

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Emergency Medicine Political Action Committee

ADDRESS (number and street) 1125 Executive Circle Irving TX 75038 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00140061 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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

Type or Print Name of Treasurer Mr. Sam Cheng

Signature of Treasurer Mr. Sam Cheng [Electronically Filed] Date 04 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		386721.90
(b) Cash on Hand at Beginning of Reporting Period.....	386721.90	
(c) Total Receipts (from Line 19)	137372.65	137372.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	524094.55	524094.55
7. Total Disbursements (from Line 31).....	303462.85	303462.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	220631.70	220631.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62448.81	62448.81
(ii) Unitemized	69922.55	69922.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	132371.36	132371.36
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	137371.36	137371.36
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.29	1.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	137372.65	137372.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	137372.65	137372.65

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1212.85	1212.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1212.85	1212.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	302250.00	302250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	303462.85	303462.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	303462.85	303462.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	137371.36	137371.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	137371.36	137371.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1212.85	1212.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1212.85	1212.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Celia M Aguilar
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Rose Owens Dr
 City Harbinger State NC Zip Code 27941-9787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TeamHealth Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-26
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Amer Aldeen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6112 Jovic Ct
 City Countryside State IL Zip Code 60525-8800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-2
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Dennis Michael Allin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8417 Houston St
 City Lenexa State KS Zip Code 66227-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Services of Kansas Universit Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 365.00

Date of Receipt 01 / 08 / 2016
Transaction ID : 23DE6B9F-153C-4177-
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	565.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Amit D Arwindekar
 Full Name (Last, First, Middle Initial)
 Mailing Address 2043 W McLean Ave
 City Chicago State IL Zip Code 60647-4532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medical Physicians, PC Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : 2016032411914-1
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. James Jerome Augustine
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 Yankee Trace Dr
 City Dayton State OH Zip Code 45458-3999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : 2016032411914-5
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Neal Finley Aulick II
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Aaronwoods Ct
 City Wheeling State WV Zip Code 26003-9358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : 2016032411914-4
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **300.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brien Alfred Barnewolt
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 Greenlawn Ave
 City Newton Center State MA Zip Code 02459-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Medical Center EP, LLC Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 23 / 2016
Transaction ID : 48AD82F1B53851367DC6
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Leigh Anderson Barrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 2824 E 25th St
 City Tulsa State OK Zip Code 74114-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-6
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Joe W Bateman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3560 Woodhaven Rd NW
 City Atlanta State GA Zip Code 30305-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Emergency Associates Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt 02 / 05 / 2016
Transaction ID : 0E864436-C642-4972-
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1583.33**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Randal Dale Bensen

Mailing Address 16001 30th Dr SE

City Mill Creek State WA Zip Code 98012-7829

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

Name of Employer Eastside Emergency Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : 20160126122248-117

Amount of Each Receipt this Period
 1049.97

Memo Item

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

Mailing Address 9846 NW 18th St

City Coral Springs State FL Zip Code 33071-5826

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 4A4883E9C2320DA0A294

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 7058 Ravens Run

City Cincinnati State OH Zip Code 45244-3591

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : 4F0BB3D844BEEC96DB58

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1249.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1470 Point Marion Rd

City Morgantown State WV Zip Code 26508-1454

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

Name of Employer University Health Associates Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 48928D7FC1A94299A14D

Amount of Each Receipt this Period 100.00

Memo Item

B. Jason Bolden
Full Name (Last, First, Middle Initial)

Mailing Address 3011 Rock Springs Rd

City Charlotte State NC Zip Code 28226-7357

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-7

Amount of Each Receipt this Period 85.00

Memo Item

C. Brenna M Born
Full Name (Last, First, Middle Initial)

Mailing Address 2211 2nd Ave W

City Seattle State WA Zip Code 98119-2624

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

Name of Employer Eastside Emergency Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1049.97

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-118

Amount of Each Receipt this Period 1049.97

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1234.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas Patrick Boyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1509 8th Ave W
 City Seattle State WA Zip Code 98119-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastside Emergency Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1049.97

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-119
 Amount of Each Receipt this Period 1049.97
 Memo Item

B. Jefferson Dale Bracey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1351 Manorwood St
 City Las Vegas State NV Zip Code 89135-1333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 4E53A6A706F35AD820DE
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Jennifer H Bradstreet
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 S Franklin St
 City Chagrin Falls State OH Zip Code 44022-3450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-8
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1208.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 151295

City Alexandria State VA Zip Code 22315-1295

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

Name of Employer University of Virginia Hospital Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.02

