max Rosenau       Date of Receipt         Mailing Address       PO Box 689 JDMCC Ste 214         City       State       Zip Code         Allentown       PA       18105-1556         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Primary       General Other (specify) ▼       Occupation Emergency Physician       Date of Receipt         Full Name (Last, First, Middle Initial) Robert Graig Craig Rosenbloom       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       PO Box 5101       Transaction ID: C524207         City       State       Zip Code         Culver City       C       90231-5101         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer California Emergency Physician       Emergency Physician       Aggregate Year-to-Date ▼         Name of Employer California Emergency Physician       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         SuBTOTAL of Receipts This Page (optional)       Aggregate Year-to-Date       ▼       1000.00				
City       State       Zip Code         Allentown       PA       18105-1556         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Leftigh Valley Hosp       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Date of Receipt         Name of City       General Other (specify) ▼       1000.00       Date of Receipt         Killing Address       PO Box 5101       Milling Address       PO Box 5101         City       State       Zip Code Quiver City       C       Amount of Each Receipt         Name of Employer California Etherg Phys       Occupation Emergency Physician       Date of Receipt       Milling Address         Name of Employer California Etherg Phys       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period       250.00         Name of Employer California Etherg Phys       Occupation Emergency Physician       Aggregate Year-to-Date ▼       10000.00         SUBTOTAL of Receipts This Page (optional)       10000.00       10000.00       10000.00       10000.00				Date of Receipt
Allentown       PA       18105-1556         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Leigh Valley Hosp       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       Occupation Emergency Physician       Date of Receipt         Mailing Address       PO Box 5101       Date of Receipt       Mount of Each Receipt this Period         City       State       Zip Code 90231-5101       Date of Receipt         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Califormia Emerg Phys       C       Aggregate Year-to-Date ▼         Receipt For:       C       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Name of Employer Califormia Emerg Phys       C       250.00       Amount of Each Receipt this Period         Subtrottal of Receipts This Page (optional)       Aggregate Year-to-Date ▼       10000.00       1000.00		Mailing Address PO Box 689 JDMCC	Ste 214	
FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Lehigh Valley Hosp       Occupation Emergency Physician       Aggregate Year-to-Date ▼       0         Primary       General       1000.00       Interview       Date of Receipt         City       State       Zip Code       Zip Code       Transaction ID: C524207         Culver City       CA       90231-5101       Anount of Each Receipt this Period       Z50.00         FEC ID number of contributing federal political committee.       Occupation Emergency Physician       Transaction ID: C524207       Anount of Each Receipt this Period         Receipt For:       Occupation Emergency Physician       Emergency Physician       Aggregate Year-to-Date ▼       Image of Employer         Name of Employer Califormia Emergency Physician       Aggregate Year-to-Date ▼       Image of Employer       Image of Employer         SUBTOTAL of Receipts This Page (optional)       Image of Californal       Image of Employer       Image of Employer		City	State Zip Code	Transaction ID: C526627
federal political committee.       C       250.00         Name of Employer Lehigh Valley Hosp       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       1000.00         Full Name (Last, First, Middle Initial) Robert Craig Craig Resenbloom       Date of Receipt         Mailing Address       PO Box 5101       Date of Receipt         City       State       Zip Code         Culver City       CA       90231-5101         FEC ID number of contributing federal political committee.       C         Name of Employer California Emerg Phys       Cocupation Emergency Physician       Transaction ID: C524207         Receipt For:       Qagregate Year-to-Date        250.00         Name of Employer California Emerg Phys       C       250.00       250.00         SUBTOTAL of Receipts This Page (optional)		Allentown	PA 18105-1556	Amount of Each Receipt this Period
Lehigh Valleý Hosp       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       1000.00         Robert Craig Craig Rosenbloom       Date of Receipt         Mailing Address       PO Box 5101         City       State       Zip Code         Culver City       CA       90231-5101         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       250.00         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       1000.00         SUBTOTAL of Receipts This Page (optional)       1000.00       1000.00			C	250.00
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Robert Craig Craig Rosenbloom       Date of Receipt         Mailing Address       PO Box 5101         City       State       Zip Code         Culver City       CA       90231-5101         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         California Emerg Phys       Occupation         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         SUBTOTAL of Receipts This Page (optional)       1000.00		Name of Employer Lehigh Valley Hosp	•	
Image: Construction of the constru				
Robert Craig Craig Rosenbloom       Date of Receipt         Mailing Address       PO Box 5101         City       State       Zip Code         Culver City       CA       90231-5101         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer California Emerg Phys       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       250.00       1000.00         SUBTOTAL of Receipts This Page (optional)       1000.00       1000.00			1000.00	]
City       State       Zip Code       Transaction ID: C524207         Culver City       CA       90231-5101       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer California Emerg Phys       Occupation Emergency Physician       250.00         Receipt For:       Aggregate Year-to-Date ▼       250.00         Primary       General       250.00         Other (specify) ▼       250.00       1000.00	. –			Date of Receipt
Culver City       CA       90231-5101       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer California Emerg Phys       Occupation Emergency Physician       250.00         Receipt For:       Aggregate Year-to-Date ▼       250.00         Primary       General       250.00         Other (specify) ▼       250.00       1000.00		Mailing Address PO Box 5101		
FEC ID number of contributing federal political committee. 250.00     Name of Employer California Emerg Phys Occupation Emergency Physician   Receipt For: Aggregate Year-to-Date  250.00   Primary General   Other (specify)  SUBTOTAL of Receipts This Page (optional)		-		Transaction ID: C524207
federal political committee.       C       250.00         Name of Employer California Emerg Phys       Occupation Emergency Physician       250.00         Receipt For:       Aggregate Year-to-Date ▼       250.00         Primary       General       250.00         Other (specify) ▼       250.00       1000.00			CA 90231-5101	Amount of Each Receipt this Period
California Emerg Phys       Emergency Physician         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       250.00         SUBTOTAL of Receipts This Page (optional)       1000.00			C	250.00
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       250.00         SUBTOTAL of Receipts This Page (optional)       1000.00		Name of Employer California Emerg Phys		
Other (specify) ▼       250.00         SUBTOTAL of Receipts This Page (optional)       1000.00				_
			250.00	]
	Γ	SUBTOTAL of Receipts This Page (optional)		1000.00
	F			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	parate schedule(s) a category of the	FOR LINE NUMBER: PAGE 76 / 123 (check only one)
		Detailec	I Summary Page	$\begin{array}{ c c c c c c c c } \hline & & & & & & & & & & & & & & & & & & $
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sole a name and address of any	d or used by any perso y political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
ľ	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	I Action Committee		
, А.	Full Name (Last, First, Middle Initial) David William William Ross			Date of Receipt
	Mailing Address 15340 Raton Rd			10 <sup>//</sup> <sup>//</sup> <sup>/</sup>
	City	State Zip Co	ode	Transaction ID: C525012
	Colorado Spgs	CO 80921	1-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Front EM Specialties Inc	Occupation Emergency Physic	cian	
	Receipt For:	Aggregate Year-to-Da		
	Primary General		1000.00	1
_	Other (specify)	0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Steven P P Rudis			Date of Receipt
	Mailing Address 9796 Diversified			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Co	ode	Transaction ID: C525105
	Ellicott City	MD 21042	2-1792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Steven P Rudis	Occupation Emergency Physic	sian	
	Receipt For:	Aggregate Year-to-Da	ate 🔻	
	Primary     General       Other (specify) ▼		1000.00	]
С.	Full Name (Last, First, Middle Initial) Sebastian A A Rueckert	l		Date of Receipt
	Mailing Address 39544 Village Run Dr			10 <sup>1</sup> 29 <sup>2</sup> 2008
	City	State Zip Co	ode	Transaction ID: C524987
	Northville	MI 48168	3-3480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Christian Hosp	Occupation Emergency Physic	sian	
	Receipt For:	Aggregate Year-to-Da	ate 🔻	
	Primary     General       Other (specify) ▼		1000.00	]
	SUBTOTAL of Receipts This Page (optional)	1		2250.00
	TOTAL This Period (last page this line number			
	I THE THE TOUL (LAST PAYE THE HUTTER	(iny)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 77 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
	Full Name (Last, First, Middle Initial)		
Α.	lsi J J Russ		Date of Receipt
	Mailing Address 1201 Arden Rd		M M / D D / Y Y Y Y 11 03 2008
	City	State Zip Code	Transaction ID: C526212
	Pasadena	CA 91106-4135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer East LA Emerg Assoc Inc	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) <b>▼</b>	250.00	
-	Full Name (Last, First, Middle Initial)		Dete of Descipt
В.	Andrew Sama Mailing Address 253 Dover Rd		Date of Receipt
	City	State Zip Code	Transaction ID: C526628
	Manhasset	NY 11030-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	583.31	
- C.	Full Name (Last, First, Middle Initial) Andrew Sama	I	Date of Receipt
	Mailing Address 253 Dover Rd		M M / D D / Y Y Y Y 1 1 / 2 4 2 0 0 8
	City	State Zip Code	Transaction ID: C595256
	Manhasset	NY 11030-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	583.31	
ſ	SUBTOTAL of Receipts This Page (optional).	L	291.66
	TOTAL This Period (last page this line number	<b>·</b>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER:       PAGE 78 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used name and address of any political	d by any person committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee		
۷ A.	Full Name (Last, First, Middle Initial) Sandra M M Schneider			Date of Receipt
	Mailing Address 601 Elmwood Ave Box	655		10 <sup>//</sup> 24 <sup>/</sup> 2008
	City	State Zip Code		Transaction ID: C523311
	Rochester	NY 14642-0001		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	•	1000.00
	Name of Employer Univ of Rochester Schl of	Occupation		
	Med Receipt For:	Emergency Physician Aggregate Year-to-Date		-
	Primary General Other (specify)		1000.00	
_			0 0 0	
В.	Full Name (Last, First, Middle Initial) David L L Scott			Date of Receipt
	Mailing Address 4733 N Ridge Dr			M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code		Transaction ID: C525135
	Akron	OH 44333-4703		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Emerg Med Phys	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary     General       Other (specify)     Image: Constraint of the second		1100.00	
– C.	Full Name (Last, First, Middle Initial) David Charles Charles Seaberg			Date of Receipt
	Mailing Address 960 E 3rd St Ste 100			M M / D D / Y Y Y Y 111 24 2008
	City	State Zip Code		Transaction ID: C595252
	Chattanooga	TN 37403-2133		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ TN Colg of Med-Deans Ofc	Occupation Emergency Physician		]
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary     General       Other (specify)		1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			2250.00
F	TOTAL This Period (last page this line number	only)	······	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 79 / 123           (check only one)         X           X         11a           11b         11c           12
A C	Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any perso he name and address of any political committee to	13     14     15     16     1       In for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
. Z	Full Name (Last, First, Middle Initial) A Duane Selman		Date of Receipt
	Mailing Address PO Box 15100		10 <sup>//</sup> <sup>D</sup> / <sup>D</sup> / <sup>Y</sup>
	City Et Month	State Zip Code	Transaction ID: C525010
	Ft Worth FEC ID number of contributing federal political committee.	TX 76119-0100	Amount of Each Receipt this Period
	Name of Employer North Hills Hosp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Gregory L L Shangold Mailing Address 66 Beacon Hill Dr	-	Date of Receipt
			11 05 2008
	City Storrs	State Zip Code CT 06268-2756	Transaction ID: C526625 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Windham Hosp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	]
	Full Name (Last, First, Middle Initial) Gregory L L Shangold		Date of Receipt
	Mailing Address 66 Beacon Hill Dr		M M / D D / Y Y Y Y 111 24 2008
	City	State Zip Code	Transaction ID: C595247
	Storrs FEC ID number of contributing federal political committee.	CT 06268-2756	Amount of Each Receipt this Period 83.33
	Name of Employer Windham Hosp	Occupation Emergency Physician	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	]
	SUBTOTAL of Receipte This Page (optional)		416.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 80 / 123         (check only one)       11a         X       11a       11b         13       14       15       16       17	
	or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s			
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee		
A.	Full Name (Last, First, Middle Initial) Sydney E E Shrader			Date of Receipt	
	Mailing Address 1642 Burgess Rd			10 <sup>D</sup> 30 <sup>P</sup> 2008	
	City	State	Zip Code	Transaction ID: C525136	
	Woodford	VT	05201-8957	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Samaritan Hosp	Occupatio Emerger	on ncy Physician		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	0 0	1000.00	]	
- В.	Full Name (Last, First, Middle Initial) Suzy Schneider Schneider Shukovsky			Date of Receipt	
	Mailing Address 41 Old Highway			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
	City	State	Zip Code	Transaction ID: C525059	
	Wilton	СТ	06897-3114	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Emp of Fairfield LLC	Occupatio Emerger	on ncy Physician		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_	
	Other (specify)	0 0	1100.00		
– C.	Full Name (Last, First, Middle Initial) Julia Shuleshko			Date of Receipt	
	Mailing Address 6589 Springpath Ln			1 1 0 5 Y Y Y Y 1 1 1 0 5 2 0 0 8	
	City	State	Zip Code	Transaction ID: C526613	
	San Jose	CA	95120-4550	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer CEP	Occupatio Emerger	<sup>on</sup> ncy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 325.00	]	
ſ	SUBTOTAL of Receipts This Page (optional)			2100.00	
F	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 81 / 123           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	cal Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) David M M Siegel			Date of Receipt
	Mailing Address 10 Hilltop Terr N			10 <sup>/</sup> 29 <sup>/</sup> 2008
	City	State	Zip Code	Transaction ID: C524982
	Red Bank	NJ	07701-2417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. David M Siegel	Occupatio Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date V	-
	Primary General Other (specify) ▼		1000.00	]
- B.	Full Name (Last, First, Middle Initial) John Skiendzielewski			Date of Receipt
	Mailing Address 1325 Red Ln			M M / D D / Y Y Y Y 10 28 2008
	City	State	Zip Code	Transaction ID: C524111
	Danville	PA	17821-8416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Geisinger Med Ctr	Occupatio Emerger	<sup>on</sup> ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	]
- C.	Full Name (Last, First, Middle Initial) Mark Slabinski			Date of Receipt
	Mailing Address 67043 Old 21 Rd			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C525139
	<u>Cambridge</u>	OH	43725-9402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Mark Slabinski	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	1000.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			2500.00
┝	USE TO THE OF MEDERING THIS FAYE (UPLIDIA)			
	TOTAL This Period (last page this line numb	er only)		