Date of Receipt 02 / 26 / 2016
Transaction ID : 4CC18D98CDAD3563C683

Amount of Each Receipt this Period 83.34

Memo Item

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

Mailing Address PO Box 151295

City Alexandria State VA Zip Code 22315-1295

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

Name of Employer University of Virginia Hospital Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.02

Date of Receipt 03 / 26 / 2016
Transaction ID : 4A558FB5A8F7F670352F

Amount of Each Receipt this Period 83.34

Memo Item

C. Dan Charles Breece
Full Name (Last, First, Middle Initial)

Mailing Address 451 James Rd

City Fleming State OH Zip Code 45729-5041

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2016
Transaction ID : 4AE88DECF0E575083D4B

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Stephen W Bretz		Date of Receipt MM / DD / YYYY 01 / 21 / 2016 Transaction ID : 20160126122248-120
Mailing Address 1102 5th St		Amount of Each Receipt this Period 1049.97
City Kirkland	State WA	Zip Code 98033-5632
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Eastside Emergency Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.97	

Full Name (Last, First, Middle Initial) B. Eric D Brown		Date of Receipt MM / DD / YYYY 03 / 17 / 2016 Transaction ID : 2016032411914-9
Mailing Address 9251 Lawing School Rd		Amount of Each Receipt this Period 83.33
City Charlotte	State NC	Zip Code 28214-8694
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Joel E Buzy		Date of Receipt MM / DD / YYYY 02 / 29 / 2016 Transaction ID : 3A74DD4B90F64BF8ACC2
Mailing Address 10409 Snapdragon Pl		Amount of Each Receipt this Period 100.00
City North Potomac	State MD	Zip Code 20878-4324
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer MEP Health LLC	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1233.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1818 E Madison St
Apt 312

City State Zip Code
Seattle WA 98122-3078

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

Name of Employer Occupation
Eastside Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2016
Transaction ID : 20160126122248-109

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 5156 Baker Ridge Dr

City State Zip Code
Columbus OH 43228-1794

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

Name of Employer Occupation
Emergency Medicine Physicians Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2016
Transaction ID : 2016032411914-10

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 5623 168th PI SE

City State Zip Code
Bellevue WA 98006-5593

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

Name of Employer Occupation
Eastside Emergency Physicians Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.97

Date of Receipt
MM / DD / YYYY
01 / 21 / 2016
Transaction ID : 20160126122248-121

Amount of Each Receipt this Period
1049.97

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1449.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. L Anthony Cirillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 Woodridge Dr
 City Saunderstown State RI Zip Code 02874-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : 2016032411914-11
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. R Carter Clements
 Full Name (Last, First, Middle Initial)
 Mailing Address 5558 Taft Ave
 City Oakland State CA Zip Code 94618-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oakcare Medical Group Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 4B089C21FF6630BDAF56
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Orion J Colfer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : 20160126122248-56
 Amount of Each Receipt this Period **50.00**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 16 OF 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2523 Hanover Ave

City Richmond State VA Zip Code 23220-4003

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 02 / 22 / 2016
Transaction ID : 201602231295-46

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 2523 Hanover Ave

City Richmond State VA Zip Code 23220-4003

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 03 / 17 / 2016
Transaction ID : 2016032411914-12

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Justin D Coomes

Mailing Address 600 12th Ave S
 Apt 719

City Nashville State TN Zip Code 37203-6621

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

Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 17 / 2016
Transaction ID : 2016032411914-13

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Christopher Corbit		Date of Receipt MM / DD / YYYY 03 / 17 / 2016 Transaction ID : 2016032411914-14
Mailing Address 1075 Mornington Cir		Amount of Each Receipt this Period 100.00
City Uniontown State OH Zip Code 44685-6244	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item
Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) B. Kori Cossey		Date of Receipt MM / DD / YYYY 01 / 21 / 2016 Transaction ID : 20160126122248-110
Mailing Address 12629 NE 94th Way		Amount of Each Receipt this Period 466.66
City Kirkland State WA Zip Code 98033-5965	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item
Name of Employer TeamHealth Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.66

Full Name (Last, First, Middle Initial) C. Melissa Wysong Costello		Date of Receipt MM / DD / YYYY 02 / 25 / 2016 Transaction ID : 47E8951EFE4591B1659B
Mailing Address 3762 Oakwood Ln		Amount of Each Receipt this Period 100.00
City Mobile State AL Zip Code 36608-2009	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item
Name of Employer Self-Employed Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.01

SUBTOTAL of Receipts This Page (optional).....▶	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: (check only one)	PAGE 18 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Melissa Wysong Costello
Full Name (Last, First, Middle Initial)