			FOR LINE NUMBER: PAGE 82 / 123
•	SCHEDULE A (FEC Form 3X)		(check only one)
ITEMIZED RECE	IPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied fro or for commercial purpose	m such Reports and Statements ma s, other than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE	. ,		
National Emergency	y Medicine Political Action Co	mmittee	
Full Name (Last, First, Todd Slesinger	Middle Initial)		Date of Receipt
Mailing Address 427	Daub Ave		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State	Zip Code	Transaction ID: C524181
Hewlett	NY	11557-1136	Amount of Each Receipt this Period
FEC ID number of cont federal political commit			83.33
Name of Employer North Shore Univ Hosp	Occupati Emerge	on ncy Physician	_
Receipt For:	i ! _ ~	te Year-to-Date V	-
Primary	General		
Other (specify)		916.67	
Full Name (Last, First, Todd Slesinger	Middle Initial)		Date of Receipt
Mailing Address 427	Daub Ave		M M / D D / Y Y Y Y 111 24 2008
City	State	Zip Code	Transaction ID: C595249
Hewlett	NY	11557-1136	Amount of Each Receipt this Period
FEC ID number of cont federal political commit			83.33
Name of Employer North Shore Univ Hosp	Occupati Emerge	<sup>on</sup> ncy Physician	
Receipt For:		te Year-to-Date V	
Primary	General	916.67	
Other (specify)		910.07	
Full Name (Last, First, Virgil W W Smaltz	Middle Initial)		Date of Receipt
Mailing Address 10 \$	Saint Charles Ave		M M / D D / Y Y Y Y 10 28 2008
City	State	Zip Code	Transaction ID: C524191
Wheeling	WV	26003-9382	Amount of Each Receipt this Period
FEC ID number of cont federal political commit			100.00
Name of Employer Wheeling Hosp	Occupati Emerge	on ncy Physician	1
Receipt For:		te Year-to-Date V	-
Primary	General		
Other (specify)		1300.00	
			266.66
SUBICIAL OF Receipts	This Page (optional)		
TOTAL This Period (last	page this line number only)	I	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each ca Detailed Si Statements may not be sold o	ate schedule(s) ategory of the ummary Page r used by any persc	FOR LINE NUMBER:       PAGE 83 / 123         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17         In for the purpose of soliciting contributions
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any po	olitical committee to	solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Committee		
Α.	Full Name (Last, First, Middle Initial) Virgil W W Smaltz			Date of Receipt
	Mailing Address 10 Saint Charles Ave			1 1 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: C595248
	Wheeling	WV 26003-93	382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Wheeling Hosp	Occupation Emergency Physicial	n	
	Receipt For:	Aggregate Year-to-Date	▼	
	Other (specify)		1300.00	
- B.	Full Name (Last, First, Middle Initial) Gregory M M Smith	I		Date of Receipt
	Mailing Address 10222 Questa Ct			M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	•	Transaction ID: C525077
	Wadsworth	OH 44281-8	864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EMP	Occupation Emergency Physicial	n	
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		1000.00	
- C.	Full Name (Last, First, Middle Initial) Sullivan K K Smith			Date of Receipt
	Mailing Address 600 Parragon Rd			10 <sup>/</sup> <sup>D</sup> <sup>D</sup> <sup>(</sup> <sup>Y</sup>
	City	State Zip Code		Transaction ID: C524937
	Cookeville	<u>TN 38506-8</u>	701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer VMG	Occupation Emergency Physicial	n	
	Receipt For:	Aggregate Year-to-Date	•	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I	<b>&gt;</b>	1350.00
	TOTAL This Period (last page this line number		F	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 84 / 123           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) Gregory Jon Jon Smolin			Date of Receipt
	Mailing Address 3435 Pebble Ridge Dr			10 <sup> D D</sup> / Y Y Y Y 10 <sup> D D</sup> / 2008
	City	State	Zip Code	Transaction ID: C525124
	York	PA	17402-4349	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EMP of York County LLC	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1250.00	
 В.	Full Name (Last, First, Middle Initial) Robert C C Solomon	1		Date of Receipt
	Mailing Address 108 Saddle Rdg			10 <sup>//</sup> 28 <sup>//</sup> 2008
	City	State	Zip Code	Transaction ID: C524196
	Oakdale	PA	15071-3726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Steel Vly Emer Phys	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		916.67	
 C.	Full Name (Last, First, Middle Initial) Robert C C Solomon			Date of Receipt
	Mailing Address 108 Saddle Rdg			1 1 / 2 4 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C595253
	Oakdale	PA	15071-3726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Steel Vly Emer Phys		ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify)     Image: Content of the specify of the specific of the specif		916.67	
s	UBTOTAL of Receipts This Page (optional)			1166.66
	OTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 85 / 123         (check only one)       11a         X       11a       11b         I3       14       15       16       17				
or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee					
Full Name (Last, First, Middle Initial) Barry Dean Dean Spoon		Date of Receipt				
Mailing Address 18565 Hwy AZ		10 <sup>//</sup> 28 <sup>/</sup> 2008				
City	State Zip Code	Transaction ID: C524158				
Willow Spgs FEC ID number of contributing federal political committee.	MO 65793-7938	Amount of Each Receipt this Period 1000.00				
Name of Employer St Johns - St Francis Hosp	Occupation Emergency Physician	_				
Receipt For: Primary General Other (specify) <b>v</b>	Aggregate Year-to-Date ▼ 1100.00					
Full Name (Last, First, Middle Initial) Timothy C C Stallard		Date of Receipt				
Mailing Address 2401 S 31st St 2401 S 31st St		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y				
City	State Zip Code	Transaction ID: C524176				
Temple FEC ID number of contributing federal political committee.	TX 76508-0001	Amount of Each Receipt this Period				
Name of Employer Scott & White Mem Hosp	Occupation Emergency Physician	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Richard L L Stennes		Date of Receipt				
Mailing Address 2533 Calle Del Oro	)	10 28 2008				
City	State Zip Code	Transaction ID: C524105				
La Jolla FEC ID number of contributing federal political committee.	CA 92037-2005	Amount of Each Receipt this Period				
Name of Employer Dr. Richard L Stennes	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (optiona	al)	2500.00				
	nber only)					

SCHEDULE A (FEC F ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 86 / 123         (check only one)			
or for commercial purposes, other	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In Final National Emergency Medi	,	nmittee				
Full Name (Last, First, Middle I A. Angela L L Straface	,		Date of Receipt			
Mailing Address 2214 Wate	ercrest Dr		10 <sup>28</sup> <sup>4</sup> 2008			
City	State	Zip Code	Transaction ID: C524193			
Keller	TX	76248-8341	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Arlington Med Ctr	Occupatio Emerger	n cy Physician				
Receipt For:		Year-to-Date 🔻	_			
Primary     General       Other (specify) ▼		250.00				
Full Name (Last, First, Middle I Richard Clark Clark Stuntz, Jr	,		Date of Receipt			
Mailing Address 4 Courage	eous		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y			
City	State	Zip Code	Transaction ID: C525108			
Lake Wylie	SC	29710-9281	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer EMP		cy Physician				
Receipt For: Primary Genera		Year-to-Date 🛡	_			
Other (specify)		1100.00				
Full Name (Last, First, Middle I Matthew A A Stupple	nitial)		Date of Receipt			
Mailing Address 18 Lasher	Rd		M M / D D / Y Y Y Y 10 30 2008			
City	State	Zip Code	Transaction ID: C525147			
Woodstock	NY	12498-1106	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer Dr. Matthew A Stupple		cy Physician				
Receipt For:		Year-to-Date 🔻	_			
Other (specify)		1100.00				
SUBTOTAL of Receipts This Pa	ge (optional)		2250.00			
TOTAL This Period (last page th						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 87 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions	
	> National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Christine Sullivan	Date of Receipt	
	Mailing Address 12408 Lamar Ave	10 <sup>M</sup> 29 <sup>Y</sup> 2008	
	City	State Zip Code	Transaction ID: C524947
	Overland Park	KS 66209-2703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Truman Med Ctr ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	1000.00	
- В.	Full Name (Last, First, Middle Initial) Douglas Gilbert Gilbert Sward		Date of Receipt
	Mailing Address 9626 Hastings Dr		M M / D D / Y Y Y Y 10 20 20 2008
	City	State Zip Code	Transaction ID: C521246
	Columbia FEC ID number of contributing	MD 21046-1903	Amount of Each Receipt this Period
	federal political committee.		100.00
	Name of Employer Dr. Douglas Gilbert Sward	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	300.00	
- с.	Full Name (Last, First, Middle Initial) Ted W W Switzer		Date of Receipt
	Mailing Address 14719 Sir Huon St		M M / D D / Y Y Y Y 10 29 2008
	City	State Zip Code	Transaction ID: C524998
	San Antonio	TX 78248-1147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1001.00
	Name of Employer Dr. Ted W Switzer	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1101.00	
ſ	SUBTOTAL of Receipts This Page (optional)	۱ ۱	2101.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 88 / 123           (check only one)         (check 112)           X         11a         11b         11c         12           13         14         15         16         17	
	Any information copied from such Reports and or for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Com	nmittee		
۷ A.	Full Name (Last, First, Middle Initial) Jason A A Tackett				
	Mailing Address 22 Rocky Moore Rd			10 <sup>1</sup>	
	City	State	Zip Code	Transaction ID: C525137	
	Charleston	WV	25309-9500	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Dr. Jason A Tackett	Occupation Emergen	n cy Physician		
	Receipt For:		Year-to-Date V		
	Primary     General       Other (specify) ▼	0 0	1000.00	]	
- В.	Full Name (Last, First, Middle Initial) Peter P P Taillac			Date of Receipt	
	Mailing Address 3439 Canyon Cove D	Dr		M M / D D / Y Y Y Y Y 1 1 05 2008	
	City	State	Zip Code	Transaction ID: C526631	
	Salt Lake City	UT	84121-6335	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.33	
	Name of Employer Univ of Utah Med Ctr	Occupation Emergen	י cy Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻		
	Other (specify) ▼		583.35		
– c.	Full Name (Last, First, Middle Initial) Peter P P Taillac			Date of Receipt	
	Mailing Address 3439 Canyon Cove E	Dr		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
	City	State	Zip Code	Transaction ID: C595241	
	Salt Lake City	UT	84121-6335	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.33	
	Name of Employer Univ of Utah Med Ctr	Occupation Emergen	n cy Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date V	_	
	Other (specify) ▼		583.35		
Γ	SUBTOTAL of Receipts This Page (optional)			1166.66	
F	TOTAL This Period (last page this line number				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 89 / 123         (check only one)       X         X       11a       11b       11c       12         I3       14       15       16       17						
Any information copied from such Reports a or for commercial purposes, other than using	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 Poli	tical Action Committee							
Full Name (Last, First, Middle Initial) A. Jerry Albert Albert Taylor								
Mailing Address 761 Stonebridge C	10 <sup>M M</sup> /D D/YYYY 2008							
City	State Zip Code	Transaction ID: C525101						
N Huntingdon	PA 15642-1934	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1000.00						
Name of Employer EMP	Occupation Emergency Physician							
Receipt For:	Aggregate Year-to-Date ▼	1						
Other (specify) ▼	1000.00							
Full Name (Last, First, Middle Initial) <b>3.</b> Todd Brian Taylor	1	Date of Receipt						
Mailing Address 2714 Westwood A	Mailing Address 2714 Westwood Ave							
City	State Zip Code	Transaction ID: C520598						
Nashville	TN 37212	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	500.00						
Name of Employer Microsoft Corp	Occupation Executive							
Receipt For:	Aggregate Year-to-Date ▼	_						
Other (specify) ▼	500.00							
Full Name (Last, First, Middle Initial) Edd D D Thomas		Date of Receipt						
Mailing Address PO Box 680923		10 <sup>//</sup> / <sup>28</sup> / <sup>2008</sup>						
City	State Zip Code	Transaction ID: C524121						
Marietta	GA 30068-0016	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1000.00						
Name of Employer DeKalb General Hosp	Occupation Emergency Physician							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify) ▼	1000.00							
SUBTOTAL of Receipts This Page (option:	al)	2500.00						
	nber 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 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	nmittee	
A.	Full Name (Last, First, Middle Initial) Jeffrey B B Thompson			Date of Receipt
	Mailing Address PO Box 12779			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C526211
	Beaumont	TX	77726-2779	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Meml Herman Baptist Beaum-	Occupation	n Icy Physician	
	ont Receipt For:		e Year-to-Date V	—
	Primary     General       Other (specify) ▼		1500.00	]
- B.	Full Name (Last, First, Middle Initial) Fred Foster Foster Tilden			Date of Receipt
	Mailing Address 36 Bainbridge Rd			10 <sup>M</sup> 28 <sup>Y</sup> 2008
	City	State	Zip Code	Transaction ID: C524122
	W Hartford	CT	06119-1145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Midstate Med Ctr	Occupation Emergen	<sup>n</sup> Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	]
- C.	Full Name (Last, First, Middle Initial) James C C Torres, II	1		Date of Receipt
	Mailing Address 7849 S Old Farm PI			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C524992
	<u>Meridian</u>	ID	83642-7165	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emer Med of ID	Occupation Emergen	<sup>n</sup> Icy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	1
Г	• • • • • • • • • • • • • • • • •	0 0		· · · · · · · · · · · · · · · · · · ·
ļ	SUBTOTAL of Receipts This Page (optional) .			2250.00
	TOTAL This Period (last page this line numbe	er only)		

 _	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any per	FOR LINE NUMBER:PAGE $91 / 123$ (check only one)(check only one)X11a11b1314151617
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee	
	National Emergency Medicine Politic	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Borys Trochym		Date of Receipt
	Mailing Address 220 Browns Dr Apt 10M		M M / D D / Y Y Y Y 10 20 2008
	City	State Zip Code	Transaction ID: C521264
	Easton	PA 18042-9443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Emer Med Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	465.00	
- В.	Full Name (Last, First, Middle Initial) Elmo Glenn Glenn Tucker		Date of Receipt
	Mailing Address 137 Ledge Rd		10 <sup>//</sup> 10 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C525113
	<u>S Thomaston</u>	ME 04858-3126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Waterbury Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	1000.00	
- C.	Full Name (Last, First, Middle Initial) Bruce S S Ushkow		Date of Receipt
	Mailing Address 24 Fieldstone Dr		10 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C525072
	Delmar	NY 12054-6704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Samaritan Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·····	1865.00
F	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 92 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions solicit contributions from such committee.	
	National Emergency Medicine Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Richard L L Vermeer	Date of Receipt	
	Mailing Address 1227 E Rusholme St	10 <sup>M</sup> /29 <sup>/</sup> YYYY 10 <sup>D</sup> /2008	
	City	State Zip Code	Transaction ID: C524991
	Davenport FEC ID number of contributing federal political committee.	IA 52803-2459	Amount of Each Receipt this Period 500.00
	Name of Employer Genesis Med Ctr	Occupation Emergency Physician	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  500.00	
- В.	Full Name (Last, First, Middle Initial) Raymond Anthony Anthony Viducich Mailing Address 9100 Babcock Blvd		Date of Receipt
	City	State Zip Code	
	Pittsburgh	PA 15237-5815	Transaction ID: C525109 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer UPMC Passavant Hosp- ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Salvador E E Villanueva	I	Date of Receipt
	Mailing Address L'Antigua LA-3		10 <sup>//</sup> 28 <sup>//</sup> 2008
	City	State Zip Code	Transaction ID: C524144
	Trujillo Alto FEC ID number of contributing federal political committee.	PR 00976	Amount of Each Receipt this Period
	Name of Employer Hospital UPR EM Dept	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1000.00
Ī	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 93 / 123           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17		
	Any information copied from such Reports and or for commercial purposes, other than using th	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full)					
	> National Emergency Medicine Politica	al Action Cor	nmittee			
∡ A.	Full Name (Last, First, Middle Initial) Sarah J J Vogel					
	Mailing Address 52 Duncan Phyfe Ln			M · M         /         D · D         /         Y · Y · Y · Y         Y           10         30         2008		
	City	State	Zip Code	Transaction ID: C525131		
	Slingerlands	NY	12159-9376	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Albany Mem Hosp	Occupatio Emerger	on ncy Physician			
	Receipt For:		e Year-to-Date V	1		
	Primary General Other (specify)		2000.00	]		
- B.	Full Name (Last, First, Middle Initial) Mary Jo Jo Wagner	•		Date of Receipt		
	Mailing Address 5425 Nottingham N			M M / D D / Y Y Y Y 10 28 2008		
	City	State	Zip Code	Transaction ID: C524218		
	Saginaw	MI	48603-2821	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Synergy Med Educ Alliance	Occupatio Emerger	on ncy Physician			
	Receipt For:	Aggregate	e Year-to-Date 🔻	_		
	Primary     General       Other (specify) ▼	0 0	500.00	]		
- C.	Full Name (Last, First, Middle Initial) Paul Wahlheim			Date of Receipt		
	Mailing Address 310 W Holly St			M M / D D / Y Y Y Y Y 1 1 0 5 2 0 0 8		
	City	State	Zip Code	Transaction ID: C526620		
	Phoenix	AZ	85003-1117	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer EMPower Emerg Phys PC	Occupatio Emerger	on ncy Physician			
	Receipt For:	Aggregate	e Year-to-Date 🔻	_		
	Primary     General       Other (specify) ▼	0 0	250.00	]		
ſ	SUBTOTAL of Receipts This Page (optional)	1		1500.00		
┢			•			
	TOTAL This Period (last page this line number	r oniy)				

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 94 / 123
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and So or for commercial purposes, other than using the	n for the purpose of soliciting contributions		
ľ	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Victor A A Wallenkampf	Date of Receipt		
	Mailing Address 1726 Spring Hill Ln			1 1 0 5 Y Y Y Y Y 1 1 1 0 5 2 0 0 8
	City	State	Zip Code	Transaction ID: C526617
	Bayside	CA	95524-9370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Dr. Victor A Wallenkampf	Occupatio		_
	Receipt For:	, I —	ncy Physician e Year-to-Date 🔻	_
	Primary General	Aggregate		1
	Other (specify)	0 0	225.00	
в.	Full Name (Last, First, Middle Initial) Bradford L L Walters			Date of Receipt
	Mailing Address 6033 Orchard Woods I	Dr		
	City State		Zip Code	Transaction ID: C524920
	West Bloomfield	MI	48324-3281	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer William Beaumont Hosp ED	Occupatio		
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	ncy Physician e Year-to-Date 🔻	-
	Primary General	Aggregate		1
	Other (specify)	0 0	360.00	
- С.	Full Name (Last, First, Middle Initial) Matthew J J Watson	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
	Mailing Address 1280 Longpointe Pass			M M / D D / Y Y Y Y 11 1 19 2008
	City	State	Zip Code	Transaction ID: C592434
	Alpharetta	GA	30005-2284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Dr. Matthew J Watson	Occupatio	on ncy Physician	
	Receipt For:	1 · · · · · · · ·	e Year-to-Date V	-
	Primary General Other (specify) ▼		250.00	
ſ				
	SUBTOTAL of Receipts This Page (optional)			385.00
	TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 95 / 123
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	I Action Committee	
۱.	Full Name (Last, First, Middle Initial) Deborah E E Weber	Date of Receipt	
	Mailing Address 1420 Shawnee Trl		10 <sup>//</sup> 28 <sup>/</sup> 2008
	City	State Zip Code	Transaction ID: C524170
	Riverwood	IL 60015-1631	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Lutheran Gen Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary   General     Other (specify)	1100.00	]
-	Full Name (Last, First, Middle Initial) Alan F F Weisenberg		Date of Receipt
	Mailing Address 3864 Criswell Dr		M M / D D / Y Y Y Y 10 24 2008
	City	State Zip Code	Transaction ID: C523303
	Columbus	OH 43220-4962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Emer Svcs Inc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	250.00	]
. –	Full Name (Last, First, Middle Initial) Arlo F F Weltge		Date of Receipt
	Mailing Address 5213 Valerie St		M M / D D / Y Y Y Y 10 28 2008
	City	State Zip Code	Transaction ID: C524102
	Bellaire	TX 77401-4826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer UT Med School Houston	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	1100.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	۱ ۱	1350.00
$\vdash$		•	
	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 123 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 & 14 \\ \hline 15 & 16 \\ \hline 17 \\ \hline \end{array}$
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Gordon Wheeler			Date of Receipt
<b>~</b> ·	Mailing Address 2121 K St NW Ste 325 ACEP			10 <sup>/</sup> 28 <sup>/</sup> 2008
	City	State	Zip Code	Transaction ID: C524199
	Washington	DC	20037-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mr. Gordon Wheeler	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		1100.00	]
в.	Full Name (Last, First, Middle Initial) Gordon Wheeler			Date of Receipt
	Mailing Address 2121 K St NW Ste 325 ACEP			M M / D D / Y Y Y Y 11 24 2008
	City	State	Zip Code	Transaction ID: C595242
	Washington	DC	20037-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mr. Gordon Wheeler		ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	1100.00	
C.	Full Name (Last, First, Middle Initial) William B B White			Date of Receipt
	Mailing Address 2759 Big Bear Dr 4535 Dressler Rd NW			10 <sup>//</sup> 24 <sup>//</sup> 2008
	City	State	Zip Code	Transaction ID: C523240
	Sedalia	CO	80135-4412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. William B White		ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1100.00	
	SUBTOTAL of Receipts This Page (optional)		••••••	1200.00
	TOTAL This Period (last page this line number of	only)	•	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 97 / 123           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	mittee	
۷ A.	Full Name (Last, First, Middle Initial) Eric K K Wilke			Date of Receipt
	Mailing Address 3145 Araphaho Rdg I	Dr		M M / D D / Y Y Y Y 11 03 2008
	City	State	Zip Code	Transaction ID: C526215
	College Station	ТХ	77845-4536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Colg Station Med Ctr	Occupation Emergend	cy Physician	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00	]
- B.	Full Name (Last, First, Middle Initial) Jonathan E E Williams			Date of Receipt
	Mailing Address 12105 Woodberry Rd	k		M · M         /         D · D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C525118
	Kinston	NC	28501-2642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Brody Schl of Med @ ECU ED	Occupation Emergend	y Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	1000.00	]
- C.	Full Name (Last, First, Middle Initial) Richard C Winters			Date of Receipt
	Mailing Address 1303 East Herndon A	Avenue		10 <sup>//</sup> <sup>//</sup> 18 <sup>//</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup> <sup>/</sup>
	City	State	Zip Code	Transaction ID: C520551
	Fresno	CA	93704-3435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Richard Clarke Winters MD INC	Occupation Emergend	y Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Other (specify)	0 0	1000.00	]
	SUBTOTAL of Receipts This Page (optional)			2150.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $98 / 123$ (check only one)(check only one)X11a11b131415151617pp for the purpose of soliciting contributions
	or for commercial purposes, other than using th	he name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Com	imittee	
A.	Full Name (Last, First, Middle Initial) David Wirtz			Date of Receipt
	Mailing Address 1 Highgate NE			10 <sup>/</sup> / <sup>2008</sup> / <sup>2008</sup>
	City	State	Zip Code	Transaction ID: C525144
	Ithaca	NY	14850-1483	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emer Med Phys	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date V	_
	Other (specify) ▼	0 0	350.00	]
- B.	Full Name (Last, First, Middle Initial) David O Wright			Date of Receipt
	Mailing Address PO Box 1000			10 <sup>//</sup> 2008
	City	State	Zip Code	Transaction ID: C525126
	Barboursville	WV	25504-3000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Emer Med Phys	Occupation Emergen	n cy Physician	
	Receipt For:	×	Year-to-Date V	
	Primary General Other (specify) ▼		1000.00	]
- C.	Full Name (Last, First, Middle Initial) William R R Wright			Date of Receipt
	Mailing Address 1885 Funderburg Rd			1 1 / D D / Y Y Y Y 1 1 1 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: C526422
	New Carlisle	OH	45344-9557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Miami Valley Emer Special- ists	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	250.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			1500.00
ŀ	TOTAL This Period (last page this line numbe			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 99 / 123           (check only one)
	Any information copied from such Reports and S	tatements may not be sold or used by any perso	n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
	National Emergency Medicine Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Marwan Yanes		Date of Receipt
	Mailing Address 76876 8th Street Rd		10 <sup>M</sup> /2008
	City	State Zip Code	Transaction ID: C525068
	Newcomerstown	OH 43832-9517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer SEORMC	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1100.00	
В.	Full Name (Last, First, Middle Initial) Andol Stephen Stephen Yeh		Date of Receipt
	Mailing Address 4201 Belle Meade Cir		M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: C525120
	Belmont	NC 28012-6506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Dr. Andol Stephen Yeh	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	500.00	
C.	Full Name (Last, First, Middle Initial) Ronald Nga Nga Yeh		Date of Receipt
	Mailing Address 511 SE 5th Ave Apt 23 Apt 2301		10 <sup>//</sup> 24 <sup>/</sup> 2008
	City Et Loudordolo	State Zip Code FL 33301-2981	Transaction ID: C523257
	<u>Ft Lauderdale</u>	FL 33301-2981	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Dr. Ronald Nga Yeh	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	300.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1600.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 100 / 123         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	National Emergency Medicine Politica	I Action Committee	
A.	Full Name (Last, First, Middle Initial) James Edward Edward Young		Date of Receipt
	Mailing Address 585 Carol Dr		10 <sup>M</sup> / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State Zip Code	Transaction ID: C525130
	Perrysburg	OH 43551-2968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Dr. James Edward Young	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	500.00	
– В.	Full Name (Last, First, Middle Initial) Brian S S Zachariah	I	Date of Receipt
	Mailing Address 301 University Blvd		10 <sup>//</sup> 29 <sup>/</sup> 2008
	City	State Zip Code	Transaction ID: C525008
	Galveston	TX 77555-5302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Dept of Surgery ED	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1000.00	
– C.	Full Name (Last, First, Middle Initial) Bradley Alan Alan Zlotnick	I	Date of Receipt
	Mailing Address 3525 Del Mar Hts Rd #	‡ 139	M M / D D / Y Y Y Y 10 28 2008
	City	State Zip Code	Transaction ID: C524166
	San Diego	CA 92130-2122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Dr. Bradley Alan Zlotnick	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date <b>V</b>	
	Other (specify) ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1000.00
F	TOTAL This Period (last page this line number		130552.64

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 101 / 123         (check only one)       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and St or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) SMITH BARNEY			Date of Receipt
	Mailing Address 1050 Connecticut Ave I	W		M M / D D / Y Y Y Y 10 31 2008
	City	State	Zip Code	Transaction ID: C597593
	Washington	DC	20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		656.61
	Name of Employer	Occupatio	on	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date V 9244.21	1

0

SUBTOTAL of Receipts This Page (optional)	►	656.61
TOTAL This Period (last page this line number only)	►	656.61