Mailing Address 3762 Oakwood Ln

City	State	Zip Code
Mobile	AL	36608-2009

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

Name of Employer	Occupation
Self-Employed	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : 201603101592-38

Amount of Each Receipt this Period

16.67

 Memo Item

B. Melissa Wysong Costello
Full Name (Last, First, Middle Initial)

Mailing Address 3762 Oakwood Ln

City	State	Zip Code
Mobile	AL	36608-2009

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

Name of Employer	Occupation
Self-Employed	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : 4B858A6CB71FE3656C95

Amount of Each Receipt this Period

100.00

 Memo Item

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

Mailing Address 1077 Race St
Apt 702

City	State	Zip Code
Denver	CO	80206-2832

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

Name of Employer	Occupation
Self-Employed	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : 498D86FD79DAA3A2A2B9

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	216.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Brian C Dawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 359 Augusta Dr
 City Abingdon State VA Zip Code 24211-3805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johnston Memorial Hospital Emergency P Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 26 / 2016**
Transaction ID : 47BD83B033F27757364
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Carrie de Moor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Paxton Ln
 City Frisco State TX Zip Code 75034-2209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Service Partners Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **460.84**

Date of Receipt **02 / 22 / 2016**
Transaction ID : 42018C4B7EEBC7BCCF98
 Amount of Each Receipt this Period **227.50**
 Memo Item

C. Carrie de Moor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Paxton Ln
 City Frisco State TX Zip Code 75034-2209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Service Partners Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **460.84**

Date of Receipt **03 / 24 / 2016**
Transaction ID : 458E8E898C4A24E3D803
 Amount of Each Receipt this Period **208.34**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	535.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wendy DeMartino
Full Name (Last, First, Middle Initial)

Mailing Address 19 Little Pine Ln

City Exeter State NH Zip Code 03833-3109

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.90**

Date of Receipt **02 / 22 / 2016**

Transaction ID : 201602231295-49

Amount of Each Receipt this Period **95.45**

Memo Item

B. Wendy DeMartino
Full Name (Last, First, Middle Initial)

Mailing Address 19 Little Pine Ln

City Exeter State NH Zip Code 03833-3109

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.90**

Date of Receipt **03 / 17 / 2016**

Transaction ID : 2016032411914-15

Amount of Each Receipt this Period **95.45**

Memo Item

C. Ryan M Dowden
Full Name (Last, First, Middle Initial)

Mailing Address 2080 Silver Maple Trl

City North Liberty State IA Zip Code 52317-4765

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

Name of Employer East Central Iowa Acute Care Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 09 / 2016**

Transaction ID : 4218BB40B786A683F13F

Amount of Each Receipt this Period **300.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **490.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Reginald D Duling
Full Name (Last, First, Middle Initial)
Mailing Address 3112 214th PI SE
City Sammamish State WA Zip Code 98075-9517
FEC ID number of contributing federal political committee. **C**
Name of Employer Eastside Emergency Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1049.97

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-122
Amount of Each Receipt this Period 1049.97
 Memo Item

B. Paul Jeremy Eakin
Full Name (Last, First, Middle Initial)
Mailing Address 1455 Hunakai St Apt 1
City Honolulu State HI Zip Code 96816-5526
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-16
Amount of Each Receipt this Period 100.00
 Memo Item

C. Irv E Edwards
Full Name (Last, First, Middle Initial)
Mailing Address 111 N Sepulveda Blvd Ste 210
City Manhattan Bch State CA Zip Code 90266-6849
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergent Medical Associates Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 4FE485A37985E93D6FE7
Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1449.97
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 31 Forest Dr

City Voorheesville State NY Zip Code 12186-9530

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : 2016032411914-17

Amount of Each Receipt this Period
 83.33

Memo Item

B. David N Ferrand
Full Name (Last, First, Middle Initial)

Mailing Address 193 Bryna Ln

City Carnegie State PA Zip Code 15106-1473

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : 2016032411914-18

Amount of Each Receipt this Period
 100.00

Memo Item

C. John T Finnell II
Full Name (Last, First, Middle Initial)

Mailing Address 505 S 5th St

City Zionsville State IN Zip Code 46077-1745

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

Name of Employer Indiana University Health Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : 48AB9F830F18A9DFE605

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Trevor Alan Fisher

Mailing Address 710 212th Ave SE

City State Zip Code
Sammamish WA 98074-7017

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

Name of Employer Occupation
Eastside Emergency Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.97

Date of Receipt
01 / 21 / 2016
Transaction ID : 20160126122248-123

Amount of Each Receipt this Period
1049.97

Memo Item

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

Mailing Address 27127 Bridleway Cir

City State Zip Code
Magnolia TX 77355-2224

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

Name of Employer Occupation
Self-Employed Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 27 / 2016
Transaction ID : 8299D74324854E7EAF92