	CHEDULE B (FEC Form 3X)	Use separate schedule(s	;)		OR LIN heck o	UMBE	R:				PA	GE	102	/ 123
	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	F	2	4 8c		25 29	26 301
	ny Information copied from such Reports and S r for commercial purposes, other than using the													6
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee												
<u>بر</u>	Full Name (Last, First, Middle Initial) Baker for Congress					Trans Date	of D	isbur	sei	ment	387	'1		
	Mailing Address PO BOX 312					1 <sup>M</sup> 0	М	/ D	3	<sup>D</sup> /	Y	ž	ó o ò a	3 <sup>×</sup>
	City COLUMBIA	State Zip Code MO 65205				Amou	int o	fEac	h [	Disbu	ırse	-	t this	
	Purpose of Disbursement Contributions for Federal Candidates			01		L.						25	500.0	0
	Candidate Name Baker for Congress	huraamant Fari 2000	C	ateg Typ	gory/ be									
	Office Sought: House Dis Senate President State: District:	bursement For: 2008 Primary X General Other (specify) ▼												
 B.	Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress					Trans Date	of D	isbur	sei	ment	344			×
	Mailing Address 8550 United Plaza E c/o Postlethwait and					<sup>м</sup> 0	М	/ D	2	0	Y	Ž	ó ó a	3 <sup>°</sup>
	City Baton Rouge	State Zip Code LA 70809-225	6			Amou	int o	fEac	h [	Disbu	ırse		t this	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Bill Cassidy for US Congress		C		gory/	L .						50	000.0	0
		bursement For: 2008 Primary X General Other (specify) ▼	1	Тур										
	Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress					Trans Date	of D	isbur	sei	ment	396			X
	Mailing Address 8550 United Plaza E c/o Postlethwait and					<sup>м</sup> 1 1	М	/ D	1	2	ľ	Ž	οòε	3 <sup>°</sup>
	City Baton Rouge	State Zip Code LA 70809-225	6			Amou	int o	fEac	h [	Disbu	irse		t this	
	Purpose of Disbursement Contributions to Federal Candidates			01	_	L.						20	000.0	0
	Candidate Name Bill Cassidy for US Congress	human and Fam. 2000	C	ateg Typ	gory/ be									
	Senate President	bursement For: 2008 Primary General X Other (specify) ▼ mary Debt Retirem												
Γ		-			•	 		-				95	00.00	0
	SUBTOTAL of Disbursements This Page (opti-				•		-	*	-		-	55	50.0	
		,				-					-			

SCHEDULE B (FEC Form 3X)		1			NUMBE	D.			D		103	(100
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	)	-	ck only	-	.n.					103/	123
	Detailed Summary Page	ļ		21b 27	22 28a	X	23 28b	F	24 28c		25 29	П
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			ny p	erson f	or the pu		e of s		citing co		outions	
NAME OF COMMITTEE (In Full)												
National Emergency Medicine Political Ac	ion Committee											
Full Name (Last, First, Middle Initial) Cardoza For Congress					Trans Date				D7342 nent	28		
Mailing Address P.O. Box 2749					1 <sup>M</sup> 0	М	D	2 0	) / Y	ź	οŏε	<b>}</b> <sup>Y</sup>
City Merced	State Zip Code CA 95344				Amou	int of	Eac	h D	isburse	men	t this I	Perioc
Purpose of Disbursement Contributions to Federal Candidates			011							25	500.0	0
Candidate Name Mr. Dennis Cardoza			tego <sup>-</sup> ype	-								
Office Sought: X House Disburse Senate President State: CA District: 18	ement For: 2008 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc					<b>Trans</b> Date		-		D7342 nent	27		
Mailing Address PO Box 80126					1 <sup>M</sup> 0	М	D	20	) / Y	ź	٥ò́٤	3 <sup>Y</sup>
City Lafayette	State Zip Code LA 70598				Amou	int of	Eac	h D	isburse			
Purpose of Disbursement Contributions to Federal Candidates			011		L.					25	500.0	5
Candidate Name Mr. Charles Boustany			tego <sup>-</sup> ype									
Office Sought: X House Disburse Senate President State: LA District: 07	ement For: 2008 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.					<b>Trans</b> Date				D7343 nent	31		
Mailing Address P.O. Box 61337					1 <sup>M</sup> 0	М	D	2 0	) / Y	ź	٥ ð ٤	8 <sup>Y</sup>
City Denver	State Zip Code CO 80206				Amou	int of	Eac	h D	isburse			
Purpose of Disbursement Contributions to Federal Candidates		(	011		L.					15	500.0	0
Candidate Name Rep. Diana DeGette			tego ype	-								
Office Sought: X House Disburse Senate President State: CO District: 01	ement For: 2008 Primary X General Other (specify) ▼											
SUBTOTAL of Disbursements This Page (optional)				•						65	00.00	)
TOTAL This Period (last page this line number only)				•								
E6AN026					FE	с s	chedi	ule	B (For	m 3)	(Re	vised

	CHEDULE B (FEC Form 3X)	Use separate schedule(s	)		OR LINE heck onl	NUMBE y one)	ER:				PA	GE	104	/ 123
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b		24 28	Bc		25 29	
	ny Information copied from such Reports and S for commercial purposes, other than using the													S
$\setminus$	NAME OF COMMITTEE (In Full)													
V	National Emergency Medicine Politica	al Action Committee												
<u> </u>	Full Name (Last, First, Middle Initial) Durston For Congress					<b>Tran</b> : Date		isbur	sei	ment	94	1		
	Mailing Address 5429 Madison Aven	ue				10		/ [	2	9	Y	ž	0 ò 8	3 <sup>×</sup>
	City Sacramento	State Zip Code CA 95841				Amo	unt o	fEad	ch [	Disbu	rser	-		Period
	Purpose of Disbursement Contributions to Federal Candidates			01	1	L.						25	500.0	0
	Candidate Name Mr. Bill Durston		С	ateg Typ	gory/ be									
	Senate President	bursement For: 2008 Primary X General Other (specify) ▼	1											
	State: CA District: 03													
	Full Name (Last, First, Middle Initial) Fleming for Congress					<b>Tran</b> Date	of D	isbur	sei	ment	86	-		
	Mailing Address PO Box 1236					10	М	/ [	3	<b>1</b>	Y	ž	٥ò٤	3 <sup>×</sup>
	City Minden	State Zip Code LA 71058-1236	6			Amo	unt o	f Ead	ch [	Disbu	rser		-	Period
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name		C	01 atec	1 jory/							25	500.0	0
	Fleming for Congress			Тур										
	Senate President	bursement For: 2008 Primary General X Other (specify) ▼ unoff												
	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln					<b>Tran</b> Date			sei	ment	10	9		
	Mailing Address PO Box 3197					<sup>™</sup> 1	М		1	9	Y	ž	0 ò a	3 <sup>Y</sup>
	City Little Rock	State Zip Code AR 72203				Amo	unt o	f Ead	ch [	Disbu	rser	-		Period
	Purpose of Disbursement Contributions to Federal Candidates			01	1							10	00.0	U
	Candidate Name Sen. Blanche Lambert Lincoln		C	ateg Typ	gory/ be									
	Office Sought: House Dis X Senate President	sbursement For: 2010 X Primary General Other (specify) ▼												
_	State: AR District: 00													
s	<b>UBTOTAL</b> of Disbursements This Page (opti	onal)			►							60	00.0	0
Т	OTAL This Period (last page this line number	r only)			►									
ı	241000													

FE6AN026

		B (FEC Form 3 SBURSEMEN	-	Use sep	arate schedule(s) category of the		-	R LINE	NUMBE y one)	ER:			Ρ	AGE	105	/ 123
	וע ע	JOUNJEWIEN	13		Summary Page			21b 27	22 28a	X	23 28t	<u> </u>	24 280		25 29	
		ed from such Reports rposes, other than usi														S
	OF COM	MITTEE (In Full)														
> Nationa	al Emer	gency Medicine Po	litical Ac	tion Comn	nittee											
	ne (Last, s of Dar	First, Middle Initial) Maffei							<b>Tran</b> Date		isbu	rser		44		
Mailing /	Address	PO Box 74							<sup>™</sup> 0		/	2 9	9 9	Y Z	2 0 ò 8	3 <sup>Y</sup>
City Syracu	se			State NY	Zip Code 13214				Amo	unt o	of Ea	ch [	Disburs			
		ursement Federal Candidates				Γ	011		L.					2	500.0	0
	te Name s of Dar						atego Type	-								
Office S	ought:	House Senate President	Disburs	ement For: Primary Other (spe	2008 X General ecify) ▼											
State:		District:														
		First, Middle Initial) trick J. Kennedy Ind	C.						Date		isbu	rser				Y
Mailing /	Address	P.O. Box 321							1 <sup>M</sup> 0			2	Ő /	` 2	2008	3
City Pawtuc	cket			State RI	Zip Code 02860				Amo	unt o	of Ea	ch [	Disburs	emer	nt this I	Period
		irsement Federal Candidates					011		L.					1	500.0	0
	te Name atrick J	. Kennedy					atego Type									
Office S	ought:	X House Senate President	Disburs	ement For: Primary Other (spe	2008 X General ecify) ▼											
State: F	81	District: 01														
		First, Middle Initial) for Congress							Date	of D	isbu	rser		45		
Mailing /	Address	PO BOX 5153 PO BOX 5153							1 <sup>M</sup> 0	М		29	9	1 2	2008	3
City HOBBS	3			State NM	Zip Code 88241				Amo	unt o	of Ea	ch [	Disburs			
		Irsement Federal Candidates					011		L.					5	000.0	0
	ite Name Feague	for Congress					atego Type	-								
Office S	ought:	House Senate President	Disburs	ement For: Primary Other (spe	2008 X General ecify) ▼											
State:		District:														
SUBTOTA	L of Dist	oursements This Page	(optional)					•						90	0.00	0
TOTAL TH	nis Perioo	d (last page this line nu	imber only	)				►								
						_	_							_		