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 4002 126th St

City State Zip Code
Lubbock TX 79423-1980

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

Name of Employer Occupation
Emergency Aeromedical Specialist Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 26 / 2016
Transaction ID : 41E69F994E617CEC6333

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1249.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kelly Foley
Full Name (Last, First, Middle Initial)
Mailing Address 1133 Pond Cypress Dr
City Virginia Beach State VA Zip Code 23455-6859
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Physicians of Tidewater Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **625.02**

Date of Receipt **01 / 21 / 2016**
Transaction ID : 46589D7C4A86ED33BE06
Amount of Each Receipt this Period **208.34**
 Memo Item

B. Kelly Foley
Full Name (Last, First, Middle Initial)
Mailing Address 1133 Pond Cypress Dr
City Virginia Beach State VA Zip Code 23455-6859
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Physicians of Tidewater Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **625.02**

Date of Receipt **02 / 21 / 2016**
Transaction ID : 452EB5A0D5ACB35863CB
Amount of Each Receipt this Period **208.34**
 Memo Item

C. Kelly Foley
Full Name (Last, First, Middle Initial)
Mailing Address 1133 Pond Cypress Dr
City Virginia Beach State VA Zip Code 23455-6859
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Physicians of Tidewater Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **625.02**

Date of Receipt **03 / 21 / 2016**
Transaction ID : 43AC8C4EBE2F3AE086E2
Amount of Each Receipt this Period **208.34**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.02
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 25 OF 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Matt John Frankovsky
 Mailing Address 1360 N Rockridge Rd
 City State Zip Code
 Flagstaff AZ 86001-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 17 / 2016
Transaction ID : 2016032411914-19
 Amount of Each Receipt this Period
 100.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Matthew A Frederick
 Mailing Address 6500 Greenwood Ave N
 City State Zip Code
 Seattle WA 98103-5224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Eastside Emergency Physicians Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1049.97

Date of Receipt
 01 / 21 / 2016
Transaction ID : 20160126122248-124
 Amount of Each Receipt this Period
 1049.97
 Memo Item

Full Name (Last, First, Middle Initial)
C. Daniel Freess
 Mailing Address 55 Soby Dr
 City State Zip Code
 West Hartford CT 06107-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 17 / 2016
Transaction ID : 2016032411914-20
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1249.97
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2174 N Hametown Rd

City Akron State OH Zip Code 44333-1026

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 17 / 2016**

Transaction ID : 2016032411914-21

Amount of Each Receipt this Period **100.00**

Memo Item

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

Mailing Address 2510 N Loch Lomond Ln

City Wichita State KS Zip Code 67228-8042

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **02 / 06 / 2016**

Transaction ID : E8C07D17-AC36-4BC3-

Amount of Each Receipt this Period **1200.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. William Stephen Gallea

Mailing Address PO Box 6622

City Helena State MT Zip Code 59604-6622

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

Name of Employer St Peters Hospital Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 29 / 2016**

Transaction ID : F6DC90DFD2454F3DB22D

Amount of Each Receipt this Period **250.00**

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Gregory Paul Garcia
 Full Name (Last, First, Middle Initial)
 Mailing Address 4753 Latona Ave NE
 City Seattle State WA Zip Code 98105-4833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastside Emergency Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1049.97**

Date of Receipt **01 / 21 / 2016**
Transaction ID : 20160126122248-125
 Amount of Each Receipt this Period **1049.97**
 Memo Item

B. Michael David Garfinkel
 Full Name (Last, First, Middle Initial)
 Mailing Address 261 S Parkview Ave
 City Bexley State OH Zip Code 43209-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : 2016032411914-22
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. James E Garrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Sea Buoy Ct
 City Emerald Isle State NC Zip Code 28594-2303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 19 / 2016**
Transaction ID : 4ABC9031A14E56C476D1
 Amount of Each Receipt this Period **300.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1449.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Daniel C Geary
Full Name (Last, First, Middle Initial)