FE6AN026

ITEMIZED DISBURSEMENTS       Use separate schedule(s) In each category of the Detailed Summary Page	106 / 100
Detailed Summary Page       21b       22       23       24       22b       2bb       2bb<	106 / 123
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such commercial purpose, other than using the name and address of any political committee to solicit contributions from such com         NAME CF COMMITTEE (In Full)       NAME CF COMMITTEE (In Full)         NAME CF COMMITTEE (In Full)       Transaction ID: D73960         Jeff Merkley for Oregon       If 1 m / 0 1 2 / 2 / 2         Mailing Address       P.O. Box 29136         City       State       Zip Code         Purpose of Disbursement       OI1         Cardidate Name       Disbursement For:       2008         York (Last, First, Middle Initial)       John D. Dingell For Congress Committee       Transaction ID: D73452         John D. Dingell For Congress Committee       OI1       Category/       Transaction ID: D73452         Mailing Address       607 14th Street N.W.       State       OI1       Category/         Variance Address       607 14th Street N.W.       Other (specify) v       Amount of Each Disbursement         Office Sought:       X House       Disbursement For:       2008       Primary       X General         Mailing Address       607 14th Street N.W.       Other (specify) v       Amount of Each Disbursement       5         Office Sought:       X House       Disbursement For:	25
NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Jeff Merkley for Oregon         Mailing Address       P.O. Box 29136         City       State       Zip Code         Purpose of Disbursement       Off         Controlutions to Federal Candidates       011         Candidate Name       Disbursement For:       2008         Perform       Senate       Office Sought:       House         Jeff Merkley for Oregon       Disbursement For:       2008         Office Sought:       House       Disbursement For:       2008         Your Class       Senate       Office Sought:       House         Value of Disbursement       General Debt Retirem       Transaction ID: D73452         State:       District:       General Debt Retirem       Transaction ID: D73452         Mailing Address       607 14th Street N.W.       State       Zip Code       Amount of Each Disbursement         Candidate Name       Disbursement For:       2005       Amount of Each Disbursement       5         Cardidate Name       President       Disbursement For:       2005       5         Office Sought:       House       Disbursement For: <t< th=""><th>outions</th></t<>	outions
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial) Jeff Merkley for Oregon       Transaction ID: D73960 Date of Disbursement         Mailing Address       P.O. Box 29136       Amount of Each Disbursement         City       State       Zip Code         Portland       OR       97296         Purpose of Disbursement Contributions to Federal Candidates       011         Candidate Name Jeff Merkley for Oregon       Disbursement For:       2008         Office Sought:       House President       Disbursement For:       2008         State:       District:       General X Other (specify)       Transaction ID:       D73452         John D. Dingell For Congress Committee       Mailing Address       607 14th Street N.W. Suite 800       011       Category/ Type       Amount of Each Disbursement         Office Sought:       X House Senate       Disbursement For:       2006       Amount of Each Disbursement         Mailing Address       607 14th Street N.W. Suite 800       Disbursement For:       2008       Amount of Each Disbursement         Office Sought:       X House Senate       Disbursement For:       2008       Amount of Each Disbursement         Office Sought:       X House Senate       Disbursement For:       2008       Amount of Each Disbursement <tr< td=""><td>nittee</td></tr<>	nittee
Jeff Merkley for Oregon       Disbursement         Mailing Address       P.O. Box 29136         City       State       Zip Code         Portland       OR       97296         Purpose of Disbursement       OI1         Candidate Name       Category/ Type         Jeff Merkley for Oregon       Disbursement For:       2008         Office Sought:       House       Disbursement For:       2008         State:       District:       General       Edendral         State:       District:       General       Transaction ID:       D73452         John D. Dingell For Congress Committee       Mailing Address       607 14th Street N.W.       State       Zip Code         Mailing Address       607 14th Street N.W.       State       Zip Code       Amount of Each Disbursement         Mailing Address       607 14th Street N.W.       State       Zip Code       Amount of Each Disbursement         Cardidate Name       Bor C       20005       Amount of Each Disbursement       5         Office Sought:       X House       Disbursement For:       2008       Amount of Each Disbursement         Office Sought:       X House       Disbursement For:       2008       Transaction ID:       D73446         Langevi	
Mailing Address       P.O. Box 29136         City       State       Zip Code         Portland       OR       97296         Purpose of Disbursement       Otti       Category'         Candidate Name       Disbursement For:       2008         Office Sought:       House       Disbursement For:       2008         Primary       General       Category'         John D. Dingell For Congress Committee       Int       Int         Mailing Address       607 14th Street N.W.       State       Zip Code         Vashington       DC       2005       Amount of Each Disbursement         City       State       Oth       Category'       Y         Purpose of Disbursement       Contributions to Federal Candidates       Oth       Category'         City       State       Zip Code       Amount of Each Disbursement         Contributions to Federal Candidates       Oth       Category'       Y         Office Sought:       House       Disbursement For:       2008       Amount of Each Disbursement         Contributions to Federal Candidates       Oth       Other (specify)        Transaction ID:       D73446         Disbursement       Other (specify)       Seneral       Other (specif	
City       State       Zip Code         Purpose of Disbursement       OR       97296         Purpose of Disbursement       Orfice Sought:       House       Office Sought:         Office Sought:       House       Disbursement For:       2008         Office Sought:       Disbursement For:       2008         State:       District:       General Debt Retirem         Full Name (Last, First, Middle Initial)       John D. Dingell For Congress Committee       Transaction ID:       D73452         Date of Disbursement       City       State       Of1       City       State       Of1         City       State       Op of 14th Street N.W.       Suite 800       Of1       City       City       State       Of1         Candidate Name       Borisbursement       Of1       Category/ Type       Y       2       Y       2         Office Sought:       House       Disbursement For:       2008       Of11       Category/ Type       Y       2         Office Sought:       House       Disbursement For:       2008       Of11       Category/ Type       Y       2       Y       2         Office Sought:       House       Disbursement For:       2008       Disbursement       0	Y Y
Portland       OR       97296         Purpose of Disbursement       OI11       Cardidate Name       OI11         Candidate Name       Disbursement For:       2008         Office Sought:       House       Disbursement For:       2008         State:       District:       General Debt Retirem       Transaction ID:       D73452         John D. Dingell For Congress Committee       Mailing Address       607 14th Street N.W.       Suite 800       Amount of Each Disbursement         City       State       Disbursement For:       2008       Amount of Each Disbursement         Variable Name       Disbursement       Office Sought:       X House       Mailing Address       011         Candidate Name       Bedraid Candidates       O11       Category/       Y and the president       Suite 800         Office Sought:       X House       Disbursement For:       2008       O11       Category/         Office Sought:       X House       Disbursement For:       2008       O11       Category/         Office Sought:       X House       Disbursement For:       2008       O11       Category/         Office Sought:       X House       Disbursement For:       2008       O11       Category/         Full Name (Last, F	008
Image: Contributions to Federal Candidates       011         Candidate Name       011         Candidate Name       Senate         Office Sought:       House         Senate       Primary         President       General Debt Retirem         State:       Disbursement For:       2008         John D. Dingell For Congress Committee       Office Sough:       Transaction ID:       D73452         Mailing Address       607 14th Street N.W.       State       Zip Code       Amount of Each Disbursement         Mailing Address       607 14th Street N.W.       State       Zip Code       Amount of Each Disbursement         City       State       Zip Code       Amount of Each Disbursement       5         Candidate Name       Senate       O11       Category/       5         City       State       Zip Code       Amount of Each Disbursement         Candidate Name       Senate       Other (specify) ▼        5         Office Sought:       X House       Disbursement For:       2008       200       5         General       Other (specify) ▼        Transaction ID:       D73448       Date of Disbursement         Candidate Name       District: 15       Disbursement For:	
Candidate Name Jeff Merkley for Oregon       Category/ Type         Office Sought:       House President       Disbursement For: Senate President       208 General         State:       District:       General Debt Retirem         Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee       Transaction ID: D73452 Date of Disbursement         Mailing Address       607 14th Street N.W. Suite 800       Transaction ID: D73452         City       State       Zip Code 20005         Purpose of Disbursement Candidate Name Rep. John D. Dingell       Disbursement For: President       208 Other (specify)         Office Sought:       X       House Senate       Disbursement For: Other (specify)       208         Full Name (Last, First, Middle Initial) Langevin For Congress       Disbursement For: Other (specify)       208       Transaction ID: D73446 Date of Disbursement         Mailing Address       181-A Knight St       Mailing Address       181-A Knight St       Amount of Each Disbursement         City       State       Zip Code Q2886       Amount of Each Disbursement       20       1         City       State       Zip Code Q2886       Amount of Each Disbursement       2         City       State       Zip Code Q2886       Amount of Each Disbursement         Candidate Name       Candidates       Candid	00.00
Office Sought:       House       Disbursement For:       2008         Senate       President       General       X         State:       District:       General Debt Retirem       Transaction ID:       D73452         John D. Dingell For Congress Committee       Mailing Address       607 14th Street N.W.       Suite 800       Transaction ID:       D73452         City       State       Zip Code       Amount of Each Disbursement       Amount of Each Disbursement         Contributions to Federal Candidates       011       Category/ Type       Senate       011         Office Sought:       X       House       Disbursement For:       2008       2006         Office Sought:       X       House       Disbursement For:       2008       5         Office Sought:       X       House       Disbursement For:       2008       7       2         Office Sought:       X       House       Disbursement For:       2008       7       2       7       2         Office Sought:       X       House       Disbursement For:       2008       Amount of Each Disbursement         Mailing Address       181-A Knight St       Other (specify) ▼       Amount of Each Disbursement       10       10       2       7	
Senate       Primary       General         X Other (specify)       Ceneral Debt Retirem         Full Name (Last, First, Middle Initial)       John D. Dingell For Congress Committee       Transaction ID: D73452         Mailing Address       607 14th Street N.W.       State       Zip Code         Suite 800       City       State       Zip Code         Washington       DC       20005       Amount of Each Disbursement         Contributions to Federal Candidates       011       Category/       5         Office Sought:       X House       Disbursement For:       2008         Office Sought:       X House       Disbursement For:       2008         Full Name (Last, First, Middle Initial)       Disbursement For:       2008       Transaction ID: D73446         State:       MI       District: 15       Transaction ID: D73446       Transaction ID: D73446         Full Name (Last, First, Middle Initial)       Langevin For Congress       Transaction ID: D73446       Date of Disbursement         Mailing Address       181-A Knight St       10 0 1 20 7 20 7 2       20 7 2         City       State       Zip Code       Amount of Each Disbursement       20 7 2         Mailing Address       181-A Knight St       10 0 1 20 7 2       20 7 2	
Full Name (Last, First, Middle Initial)       John D. Dingell For Congress Committee       Transaction ID: D73452         Mailing Address       607 14th Street N.W.       Suite 800       10 ° ° 2 ° ° ° 2         City       State       Zip Code       Amount of Each Disbursement         Contributions to Federal Candidates       011       Category/       State         Contributions to Federal Candidates       011       Category/       Transaction ID: D73446         Office Sought:       X       House       Disbursement For: 2008       2008         President       Disbursement For: 2008       Transaction ID: D73446       Date of Disbursement         State: MI       District: 15       Disbursement For: 2008       Amount of Each Disbursement         Full Name (Last, First, Middle Initial)       Langevin For Congress       Transaction ID: D73446         Mailing Address       181-A Knight St       10 ° ° 2 ° ′ ° 2         City       State       Zip Code       Amount of Each Disbursement         Warwick       RI       02886       Amount of Each Disbursement         Purpose of Disbursement       011       Category/       2         City       State       Zip Code       Amount of Each Disbursement         Mailing Address       181-A Knight St       011       <	
John D. Dingell For Congress Committee       Date of Disbursement         Mailing Address       607 14th Street N.W. Suite 800       DC       Date of Disbursement         City       State       Zip Code       Amount of Each Disbursement         Contributions to Federal Candidates       011       Category/ Type       Senate       011         Candidate Name       Senate       Primary       X General       011         Office Sought:       X House       Disbursement For:       2008         Senate       Primary       X General       Other (specify)         Full Name (Last, First, Middle Initial)       Langevin For Congress       Transaction ID:       D73446         Mailing Address       181-A Knight St       Mailing Address       181-A Knight St       Amount of Each Disbursement         City       State       Zip Code       Amount of Each Disbursement       20         Warwick       Ri       02886       Purpose of Disbursement       20       2         Candidate Name       011       Category/       2       2       2	
Mailing Address       607 14th Street N.W. Suite 800       10       20       2         City       State       Zip Code       Amount of Each Disbursement         Washington       DC       20005       Amount of Each Disbursement         Contributions to Federal Candidates       011       Category/ Type       5         Office Sought:       X       House       Disbursement For: President       2008         State:       MI       District: 15       Other (specify)       Transaction ID: D73446         Full Name (Last, First, Middle Initial)       Langevin For Congress       Transaction ID: D73446         Mailing Address       181-A Knight St       10       20       2         City       State       Zip Code       Amount of Each Disbursement         Warwick       RI       02886       Amount of Each Disbursement         Purpose of Disbursement       011       Category/       2         Candidate Name       011       Category/       2       2	Y Y Y
Washington       DC       20005         Purpose of Disbursement Contributions to Federal Candidates       011 Category/ Type       5         Candidate Name Rep. John D. Dingell       011 Category/ Type       5         Office Sought:       X       House Senate       Disbursement For: President       2008         State: MI       District: 15       Other (specify)       ✓         Full Name (Last, First, Middle Initial) Langevin For Congress       Transaction ID: D73446         Mailing Address       181-A Knight St       10         City       State       Zip Code RI       Amount of Each Disbursement         Purpose of Disbursement Contributions to Federal Candidates       011 Category/       Amount of Each Disbursement         2       011 Category/       011 Category/       2	008
Contributions to Federal Candidates       011         Candidate Name       011         Candidate Name       Category/ Type         Office Sought:       X         X       House         Disbursement For:       2008         President       Other (specify)         State: MI       District: 15         Full Name (Last, First, Middle Initial)       Cherr (specify)         Langevin For Congress       Transaction ID:         Mailing Address       181-A Knight St         City       State         Varwick       RI         Purpose of Disbursement       011         Contributions to Federal Candidates       011         Candidate Name       011	
Rep. John D. Dingell       Type         Office Sought:       X       House       Disbursement For:       2008         Senate       Primary       X       General         President       Other (specify)       V         State: MI       District: 15         Full Name (Last, First, Middle Initial)       Langevin For Congress         Mailing Address       181-A Knight St         City       State       Zip Code         Warwick       RI       02886         Purpose of Disbursement       011         Candidate Name       011	00.00
Senate       Primary       X General         President       Other (specify)       ▼         State: MI       District: 15       Transaction ID: D73446         Full Name (Last, First, Middle Initial)       Langevin For Congress       Transaction ID: D73446         Mailing Address       181-A Knight St       10       10       10       10         City       State       Zip Code       Amount of Each Disbursement       20       12         Warwick       RI       02886       011       2       2         Purpose of Disbursement       011       Category/       2       2	
Full Name (Last, First, Middle Initial)       Transaction ID: D73446         Langevin For Congress       Date of Disbursement         Mailing Address       181-A Knight St         City       State       Zip Code         Warwick       RI       02886         Purpose of Disbursement       011         Contributions to Federal Candidates       011         Candidate Name       Category/	
Mailing Address     181-A Knight St       City     State     Zip Code       Warwick     RI     02886       Purpose of Disbursement     011       Contributions to Federal Candidates     011       Candidate Name     Category/	
City     State     Zip Code       Warwick     RI     02886       Purpose of Disbursement     011       Candidate Name     Category/	
Warwick     RI     02886       Purpose of Disbursement     011       Contributions to Federal Candidates     011       Candidate Name     Category/	008
Contributions to Federal Candidates     011       Candidate Name     Category/	t this Period
Candidate Name Category/	500.00
Mr. James Langevin Type	
Office Sought:     X     House     Disbursement For:     2008       Senate     Primary     X     General       President     Other (specify)     ▼	
State: RI District: 02	
SUBTOTAL of Disbursements This Page (optional)	00.00
TOTAL This Period (last page this line number only)	

TEMIZED DISBURSEMENTS         Any Information copied from such Reports and Staten or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act Full Name (Last, First, Middle Initial) Latourette For Congress Committee	for each c Detailed S nents may no e and addres	s of any political	d by a	any p		22 28a 28a			olicitin	Bc g cor			
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	e and addres	s of any political											· · · · ·
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act Full Name (Last, First, Middle Initial)							loui						
National Emergency Medicine Political Act           Full Name (Last, First, Middle Initial)	tion Comm	ittee											
			_										
								on ID: sburse		3447	7		
Mailing Address 320 Kenarden Dr.						<sup>™</sup> 0	M	□2	2 <b>0</b> /	Y	ž	o ò a	Y
City Highland Hts.	State OH	Zip Code 44143				Amou	int of	Each	Disbu	rsen			
Purpose of Disbursement Contributions to Federal Candidates				011		L.					30	00.00	)
Candidate Name Rep. Steven C. LaTourette				atego Type									
Senate President	ement For: Primary Other (spec	2008 X General cify) ▼											
State: OH District: 14 Full Name (Last, First, Middle Initial)													
Lautenberg For Senate						Date		on ID: sburse	ement	347(	-	×	V
Mailing Address Riverfront Plaza Station PO Box 200596						<b>1</b> <sup>™</sup> 0		2	2 <b>0</b> /	ľ	ź	o ò a	Ť
City Newark	State NJ	Zip Code 07102				Amou	int of	Each	Disbu	rsen			
Purpose of Disbursement Contributions to Federal Candidates				011		L.					50	00.00	)
Candidate Name Sen. Frank R. Lautenberg				atego Type	-								
Office Sought: House Disburse X Senate President State: NJ District: 00	ement For: Primary Other (spec	2008 X General cify) ▼											
Full Name (Last, First, Middle Initial)								on ID:		387(	0		
Lee for Congress							of Di	sburse	ement	V	v	v	Y
Mailing Address P.O. Box 15395						1 0		3	Ĭ	Ľ	Ż	o ò a	
City Rochester	State NY	Zip Code 14615				Amou	int of	Each	Disbu	rsen			-
Purpose of Disbursement Contributions to Federal Candidates				011		L.					25	00.00	)
Candidate Name Lee for Congress				atego Type	-								
Senate President	ement For: Primary Other (spec	2008 X General cify) ▼											
							v	U. I		1	050	0.00	)
SUBTOTAL of Disbursements This Page (optional)					<u> </u>		0	•			550	,0.00	
TOTAL This Period (last page this line number only) E6AN026				•••			~ •				. 01/0	(Re	