Mailing Address 142 Woodshire Rd

City Pittsburgh State PA Zip Code 15215-1714

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-61

Amount of Each Receipt this Period 83.33

Memo Item

B. Alexander J Gerbig
Full Name (Last, First, Middle Initial)

Mailing Address 18612 Sound View Pl

City Edmonds State WA Zip Code 98020-2356

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 466.66

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-114

Amount of Each Receipt this Period 466.66

Memo Item

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

Mailing Address 52675 Timber Dr

City Bridgeport State OH Zip Code 43912-7724

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-23

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 633.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher S Goode		Date of Receipt MM / DD / YYYY 03 / 25 / 2016
Mailing Address 312 Oakview Dr		Transaction ID : 49BCA0D92AB4EDCE976A
City Bridgeport	State WV	Zip Code 26330-9638
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer University Health Associates	Occupation Emergency Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Michael Goodloe		Date of Receipt MM / DD / YYYY 01 / 10 / 2016
Mailing Address 3720 E 99th PI		Transaction ID : 4498B459604C55901B16
City Tulsa	State OK	Zip Code 74137-5231
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Self-Employed	Occupation Emergency Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Loren R Gorosh		Date of Receipt MM / DD / YYYY 01 / 21 / 2016
Mailing Address 7723 21st Ave NW		Transaction ID : 20160126122248-115
City Seattle	State WA	Zip Code 98117-4311
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 549.99	
Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.99	

SUBTOTAL of Receipts This Page (optional).....▶	949.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Cherry Hills Dr

City Aiken State SC Zip Code 29803-5688

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 25 / 2016**

Transaction ID : 46ACA1265B1C64F6A02A

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Michael Vincent Gratson

Mailing Address 3247 Camden Dr

City Troy State MI Zip Code 48084-7028

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **03 / 25 / 2016**

Transaction ID : F01A3328-1B4C-4131-

Amount of Each Receipt this Period **365.00**

Memo Item

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

Mailing Address 5 Twin Springs Dr

City Arlington State TX Zip Code 76016-4027

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

Name of Employer Occupation Arlington Emergency Medical Associates Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 25 / 2016**

Transaction ID : 418D9F8000AC1B8C27C5

Amount of Each Receipt this Period **300.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **765.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kathryn Groner
Full Name (Last, First, Middle Initial)

Mailing Address 510 Chester Rd

City Swarthmore State PA Zip Code 19081-2203

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

Name of Employer Doctors Emergency Services Delaware Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 41E1B2BDC45698169CD8

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 11 Glen Hill Ln

City Tarrytown State NY Zip Code 10591-5055

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

Name of Employer LIJ Forest Hospital Emergency Physicia Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 24 / 2016
Transaction ID : 4E98853DBDB0BA9CA52B

Amount of Each Receipt this Period 300.00

Memo Item

C. Steven D Guyton
Full Name (Last, First, Middle Initial)

Mailing Address 40 Waterfront Dr

City Pittsburgh State PA Zip Code 15222-4734

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-63

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Alison Haddock

Mailing Address 8518 Hatton St

City Houston State TX Zip Code 77025-3808

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

Name of Employer Self-Employed
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 29 / 2016
Transaction ID : 4837BBE57ACCA8EB5FE6

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO Box 108

City Pepeekeo State HI Zip Code 96783-0108

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

Name of Employer Occupation
Hawaii Emergency Physicians Associates Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-2100.00

Date of Receipt
01 / 25 / 2016
Transaction ID : 410D9D0DD1734B553CD5

Amount of Each Receipt this Period
1200.00

Memo Item

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

Mailing Address 1380 Woodhurst Dr

City Rock Hill State SC Zip Code 29732-2082

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

Name of Employer Occupation
Self-Employed Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 17 / 2016
Transaction ID : 2016032411914-24

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert Jason Hallock
 Full Name (Last, First, Middle Initial)
 Mailing Address 2124 Bay Front Ter
 City Annapolis State MD Zip Code 21409-5705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEP Health LLC Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 16 / 2016
Transaction ID : 4B0DAA965CBDFE37AD5F
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Carlton E Heine
 Full Name (Last, First, Middle Initial)
 Mailing Address 2986 Foster Ave
 City Juneau State AK Zip Code 99801-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Juneau Emergency Medical Associates Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 05 / 2016
Transaction ID : 44A1B688639B5E7AE387
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Justin P Hensley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 Ocean Dr
 City Corpus Christi State TX Zip Code 78412-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 24 / 2016
Transaction ID : 4AA28A3C59D4A66DF7B2
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jon Mark Hirshon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1062 River Bay Rd
 City Annapolis State MD Zip Code 21409-4830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : 44E1B7FD2C19F1CF89BF
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Larry Allen Hobbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 12717 Brewster Dr
 Lee Memorial Gulf Coast Med Ctr
 City Fort Myers State FL Zip Code 33908-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Florida Emergency Physicians
 Occupation Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 415DA92BA30191A62626
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Larry Allen Hobbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 12717 Brewster Dr
 Lee Memorial Gulf Coast Med Ctr
 City Fort Myers State FL Zip Code 33908-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Florida Emergency Physicians
 Occupation Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016
Transaction ID : 436A85E19E1BF42FFCF8
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Larry Allen Hobbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 12717 Brewster Dr
 Lee Memorial Gulf Coast Med Ctr
 City Fort Myers State FL Zip Code 33908-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Florida Emergency Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 12 / 2016**
Transaction ID : 478E84F03F87F30A0AC4
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Larry Allen Hobbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 12717 Brewster Dr
 Lee Memorial Gulf Coast Med Ctr
 City Fort Myers State FL Zip Code 33908-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Florida Emergency Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 4653997DA6A679261446
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Hans Roberts House
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Lake Pointe Rd NE
 City Iowa City State IA Zip Code 52240-9105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**
Transaction ID : 201603101592-83
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **300.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lisa Dianne Hrutkay
Full Name (Last, First, Middle Initial)

Mailing Address 1464 Stoolfire Rd

City Valley Grove State WV Zip Code 26060-7934

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-25

Amount of Each Receipt this Period 83.33

Memo Item

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

Mailing Address 115 Cayuga Heights Rd

City Ithaca State NY Zip Code 14850-2102

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-27

Amount of Each Receipt this Period 83.33

Memo Item

C. Bruce G Jones
Full Name (Last, First, Middle Initial)

Mailing Address 465 Woodard Pl
Doctors Hosp

City Powell State OH Zip Code 43065-7448

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

Name of Employer Emergency Medicine Physicians of Frank Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-28

Amount of Each Receipt this Period 100.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven B Kailes
 Full Name (Last, First, Middle Initial)
 Mailing Address 3780 Waterside Dr
 City Orange Park State FL Zip Code 32073-6982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 47398A17018B5786C6DF
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Amit S Kalaria
 Full Name (Last, First, Middle Initial)
 Mailing Address 17804 Cricket Hill Dr
 City Germantown State MD Zip Code 20874-3475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEP Health LLC Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : 04B426B2D84F4156913A
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Giao N Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 223rd Ave SE
 City Sammamish State WA Zip Code 98075-7220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Eastside Emergency Physicians Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1049.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : 20160126122248-126
 Amount of Each Receipt this Period
 1049.97
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1249.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Julius (Jay) A Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Oak Ave
 City San Anselmo State CA Zip Code 94960-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CEP America Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 2016020313531-15
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Julius (Jay) A Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Oak Ave
 City San Anselmo State CA Zip Code 94960-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CEP America Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 4B8A9D5FA5324BEB7E21
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Julius (Jay) A Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Oak Ave
 City San Anselmo State CA Zip Code 94960-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CEP America Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 4C90981D61DF362A2938
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gary R Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7195 Wilton Chase
 City State Zip Code
 Dublin OH 43017-7079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 11 / 2016
Transaction ID : 456184AAE21E44807740
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Brian M Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Ponderosa Ln
 City State Zip Code
 Palmyra VA 22963-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 03 / 17 / 2016
Transaction ID : 2016032411914-29
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. James Raymond Kennedye
 Full Name (Last, First, Middle Initial)
 Mailing Address 908 Fox Hill Dr
 City State Zip Code
 Edmond OK 73034-7317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 26 / 2016
Transaction ID : 4122B4E9D82FD2A4477C
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	683.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Scott Jason Korvek
Full Name (Last, First, Middle Initial)

Mailing Address 21 Lees Ave

City Collingswood State NJ Zip Code 08108-1925

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

Name of Employer Albert Einstein Healthcare Emergency Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 46C9B9F5F99A78B7029A

Amount of Each Receipt this Period 100.00

Memo Item

B. Joseph J Kuchinski
Full Name (Last, First, Middle Initial)

Mailing Address 32 Woodland Ave

City Mountain Lks State NJ Zip Code 07046-1421

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-30

Amount of Each Receipt this Period 100.00

Memo Item

C. Richard Kwun
Full Name (Last, First, Middle Initial)

Mailing Address 1410 W Lake Sammamish Pkwy SE

City Bellevue State WA Zip Code 98008-5218

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

Name of Employer Eastside Emergency Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1049.97

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-127

Amount of Each Receipt this Period 1049.97

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1249.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 6633 Silver Fox Rd

City Charlotte State NC Zip Code 28270-0683

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-31

Amount of Each Receipt this Period 83.33

Memo Item

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

Mailing Address 6972 Derby Cir

City Huntingtn Bch State CA Zip Code 92648-1563

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

Name of Employer Emergency Medicine Specialists of Oran Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-32

Amount of Each Receipt this Period 100.00

Memo Item

C. Alexis Lieser
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 51

City Georgetown State CA Zip Code 95634-0051

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2016
Transaction ID : 4E28AC752CF38F6C12D4