SCHEDULE B (FEC Form 3 ITEMIZED DISBURSEMENT	Use separate schedule(s	(check on	<u> </u>		PAGE 108 / 123	
	Detailed Summary Page	21b 27	22 X 23 28a 28b		25 2 29 3	
Any Information copied from such Reports a or for commercial purposes, other than usin						
NAME OF COMMITTEE (In Full)						
National Emergency Medicine Pol	itical Action Committee					
Full Name (Last, First, Middle Initial) Lee for Congress			Transaction ID: D74120 Date of Disbursement			
Mailing Address P.O. Box 15395			1 1 <sup>M</sup> 2		D Ó 8 Ĭ	
City Rochester	State Zip Code NY 14615		Amount of Each			
Purpose of Disbursement VOID CK #6825 from 10/31/08		011		-250	00.00	
Candidate Name Lee for Congress		Category/ Type	-			
Office Sought: House Senate President	Disbursement For: 2008 Primary X General Other (specify) ▼		VOID CK # 68	25 10/31/08		
State: District:						
Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress			Transaction ID: D74108 Date of Disbursement			
Mailing Address 4011 SW 21st				<sup>D</sup> / Y Y 9 / 20	D Ó 8 Č	
City Topeka	State Zip Code KS 66604		Amount of Each			
Purpose of Disbursement Contributions to Federal Candidates Candidate Name		011 Category/		200	0.00	
Lynn Jenkins for Congress		Туре				
Office Sought: House Senate President State: District:	Disbursement For: 2008 Primary General X Other (specify) ▼ Primary Debt 2008					
Full Name (Last, First, Middle Initial) Martin Heinrich for Congress			Transaction ID: Date of Disburse			
Mailing Address 2118 CENTRAL	AVENUE SE #71		M M / D	<sup>D</sup> / Y Y 2 / 2 (	D Å 8 Å	
City ALBUQUERQUE	State Zip Code NM 87106		Amount of Each	Disbursement	this Period	
Purpose of Disbursement Contributions to Federal Candidates		012		200	00.00	
Candidate Name Martin Heinrich for Congress		Category/ Type				
Office Sought: House Senate President	Disbursement For: 2008 Primary General X Other (specify) ▼					
State: District:	General Debt Retirem					
SUBTOTAL of Disbursements This Page				150	0.00	
TOTAL This Period (last page this line nu	nper only)	►				

FE6AN026

SCHEDULE B (FEC Fo ITEMIZED DISBURSEN	IENTS	for each o	rate schedule(s) category of the Summary Page		FOR LIN (check of 21b	only one		R:	23		_ Р/ ] 24	AGE	109 / 25	123
Any Information copied from such R	eports and Statemen	ts may no	ot be sold or used			n for th								
or for commercial purposes, other th NAME OF COMMITTEE (In Ful National Emergency Medici	)			com		SOIICIT	contr	IDUTI		rom	such	comm		
Full Name (Last, First, Middle In Nick Leibham for Congress	tial)								on ID sburs		D7394 ent	43		
Mailing Address 425 W 5th Ste 205	ı Ave					- [	<sup>M</sup> 0	M	D	2 9 <sup>D</sup>		ź	οòε	8 <sup>Y</sup>
City Escondido	Sta C/		Zip Code 92025-4843			A	Amou	int of	Each	h Di	sburse	-		
Purpose of Disbursement Contributions to Federal Candida	ates				011							25	00.00	<u>)</u>
Candidate Name Nick Leibham for Congress Office Sought: House	Disburseme	ant For:	2008		tegory/ Гуре									
Senate President	P	rimary ther (spe	X General											
State: District: Full Name (Last, First, Middle Ini Olson for Congress Commi	,						Date	of Di	sburs	sem				N
Mailing Address PO Box 1	6381						1 <sup>1</sup> 1	M	D	12		ź	οòε	3 <sup>×</sup>
City Sugar Land	Sta T>		Zip Code 77496			A	Amou	int of	Each	h Di	sburse			
Purpose of Disbursement Contributions to Federal Candida	ates				011							20	00.00	)
Candidate Name Olson for Congress Commi					tegory/ Γype									
Office Sought: House Senate President	ХО	rimary Other (spe	• •											
State: District: Full Name (Last, First, Middle Ini Porter For Congress	tial)						Date	of Di	sburs	sem		54		
Mailing Address 7840 Red	Leaf Drive					[	<sup>™</sup> 0	M		20		Ź	οòε	<b>β</b> <sup>Υ</sup>
City Las Vegas	Sta N		Zip Code 89131			A	Amou	int of	Each	h Di	sburse			
Purpose of Disbursement Contributions to Federal Candida Candidate Name	ites			_	011							25	00.00	J
Rep. Jon C. Porter	Diahuragar	opt Ear	2008		tegory/ Гуре									
Office Sought: X House Senate President State: NV District: 03		ent For: rimary Other (spe	2008 X General cify) ▼											
												70	00.00	)
<b>SUBTOTAL</b> of Disbursements Thi <b>TOTAL</b> This Period (last page this								-	-	*	• •			
	ine number only)				🕨							-		

SCHEDULE B (FEC Form	3X)	FORLIN		PAGE 110/122			
ITEMIZED DISBURSEMEN	Use separate scriedule(s)						
Any Information copied from such Reports or for commercial purposes, other than usi		ed by any person	for the purpose of solid	citing contributions			
	<u> </u>						
National Emergency Medicine Po	olitical Action Committee						
Full Name (Last, First, Middle Initial) Rangel For Congress			Transaction ID: Date of Disbursem				
Mailing Address PO Box 5577 Manhattanville	Sta			0 / Y Y 0 0 8			
City New York	State Zip Code NY 10027	_	Amount of Each D	isbursement this Period			
Purpose of Disbursement Contributions to Federal Candidates		011		2500.00			
Candidate Name Rep. Charles B. Rangel		Category/ Type	_				
Office Sought: X House Senate President State: NY District: 15	Disbursement For: 2008 Primary X General Other (specify)						
Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS II	NC.		Transaction ID: Date of Disbursem	nent			
Mailing Address POB 640							
City Totowa	State Zip Code NJ 07511		Amount of Each D	isbursement this Period			
Purpose of Disbursement Contributions to Federal Candidates		011		2500.00			
Candidate Name Rep. Bill Pascrell, Jr.	1	Category/ Type					
Office Sought: X House Senate President State: NJ District: 08	Disbursement For: 2008 Primary X General Other (specify) ▼						
Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS			Transaction ID: Date of Disbursem				
Mailing Address PO Box 12786	8						
City San Diego	State Zip Code CA 92112		Amount of Each D	isbursement this Period			
Purpose of Disbursement Contributions to Federal Candidates				2500.00			
Candidate Name Rep. Bob Filner	1	Category/ Type	_				
Office Sought: X House Senate President State: CA District: 51	Disbursement For: 2008 Primary X General Other (specify) ▼						
SUBTOTAL of Disbursements This Pag	e (optional)			7500.00			
TOTAL This Period (last page this line n	umber only)						
E6AN026			FEC Schedule	B (Form 3X) (Revised			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		-	R LINE	-	R:				PA	GE	111	/ 123
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(ch	eck only 21b 27	one) 22 28a	X	23 28b	F		4 8c	$\square$	25 29	$\square$
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				person f	or the pu		e of	sol	licitin	g co		oution	s
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	ion Committee												
Full Name (Last, First, Middle Initial) ELLSWORTH FOR CONGRESS COMMIT	TEE				Trans Date	of Di	sbur	ser	ment	343		V	V
Mailing Address P.O. Box 62					1 0			2	ŏ ′	Ľ	2	οò	8 '
City Evansville	State Zip Code IN 47701				Amou	int of	f Eac	h [	Disbu	rsei	-		
Purpose of Disbursement Contributions to Federal Candidates Candidate Name			011 atego		L						25	600.0	0
Rep. Brad Ellsworth         Office Sought:       X       House       Disburse         Senate       President       Image: Comparison of the senate       Image: Comparison of the senate         State:       IN       District:       08	ement For: 2008 Primary X General Other (specify) ▼		Туре	9									
Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONG	RESS				Trans Date		sbur	ser	ment	343 ×	-	Y	Y
Mailing Address 22 West Padonia Road S	Suite C-141				10			2	Ŏ	Ľ	2	0 ò	B
City Timonium	State Zip Code MD 21093				Amou	int of	f Eac	h [	Disbu	rsei		t this	
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. C.A. Dutch Ruppersberger		Ca	011 atego Type	ory/							20	100.0	<u> </u>
	ement For: 2008 Primary X General Other (specify)		1 ypc	<u> </u>									
Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON					Trans Date	of Di	sbur	ser	ment	346	-		
Mailing Address P.O. BOX 61					1 <sup>M</sup> 0	М	/ D	2	0	Y	ž	οò	B
SŤ. CLAIRSVILLE	State Zip Code OH 43950				Amou	int o	f Eac	h [	Disbu	rsei		-	
Purpose of Disbursement Contributions to Federal Candidates			011		L.						20	00.0	U
Candidate Name Rep. Charlie Wilson			atego Type	-									
Office Sought: X House Disburse Senate President State: OH District: 06	ement For:2008PrimaryXOther (specify)												
SUBTOTAL of Disbursements This Page (optional)				•		v					70	00.0	0
TOTAL This Period (last page this line number only)		<u>.</u>											