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2286 Picket Post Ln

City Columbus State OH Zip Code 43220-2918

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

Name of Employer Emergency Medicine Physicians of Frank Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-34

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 22 Connecticut Ave

City Greenwich State CT Zip Code 06830-5736

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-35

Amount of Each Receipt this Period 83.33

Memo Item

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

Mailing Address 7 Willow Ln

City West Hartford State CT Zip Code 06107-1149

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

Name of Employer Fremont Emergency Medical Group Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 4B7D910A5A9AC0C6DC8A

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 483.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Merci G Madar
 Full Name (Last, First, Middle Initial)
 Mailing Address 7805 Valderrama Way
 City Lakewood Ranch State FL Zip Code 34202-5651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-36
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kevin D Markowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 572 White Tail Ridge Dr
 City Fairlawn State OH Zip Code 44333-3288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-37
 Amount of Each Receipt this Period 100.00
 Memo Item

C. H Lynn Massingale
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30698
 City Knoxville State TN Zip Code 37930-0698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TeamHealth Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 02 / 22 / 2016
Transaction ID : 0646E8370CBC606431A
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1080 Pebblebrook Rd SE

City	State	Zip Code
Mableton	GA	30126-5612

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

Name of Employer	Occupation
Self-Employed	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : 4FCA8E516C1CCCD5B1E3

Amount of Each Receipt this Period

100.00

 Memo Item

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

Mailing Address 9436 Steeplehill Dr

City	State	Zip Code
Las Vegas	NV	89117-7270

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

Name of Employer	Occupation
Emergency Medicine Physicians	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : 2016032411914-38

Amount of Each Receipt this Period

100.00

 Memo Item

Full Name (Last, First, Middle Initial)
C. Edward McCutcheon

Mailing Address 605 McDonald Ave

City	State	Zip Code
Charlotte	NC	28203-5323

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

Name of Employer	Occupation
Self-Employed	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : 201602231295-73

Amount of Each Receipt this Period

110.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Edward McCutcheon
Full Name (Last, First, Middle Initial)

Mailing Address 605 McDonald Ave

City Charlotte State NC Zip Code 28203-5323

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-39

Amount of Each Receipt this Period 110.00

Memo Item

B. Dennis Lucas McGill
Full Name (Last, First, Middle Initial)

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 4149A1644DF9B8200E9B

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 530 Wilderness Peak Dr NW

City Issaquah State WA Zip Code 98027-5621

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

Name of Employer Eastside Emergency Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1049.97

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-112

Amount of Each Receipt this Period 1049.97

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1459.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas R Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3370 Sweeney Hollow Rd
 City Franklin State TN Zip Code 37064-9575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 201602231295-99
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Thomas R Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3370 Sweeney Hollow Rd
 City Franklin State TN Zip Code 37064-9575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 24 / 2016
Transaction ID : E04BF3CA25A340EAAFE5
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Kevin Timothy Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6300 N Bent Pine Dr
 City Bloomington State IN Zip Code 47408-9543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 4D2AA7A0551E627C2079
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4138 SW Hamilton Ter

City Portland State OR Zip Code 97239-4110

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

Name of Employer Ohio State University Medical Group - Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 10 / 2016**

Transaction ID : 4CDD847E6256E1CF24A3

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Joshua B Moskovitz

Mailing Address 200 E 32nd St Apt 9D

City New York State NY Zip Code 10016-6530

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 25 / 2016**

Transaction ID : 4EABB08B937D2AF6ADC5

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Hani Osama Mowafi

Mailing Address 169 E Rock Rd

City New Haven State CT Zip Code 06511-1325

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **01 / 06 / 2016**

Transaction ID : C6B41478-100C-4056-

Amount of Each Receipt this Period **365.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **565.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. James B Mullen III
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Foggs Point Rd
 City Freeport State ME Zip Code 04032-6010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BlueWater Emergency Partners Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 04 / 2016
Transaction ID : 4FF99412C8D5584816D0
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hemant Nayak
 Full Name (Last, First, Middle Initial)
 Mailing Address 9840 NE 34th St
 City Bellevue State WA Zip Code 98004-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastside Emergency Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1049.97

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-128
 Amount of Each Receipt this Period 1049.97
 Memo Item