ITEMIZED DISBURSEMENTS       ior search extragory of the image of th			B (FEC Form			arate schedule(s)			OR LINE		R:				PA	GE	112/	123
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee          NAME OF COMMITTEE (in Full)       National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initia)       KILDEE FOR CONGRESS COMMITTEE         Mailing Address       P.O. Box 317         Oity       State         Propose of Disbursement       011         Controlutions to Federal Candidates       0111         Controlutions to Federal Candidates       0111         Controlutions to Federal Candidates       0111         City       Senate         President       Disbursement For:         City       Senate         President       Other (specify)         State: MI       Disbursement For:         President       Other (specify)         Mailing Address       818 SW Third Ave: #1182         City       Senate         Purpose of Disbursement       011         Candidate Name       011         City       Senate         Purpose of Disbursement       011         City       Senate         Purpose of Disbursement       011         City       For Condidates         City       For Condidates         City </th <th></th> <th></th> <th></th> <th></th> <th>Detailed \$</th> <th>Summary Page</th> <th></th> <th></th> <th>21b 27</th> <th>22 28a</th> <th>X</th> <th>28b</th> <th>F</th> <th>2</th> <th>Bc</th> <th></th> <th>29</th> <th></th>					Detailed \$	Summary Page			21b 27	22 28a	X	28b	F	2	Bc		29	
Full Name (Last, First, Middle Initial)       Transaction ID: D73440         Mailing Address       P.O. Box 317         City       State       Zip Code         Flint       Mill 48501         Purpose of Disbursement       Contributions to Federal Candidates         Candidate Name       State         Persole of Disbursement       Disbursement For:         2008       Senate         President       District: 05         Full Name (Last, First, Middle Initial)       DAVE WU FOR US CONGRESS         Mailing Address       818 SW Third Ave. #1182         City       State:       Zip Code         Portland       OR       97204         Purpose of Disbursement       Contributions Federal Candidates         Candidate Name       Senate       Disbursement For:         2008       Senate       Office Sought:         Y House       Disbursement For:       2008         City       Senate       Primary         Yee:       Disbursement For:       2008         Category/       Transaction ID:       D73451         Date of Disbursement       Disbursement For:       2008         Category/       Yee 2 & Yee 0 & 8       Yee 0 & 8         Parupose of Disbursemen	or for comm	ercial pu	rposes, other than usi															3
KILDEE FOR CONGRESS COMMITTEE       Date of Disbursement         Mailing Address       P.O. Box 317         City       State       Zip Code         Flint       Mil       48501         Purpose of Disbursement       011         Cardidata Name       011         Cardidata Name       011         Cardidata Name       Disbursement For:         Cardidata Name       President         State: MI       District: 05         Park WU FOR US CONGRESS       Date of Disbursement for:         Mailing Address       818 SW Third Ave. #1182         City       State: MI         Date of Disbursement       011         City       State: MI         Purpose of Disbursement       011         Cardidata Name       Cardigaty         Mailing Address       818 SW Third Ave. #1182         City       State: OR         Purpose of Disbursement       011         Cardidata Name       Disbursement For:       2008         City       Senate       Primary         Purpose of Disbursement       011         Cardidata Name       Other (specify) ▼         Amount of Each Disbursement For:       2008         City       Senate </td <td>National</td> <td>al Emer</td> <td>gency Medicine Po</td> <td>olitical Acti</td> <td>ion Comm</td> <td>ittee</td> <td></td>	National	al Emer	gency Medicine Po	olitical Acti	ion Comm	ittee												
City       State       Zip Code         Mile       Amount of Each Disbursement this Pe         Contributions to Federal Candidates       011         Candidate Name       011         Candidate Name       Senate         Office Sought:       X House         District: 05       Disbursement For:         2008       Primary         X General       Other (specify)         State: MI       District: 05         Full Name (Last, First, Middle Initial)       DAVE WU FOR US CONGRESS         Mailing Address       818 SW Third Ave. #1182         City       State         Portland       OR         Office Sought:       X House         Disbursement       Other (specify)         Cardidate Name       Category         Rep. David Wu       Disbursement For:       2008         Office Sought:       X House       Disbursement For:       2008         Cardidate Name       President       Disbursement For:       2008         Cardidate Name       Senate       Other (specify)       Transaction ID:       D73451         Date of Disbursement For:       2008       Other (specify)       Tate of Disbursement ID:       D73451         Date of Disbursement For			,	MITTEE						Date o	of D	isburs	ser	ment	344 Y	-	Y	Y
Flint       MI       48501         Purpose of Disbursement Contributions to Federal Candidates       011       Category/ Type       2500.00         Office Sought:       X       House President       Disbursement For:       2008         Office Sought:       X       House President       Disbursement For:       2008         Primary       X       General       Other (specify) ▼         Full Name (Last, First, Middle Initial)       DAVE WU FOR US CONCRESS       Transaction ID: D73458         Mailing Address       818 SW Third Ave. #1182       Transaction ID: D73458         City       State:       011       Category/ Type         Ornitolutions to Federal Candidates       011       Category/ Type       Amount of Each Disbursement this Pe         Contributions to Federal Candidates       011       Category/ Type       Y 2 0 0 8         Office Sought:       House President       Disbursement For:       2008         Purpose of Disbursement       Office (specify) ▼       X       General         Office Sought:       House President       Disbursement For:       2008         Office Sought:       House President       Disbursement For:       2008         Office Sought:       House President       Disbursement For:       2008 <tr< td=""><td>Mailing A</td><td>Address</td><td>P.O. Box 317</td><td></td><td></td><td></td><td></td><td></td><td></td><td>10</td><td></td><td></td><td>2</td><td>0</td><td>L</td><td>2</td><td>008</td><td>3</td></tr<>	Mailing A	Address	P.O. Box 317							10			2	0	L	2	008	3
Image: Contributions to Federal Candidates       011         Contributions to Federal Candidates       011         Office Sought:       X House         President       Disbursement For:       2008         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       DAVE WU FOR US CONGRESS         Mailing Address       818 SW Third Ave. #1182         City       State:       011         Purpose of Disbursement       011         Candidate Name       011         State: OR       District: 01         Purpose of Disbursement       Other (specify) ▼         State: OR       District: 01         BLUMENAUER FOR CONGRESS       011         Mailing Address       830 NE Holladay Suite 105         City       Senate       011         Purpose of Disbursement       011	Flint									Amou	nt o	fEac	h [	Disbu	rser	-		
Rep. Dale E. Kildee       Type         Office Sought:       X       House       Disbursement For:       2008         State: MI       District: 05       Other (specify)       Image: Control of the contrened of the control of the control of the conthe contr	Contribu	tions to F					C	-	_	L .						25	00.00	J
DAVE WU FOR US CONGRESS       Date of Disbursement         Mailing Address       818 SW Third Ave. #1182         City       State       Zip Code         Portland       OR       97204         Purpose of Disbursement       011         Candidate Name       President         Rep. David Wu       Disbursement For:       2008         Office Sought:       X       House         President       Disbursement For:       2008         Other (specify)       Image: Code         Mailing Address       830 NE Holladay Suite 105       Transaction ID:       D73451         Date of Disbursement       Disbursement For:       2008       Y       2 0 0 8         Mailing Address       830 NE Holladay Suite 105       Amount of Each Disbursement this Pe         City       State       Zip Code       Y       2 0 0 8         Portland       OR       97232       Amount of Each Disbursement this Pe         Cotifue Sought:       X       House       Disbursement For:       2008         City       Senate       OI1       Category/       Y       2 0 0 8         Office Sought:       X       House       Disbursement For:       2008         Candidate Name       Senat	Rep. Da	ale E. K ought:	X House Senate President	Disburse	Primary	X General												
City       State       Zip Code         Portland       OR       97204         Purpose of Disbursement       011         Contributions to Federal Candidates       011         Candidate Name       Senate         President       Disbursement For:       2008         Office Sought:       X House       Disbursement For:       2008         President       Other (specify)       Image: Control Contro	DAVE	WU FO	R US CONGRESS							Date o	of D	isburs	ser	ment	345 Y		0 Å C	Y
Portland       OR       97204         Purpose of Disbursement       OI1       Category/         Candidate Name       Disbursement For:       2008         Candidate Name       President       Other (specify) ▼         State: OR       District: 01         Full Name (Last, First, Middle Initial)       BLUMENAUER FOR CONGRESS         Mailing Address       830 NE Holladay Suite 105         City       State       OR         Purpose of Disbursement       OR         City       State       OR         Purpose of Disbursement       OR         City       State       OI1         Purpose of Disbursement       OR         Category/       Type         Office Sought:       X         Portland       OR         Office Sought:       X         Mailing Address       Bonue         Office Sought:       X         President       Disbursement For:       2008         Office Sought:       X       House         President       Disbursement For:       2008         Office Sought:       X       House       Disbursement For:         Other (specify)         7500.00	Mailing A	Address	818 SW Third	Ave. #1182	2					10			2	0		2	008	5
Contributions to Federal Candidates       011         Candidate Name       011         Candidate Name       011         Category/ Rep. David Wu       Disbursement For:       2008         Office Sought:       X       House       Disbursement For:       2008         President       Other (specify) ▼       Image: Control of the second se	Portlan	-								Amou	nt o	fEac	h [	Disbu	rser	0		
Rep. David Wu       Type         Office Sought:       X       House       Disbursement For:       2008         Senate       President       Other (specify)       ✓       Image: President         State: OR       District: 01       Other (specify)       ✓       Image: President         Full Name (Last, First, Middle Initial)       BLUMENAUER FOR CONGRESS       Image: President       Image: President       Image: President         Mailing Address       830 NE Holladay Suite 105       Image: President       Image: Pres	Contribu	tions to F	ederal Candidates							L.						20	00.00	J
Senate       Primary       X General         Other (specify)       Image: Construction of the system of the syste	Rep. D	avid Wi	۱															
BLUMENAUER FOR CONGRESS       Date of Disbursement         Mailing Address       830 NE Holladay Suite 105         City       State       Zip Code         Portland       OR       97232         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Candidate Name       Disbursement For:       2008         Senate       Primary       General         Office Sought:       X       House         Disbursements This Page (optional)       Other (specify)       T500.00		-	Senate President	Disburse	Primary	X General												
City       State       Zip Code         Portland       OR       97232         Purpose of Disbursement       011         Contributions to Federal Candidates       011         Candidate Name       011         Category/       Type         Office Sought:       X         X       House         Disbursement For:       2008         Senate       Primary         V       General         Other (specify)          State: OR       Disbursements This Page (optional)         Subtrottal of Disbursements This Page (optional)				s											345	1		
Portland       OR       97232         Purpose of Disbursement       011         Contributions to Federal Candidates       011         Candidate Name       011         Candidate Name       Category/ Rep. Earl Blumenauer       011         Office Sought:       X       House       Disbursement For:       2008         Senate       Primary       X General       Other (specify)       ▼         State: OR       District: 03       Other (specify)       ▼       7500.00	Mailing A	Address	830 NE Hollada	ay Suite 10	05						М	/ D	2	0	Y	ž	0 Å 8	<b>}</b> <sup>Y</sup>
Contributions to Federal Candidates       011         Candidate Name       011         Candidate Name       Category/ Type         Office Sought:       X         Senate       Primary         President       Other (specify)         State: OR       District: 03         SUBTOTAL of Disbursements This Page (optional)       T500.00	Portlan									Amou	nt o	fEac	h [	Disbu	rser	-		
Rep. Earl Blumenauer       Type         Office Sought:       X       House       Disbursement For:       2008         Senate       Primary       X General       Other (specify)       ▼         State: OR       District: 03       Other (specify)       ▼       7500.00	Contribu	tions to F						- 0		L.						25	00.00	J
Senate       Primary       X General         President       Other (specify)       ▼         State: OR       District: 03       ▼         SUBTOTAL of Disbursements This Page (optional)       ▶       7500.00	Rep. Ea	arl Blun		1														
SUBTOTAL of Disbursements This Page (optional)		0	Senate President	Disburse	Primary	X General												
TOTAL This Period (last page this line number only)				e (optional) .					•							75	00.00	)
	TOTAL Th	is Perioc	I (last page this line n	umber only)					►									

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	ule(s)			NUMBE	ER:				PA	GE	113	/ 123
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	y one) 22 28a	X	23 28		2	4 3c	Π	25 29	$\square$
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam													s
NAME OF COMMITTEE (In Full)						inout		,	in out				
National Emergency Medicine Political Ac	ion Committee												
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS					<b>Tran</b> Date					394	2		
Mailing Address PO BOX 3176					<sup>™</sup> 0	Μ		<sup>D</sup> 2	9 9	Y	ž	οòε	B <sup>Y</sup>
City Long Branch	StateZip CodeNJ07740				Amo	unt o	f Ea	ach [	Disbu	rser	-	-	Perio
Purpose of Disbursement Contributions to Federal Candidates Candidate Name			01	· · · · ·	L.						30	00.0	0
Rep. Frank Pallone, Jr.			ateg Typ	-									
Office Sought: X House Disburs Senate President State: NJ District: 06	ement For: 2008 Primary X General Other (specify) ▼												
Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US					<b>Tran</b> Date		-	irsei	ment	344	1		
Mailing Address P.O. Box 490					<sup>™</sup> 0	М	′	<sup>D</sup> 2	<b>0</b> /	Y	ž	٥ ð ٤	3 <sup>°</sup>
City St. Joseph	State Zip Code MI 49085				Amo	unt o	f Ea	ach [	Disbu	rser	-	-	Perio
Purpose of Disbursement Contributions to Federal Candidates			01 <sup>-</sup>	· · · · ·	L.						15	00.0	0
Candidate Name Rep. Fred Upton			ateg Typ										
Office Sought: X House Disburs Senate President State: MI District: 06	ement For: 2008 Primary X General Other (specify) ▼												
Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMF	AIGN				<b>Tran</b> Date	of D	isbu	irsei	ment	346	1		
Mailing Address PO BOX 16128					1 <sup>M</sup> 0	М		<sup>D</sup> 2	0	Y	ž	0 ð 8	B <sup>Y</sup>
City HOUSTON	State Zip Code TX 77222				Amo	unt o	f Ea	ach [	Disbu	rser		-	Perio
Purpose of Disbursement Contributions to Federal Candidates			01 <sup>-</sup>		L.						25	00.0	U
Candidate Name Rep. Gene Green			ateg Typ	-									
Office Sought: X House Disburs Senate President	ement For: 2008 Primary X General Other (specify)	-											
State: TX District: 29													
SUBTOTAL of Disbursements This Page (optional)											70	0.00	0

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	<b>,</b>			NUMBE	R:			PA	GE	114	123
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	<i>'</i>		21b 27	y one) 22 28a	X	23 28b	$\square$	24 28c	$\square$	25 29	$\square$
Any Information copied from such Reports and S												;
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any politica	al corr	Imitt	ee to sc		ribut	ions ti	roms	such c	omn	nittee	
National Emergency Medicine Politica	Action Committee											
Full Name (Last, First, Middle Initial)							-	-	07343	32		
LARSON FOR CONGRESS					Date	_	isburs		nt	v	v	V
Mailing Address 29 RUFF CIRCLE					10			2 Ŏ		2	٥ ð ٤	3
City GLASTONBURY	State Zip Code CT 06033				Amou	int o	f Eacl	h Dis	burse	men	t this I	Period
Purpose of Disbursement	01 00000		U							25	00.0	C
Contributions to Federal Candidates			01 <sup>-</sup>									
Candidate Name Rep. John B. Larson			ateg Typ									
	bursement For: 2008											
Senate President	Primary X General Other (specify) ▼											
State: CT District: 01												
Full Name (Last, First, Middle Initial)					Trans	acti	ion ID	): C	)7342	29		
MARY BONO MACK COMMITTEE						_	isburs		nt			14
Mailing Address P.O. Box 3370					1 <sup>M</sup> 0	М	/ D	20	/ Y	ž	0 Å 8	3 <sup>×</sup>
City Palm Springs	State Zip Code CA 92263				Amou	int o	f Eacl	h Dis	burse	men	t this I	Perio
Purpose of Disbursement	0/1 32200		-							15	00.0	C
Contributions to Federal Candidates			01									
Candidate Name Rep. Mary Bono Mack			ateg Typ									
Office Sought: X House Dis Senate President State: CA District: 45	bursement For: 2008 Primary X General Other (specify) ▼	1										
Full Name (Last, First, Middle Initial)					Trans	acti	ion ID	)· Г	17346	34		
MCCAUL FOR CONGRESS INC					Date	of D	isburs	seme		, <del>т</del>		N
Mailing Address 815-A Brazos Street					1 <sup>M</sup> 0	М	/ D	20	/ Y	ź	0 Å 8	3 <sup>°</sup>
City Austin	State Zip Code TX 78701				Amou	int o	f Eacl	h Dis	burse	men	t this I	Perio
Purpose of Disbursement	1/ 10/01									25	00.0	5
Contributions to Federal Candidates Candidate Name Rep. Michael T. McCaul			01 <sup>-</sup> ateg Typ	ory/								
Senate President	bursement For: 2008 Primary X General Other (specify) ▼		-									
State: TX District: 10												
SUBTOTAL of Disbursements This Page (option	onal)			•						65	00.00	)
TOTAL This Period (last page this line number	only)			►								
E6AN026					FE	C S	chedu	ule B	( For	m 3X	) (Re	vised

SCHEDULE B (FEC Forr	Use separate schedul	e(s) (check on	NUMBER:         PAGE 115 / 123           ly one)         22         X         23         24         25         2
Any Information copied from such Repo or for commercial purposes, other than	rts and Statements may not be sold or	used by any person	28a 28b 28c 29 3 for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine			
Full Name (Last, First, Middle Initial)			Transaction ID: D73426 Date of Disbursement
Mailing Address PO Box 3040	05		$10^{\text{M}}  ^{\prime} 20^{\prime}  ^{\prime} 200^{\prime}  ^{\prime} 200^{\prime} 8^{\prime}$
City Bethesda	State Zip Code MD 20824-04	105	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates		011	1000.00
Candidate Name Rep. Nita M. Lowey		Category/ Type	_
Office Sought: X House Senate President State: NY District: 18	Disbursement For: 2008 Primary X Gene Other (specify) ▼	ral	
Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CON			Transaction ID: D73448 Date of Disbursement $10^{M}0^{M}$ / $^{D}20^{J}$ / $^{Y}2008^{Y}$
Mailing Address P.O. Box 868	3		10 20 2008
City Levittown	State Zip Code PA 19058		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates		011	5000.00
Candidate Name Rep. Patrick Murphy		Category/ Type	
Office Sought: X House Senate President State: PA District: 08	Disbursement For:       2008         Primary       X         Gene         Other (specify)	ral	
Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE			Transaction ID: D73433 Date of Disbursement
Mailing Address 499 South C Suite 412	apitol Street, SW		$10^{\text{M}} / 20^{\text{D}} / 200^{\text{Y}}$
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates		011	2500.00
Candidate Name Rep. Phil Hare	_	Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2008 Primary X Gene Other (specify) ▼	ral	
State: IL District: 17			8500.00
SUBTOTAL of Disbursements This P TOTAL This Period (last page this line			6500.00
			EEC Sebedulo B ( Form 2V) (Deviced

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR L heck			R:				PA	GE	116	/ 123
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21k 27		22 28a	X	23 28k	,		24 28c		25 29	
ny Information copied from such Reports and State													s
NAME OF COMMITTEE (In Full)	ic and address of any politica			301		indui	10113				,0111		
National Emergency Medicine Political Ac	tion Committee												
Full Name (Last, First, Middle Initial) FRELINGHUYSEN FOR CONGRESS					<b>Tran</b> Date						57		
Mailing Address 19 CATTANO AVENUE		 			<sup>м</sup> 0	М	/	2	D 0	/	Ž	οŏ	8 <sup>Y</sup>
City MORRISTOWN	StateZip CodeNJ07960				Amou	unt c	f Ea	ch	Dis	burse	-	t this	
Purpose of Disbursement Contributions to Federal Candidates				]	L.						25	500.0	0
Candidate Name Rep. Rodney Frelinghuysen		ateg Typ	gory/ ce										
Office Sought: X House Disburs Senate President State: NJ District: 11	ement For: 2008 Primary X General Other (specify) ▼												
Full Name (Last, First, Middle Initial)		 			Trans	act	ion I	<u>،</u>		7346	:2		
TAMMY BALDWIN FOR CONGRESS					Date		isbu		me			0 Ŏ	Y
Mailing Address P.O. Box 696					10		L	2	0		2	00	8
City Madison	StateZip CodeWI53701				Amou	unt c	f Ea	ch	Dis	burse	0	t this	
Purpose of Disbursement Contributions to Federal Candidates Candidate Name		01	1 gory/	]	L.						25	500.0	0
Rep. Tammy Baldwin		Typ											
Office Sought: X House Disburs Senate President State: WI District: 02	ement For: 2008 Primary X General Other (specify) ▼												
Full Name (Last, First, Middle Initial) PEOPLE FOR PLATTS COMMITTEE					<b>Tran</b> Date						50		
Mailing Address 3695 Sorrel Ridge Lane		 			<sup>™</sup> 0	М	/	2	D 0	/	ž	οŏ	8 <sup>Y</sup>
City YORK	StateZip CodePA17406	 			Amou	unt c	f Ea	ch	Dis	burse	-	t this	
Purpose of Disbursement Contributions to Federal Candidates		01	1	1	L						50	000.0	U
Candidate Name Rep. Todd R. Platts		ateg Typ	gory/ ce										
Senate President	ement For: 2008 Primary X General Other (specify) ▼												
State: PA District: 19		 				-	-				-	-	
SUBTOTAL of Disbursements This Page (optional)		 <u></u>		▶				-			100	00.0	0
TOTAL This Period (last page this line number only	()	 											

	-	AIZED DISBURSEMENTS						R LINE	NUMBI y one)	ER:			PA	GE	117/	123
				Detailed	Summary Page		Ì	21b 27	22 28a	X	23 28b		24 28c		25 29	2
	y Information copied from s for commercial purposes, o															5
$\overline{\mathbf{b}}$	NAME OF COMMITTEE National Emergency N	(In Full)														
Ľ					intee											
	Full Name (Last, First, Mic WALLY HERGER FO	,	SS COMM	IITTEE					Date	of D	isburs	em		19		
	Mailing Address P.O.	Box 1500							1 <sup>M</sup> 0			20	/ Y	Ź	οòε	B <sup>Y</sup>
	City Chico		St C	ate A	Zip Code 95927				Amo	unt o	f Each	ו Di	sburse	-		
	Purpose of Disbursement Contributions to Federal C						01 <sup>-</sup>		L					25	600.00	)
	Candidate Name Rep. Wally Herger						ateg Typ	-								
	Pre	nate esident		ent For: Primary Other (spe	2008 X General ecify) ▼											
	State: CA Distric															
	Full Name (Last, First, Mic Rogers For Congress	dole Initial)							-		isburs	em			V	V
		Box 581 Office Box	581						1 0	IVI	2	2 Ŏ	/	Ź	οòε	8
	City Brighton		St M	ate II	Zip Code 48116				Amo	unt o	fEach	ו Di	sburse	men	t this F	Period
	Purpose of Disbursement Contributions to Federal C						01	1	L.					25	00.00	)
	Candidate Name Rep. Michael J. Roger	ΓS					ateg Typ	-								
		nate esident		ent For: Primary Other (spe	2008 X General ecify) ▼											
	Full Name (Last, First, Mid TOM ROONEY FOR		S								<b>on ID</b> isburs		D7396 ent	62		
	Mailing Address 2336	6 S. East Oc	ean Blvd.	#313					<sup>™</sup> 1	М	/ D	12	/ )	ź	οòε	} <sup>Y</sup>
	City Stuart		St F	ate L	Zip Code 34996				Amo	unt o	f Each	ו Di	sburse			-
	Purpose of Disbursement Contributions to Federal C						Q1 <sup>-</sup>		L					20	00.00	)
	Candidate Name TOM ROONEY FOR	CONGRES	S				ateg Typ	•								
	Se	use nate esident	ХС	Primary Other (spe												
_	State: Distric	t:	General o	debt retii	rem											
5	UBTOTAL of Disbursemer	nts This Page	(optional)					►						70	00.00	)

FE6AN026

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 118 / 123
ITEMIZED DISBURSEMENTS		(check only one)         21b         22         X         23         24         25         2           27         28a         28b         28c         29         3
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,, _	
National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) FRIENDS OF SENATOR CARL LEV	N	Transaction ID: D73469 Date of Disbursement
Mailing Address 10 G STREET NE,	SUITE 470	
City WASHINGTON	State Zip Code DC 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates		2500.00
Candidate Name Sen. Carl Levin	Т	tegory/ <sup>-</sup> ype
X Senate President	sbursement For: 2008 Primary X General Other (specify) ▼	
State: MI District: 00		
Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE		Transaction ID: D74107 Date of Disbursement
Mailing Address 422 C Street, NE Lower Level		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates		1000.00
Candidate Name Sen. Ken L. Salazar		tegory/ ype
Office Sought: House Di X Senate President	sbursement For: 2010 X Primary General Other (specify) ▼	
State: CO District: 00		
Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE		Transaction ID: D73958 Date of Disbursement
Mailing Address POST OFFICE BO	X 12469	
City ATLANTA	State Zip Code GA 30355	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	C	5000.00
Candidate Name Sen. Saxby Chambliss	Т	tegory/ ype
X Senate President	sbursement For: 2008 Primary General X Other (specify) ▼	
State: GA District: R	unoff	
SUBTOTAL of Disbursements This Page (op	ional)	► 8500.00
TOTAL This Period (last page this line number	er only)	

FE6AN026

SCHEDULE B (FEC Form 3X)			FO	RLINF	NUMBE	B			P	AGF	119	/ 123
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	)	(che	eck only	vone)			-				_
	Detailed Summary Page			21b 27	22 28a	H	23 28t	╷┝	24 28c	$\vdash$	25 29	Н
Any Information copied from such Reports and State or for commercial purposes, other than using the nar												3
NAME OF COMMITTEE (In Full)	ne and address of any politica			50 50		ibuti	10115	TION	II SUCII	COITI	muee	
National Emergency Medicine Political Ad	ction Committee											
Full Name (Last, First, Middle Initial) Steve Austria For Congress					Trans Date				D734	66		
Mailing Address 2537 Obetz Drive								<sup>D</sup> 2 (		Ý Ž	٥ŏ٤	3 <sup>Y</sup>
City	State Zip Code				Amoi	int of	f Fa	ch C	Disburse	mer	t this	Perior
Beavercreek	OH 45434				Anoc				1300130	-		
Purpose of Disbursement Contributions to Federal Candidates			011		L.					23	500.0	U
Candidate Name Mr. Steve Austria		Ca	tego Γype	ory/								
Senate President	eement For: 2008 Primary X General Other (specify) ▼											
State:         OH         District:         07           Full Name (Last, First, Middle Initial)					Trees		0.5			06		
TRUST PAC					Date		isbu	rsen			Y	Y
Mailing Address 104 Hume Avenue					1 1			15	۶́	2	٥ò٤	3
City Alexandria	StateZip CodeVA22301				Amou	int o	f Ea	ch D	isburse		-	
Purpose of Disbursement Contributions to Federal PACs			011		L.					25	500.0	0
Candidate Name Rep. Fred Upton			itego Γype	-								
Senate President	ement For: 2008 Primary General Cother (specify) ▼ I contribution											
Full Name (Last, First, Middle Initial) Wolverine PAC					Trans Date				D739 nent	56		
Mailing Address 607 14th Street, NW					<sup>M</sup> 11	М	/	12	D /	ź	٥ò٤	3 <sup>Y</sup>
City Washington	State Zip Code DC 20005				Amou	int of	f Ea	ch D	isburse	emer	t this	Perio
Purpose of Disbursement Contribution to Federal PACs/Committees			011		L.	0				4(	00.0	0
Candidate Name Rep. John Dingell		Ca	tego Γype	ory/								
Senate	eement For: 2008 Primary General K Other (specify) ▼											
SUBTOTAL of Disbursements This Page (optional	)			•						90	00.0	0
							-		1	380	00.0	n
<b>TOTAL</b> This Period (last page this line number only 6AN026	()		••			<u> </u>	ale i	d	B(Fo			

	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	A LINE NUMBER:       PAGE 120 / 123         ck only one)       21b       22       23       24       25       26         27       28a       28b       28c       X 29       30b
	Any Information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	e name and address of any political committee	
Α.	Full Name (Last, First, Middle Initial) CHASE BANK Mailing Address 545 E John Carpen	ter Fwy	Transaction ID: D74947 Date of Disbursement
	City Irving Purpose of Disbursement Bank Fees Candidate Name	State Zip Code TX 75062-8114	Amount of Each Disbursement this Period 517.16
	Office Sought: House Di Senate President State: District:	Sbursement For: Primary General Other (specify) ▼	-

	SUBTOTAL of Disbursements This Page (optional)	►	517.16
	TOTAL This Period (last page this line number only)	►	517.16
FE6AN026			FEC Schedule B ( Form 3X) (Revised 02/2003)

## Image# 29990822878 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPI	ENDITURES			PAGE 121 / 123 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)					
National Emergency Medicine Political Action Commi- ttee				<b>C</b> C00140061	
Check if 24-hour notice 48-hou	r notice				
Full Name (Last, First, Middle, Initial) of Payee			Date		
White House Writers Grou			M M / 1,0	<sup>D</sup> 2 2 / Y Y Y Y 2 0 0 8	
Mailing Address P.O. Box 62289			Amount		
F.U. DUX 02209				49994.00	
City	State Zi	p Code	Transaction	<b>ID:</b> D73602	
Baltimore		1264-2289	Office Sought		
Purpose of Expenditure	Catego	w/		Senate District: <u>03</u> Presidential	
Independent Expendit- ure	Тур				
Name of Federal Candidate supported or Opported or Opp	osed by expenditure:		Check One:	X Support Oppose	
Rep. Tom Odan			Disbursement	For: Primary X General	
Calendar Year-To-Date Per Election				er (specify) :	
for Office Sought	49	994.00	2008		
Full Name (Last, First, Middle, Initial) of Payee			Date		
White House Writers Grou			M M /		
Mailing Address			Amount	22 2000	
P.O. Box 62289				49860.00	
			Transaction	<b>ID:</b> D73603	
City Baltimore		p Code 1264-2289	Office Sought	: House State: <u>MN</u>	
Purpose of Expenditure				X Senate District: 00	
Independent Expendit- ure	Catego Typ			Presidential	
Name of Federal Candidate supported or Oppo	bsed by expenditure:		Check One:	X Support Oppose	
Mr. Norm Coleman			Disbursement	For: Primary X General	
				er (specify) :	
Calendar Year-To-Date Per Election	49	860.00	2008		
for Office Sought					
(a) SUBTOTAL of Itemized Independent Expend	tures			99854.00	
(-,					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Phyllis Edans, CPA, CAE		Date 01		2009	
Signature					

## Image# 29990822879 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPE	NDITURES			PAGE 122 / 123 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)					
National Emergency Medicine Political Action Commi- ttee				<b>C</b> C00140061	
Check if 24-hour notice 48-hour r	otice				
Full Name (Last, First, Middle, Initial) of Payee			Date		
White House Writers Grou			м м / 1.0	<sup>D</sup> 2 2 / Y Y Y Y 2 0 0 8	
Mailing Address P.O. Box 62289			Amount		
F.O. D0x 02209				50070.00	
City	State Zi	o Code		<b>ID:</b> D73604	
Baltimore	MD 21	264-2289	Office Sought	linear the second se	
Purpose of Expenditure Independent Expendit-	Categor Type	· 011		Senate District: 03 Presidential	
UIC Name of Federal Candidate supported or Oppose			Check One:	X Support Oppose	
Rep. Phil English			Dieburgeneut		
			Disbursement	-	
Calendar Year-To-Date Per Election	500	070.00	2008	r (specify) :	
for Office Sought					
Full Name (Last, First, Middle, Initial) of Payee					
White House Writers Grou			мм/		
Mailing Address			Amount		
P.O. Box 62289				47172.00	
0.4	Chata 7	- Oada	Transaction	<b>ID:</b> D73605	
City Baltimore		o Code   264-2289	Office Sought	: X House State: IL	
Purpose of Expenditure			-	Senate District: <u>10</u>	
Independent Expendit- ure	Categor Type			Presidential	
Name of Federal Candidate supported or Oppose	ed by expenditure:		Check One:	X Support Oppose	
Rep. Mark Steven Kirk			Disbursement	For: Primary X General	
			Other (specify) :		
Calendar Year-To-Date Per Election	47	172.00	2008		
for Office Sought					
(a) SUBTOTAL of Itemized Independent Expenditu	es			97242.00	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Phyllis Edans, CPA, CAE		Date 01		2009	
Signature					

## Image# 29990822880 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES		Г	PAGE 123 / 123				
				FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER					
National Emergency Medicine Political Action Commi- ttee				C00140061			
Check if 24-hour notice 48-hour notice			<b>C</b>				
Full Name (Last, First, Middle, Initial) of Payee       D         White House Writers Grou       D							
			<sup>D</sup> 2 2	<sup>/</sup> 2008			
Mailing Address		Amount	Amount				
P.O. Box 62289				50070.00			
City State	Zip Code	Transaction	ID: D	73606			
Baltimore MD	21264-2289	Office Sought:	: 🗌 F	louse State: LA			
Independent Expendit	egory/ Type 012			Senate District: <u>00</u> Presidential			
Name of Federal Candidate supported or Opposed by expenditure:		Check One:	<sub>X</sub> S	upport Oppose			
Sen. Mary L. Landrieu	-	Disbursement	For:	Primary X General			
Calendar Year-To-Date Per Election for Office Sought	50070.00	2008	r (specil	fy) :			

(a) SUBTOTAL of Itemized Independent Expenditures		50070.00			
(b) SUBTOTAL of Uniternized Independent Expenditures					
(c) TOTAL Independent Expenditures		247166.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Phyllis Edans, CPA, CAE Signature	Date 01 D 26	D 2009			