C. Susan Marie Nedza
 Full Name (Last, First, Middle Initial)
 Mailing Address 812 S Clay St
 City Hinsdale State IL Zip Code 60521-4541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elmhurst Emergency Medical Services Lt Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 465DA497D217C56E6309
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1249.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ira R Nemeth		Date of Receipt MM / DD / YYYY 03 / 25 / 2016 Transaction ID : 42D0BE10B1C7907C4A23
Mailing Address 217 Lumber St		Amount of Each Receipt this Period 100.00
City Hopkinton	State MA	Zip Code 01748-2307
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer UMass Memorial Emergency Medicine	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Charles Nizio		Date of Receipt MM / DD / YYYY 01 / 21 / 2016 Transaction ID : 20160126122248-44
Mailing Address 2815 Kings Forest Dr		Amount of Each Receipt this Period 1500.00
City Kingwood	State TX	Zip Code 77339-2450
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer EmCare Headquarters	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Donald L Norris		Date of Receipt MM / DD / YYYY 03 / 17 / 2016 Transaction ID : 2016032411914-40
Mailing Address 2792 Alisop Pl Apt 205		Amount of Each Receipt this Period 100.00
City Troy	State MI	Zip Code 48084-3464
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Self-Employed	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jeffrey G Norvell
Full Name (Last, First, Middle Initial)

Mailing Address 5345 Norwood St

City Fairway State KS Zip Code 66205-2647

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

Name of Employer Physician Services of Kansas Universit Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 31 / 2016
Transaction ID : F07FF621-4267-439B-

Amount of Each Receipt this Period 600.00

Memo Item

B. Andrew Sean Nugent
Full Name (Last, First, Middle Initial)

Mailing Address 2261 Brown Deer Rd

City Coralville State IA Zip Code 52241-3346

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2016
Transaction ID : 4E938050E53DE447E347

Amount of Each Receipt this Period 100.00

Memo Item

C. Susan A O'Malley
Full Name (Last, First, Middle Initial)

Mailing Address 6 Prospect Dr

City Brentwood State NY Zip Code 11717-2352

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-41

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 783.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 62 East Dr

City Hartville State OH Zip Code 44632-8890

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : 201602231295-76

Amount of Each Receipt this Period
106.00

Memo Item

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

Mailing Address 62 East Dr

City Hartville State OH Zip Code 44632-8890

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : 2016032411914-42

Amount of Each Receipt this Period
106.00

Memo Item

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

Mailing Address 4535 Dressler Rd NW

City Canton State OH Zip Code 44718-2545

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

Name of Employer Occupation Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : 2016032411914-43

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	312.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Laura C Parnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1737 Chevelle Dr
 City Baton Rouge State LA Zip Code 70806-8411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisiana Emergency & Trauma Speciali Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 21 / 2016
Transaction ID : 4C4D97E768374D27F258
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Charles F Pattavina
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Broadway St Joseph Hosp
 City Bangor State ME Zip Code 04401-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Joseph Hospital Bangor Maine Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 02 / 20 / 2016
Transaction ID : 4207B5573ED260424667
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Charles F Pattavina
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Broadway St Joseph Hosp
 City Bangor State ME Zip Code 04401-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Joseph Hospital Bangor Maine Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 03 / 20 / 2016
Transaction ID : 4C22A8600D76887CC1D9
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 300.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lane Patten
Full Name (Last, First, Middle Initial)
Mailing Address 12355 Princeton Ave
City Eden Prairie State MN Zip Code 55347-1937
FEC ID number of contributing federal political committee. **C**
Name of Employer North Memorial Emergency Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 43F49329DF3FF311389C
Amount of Each Receipt this Period **100.00**
 Memo Item

B. Lee E Payne
Full Name (Last, First, Middle Initial)
Mailing Address 1836 Yount Cir
City Jbsa Lackland State TX Zip Code 78236-1007
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 439D8A7025EF85D3BAC6
Amount of Each Receipt this Period **100.00**
 Memo Item

C. Jon Pierre Pazevic
Full Name (Last, First, Middle Initial)
Mailing Address 14620 31st Dr SE
City Mill Creek State WA Zip Code 98012-5034
FEC ID number of contributing federal political committee. **C**
Name of Employer Eastside Emergency Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1049.97**

Date of Receipt **01 / 21 / 2016**
Transaction ID : 20160126122248-129
Amount of Each Receipt this Period **1049.97**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1249.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Alberto Perez

Mailing Address 59 Windswept Way

City Coventry State CT Zip Code 06238-3622

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

Name of Employer Self-Employed
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 25 / 2016
Transaction ID : 41A590F01B9252DC735A

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 738 140th Ave NE

City Bellevue State WA Zip Code 98005-4733

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

Name of Employer Eastside Emergency Physicians
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.97

Date of Receipt
01 / 21 / 2016
Transaction ID : 20160126122248-130

Amount of Each Receipt this Period
1049.97

Memo Item

Full Name (Last, First, Middle Initial)
C. Jayson Scott Podber

Mailing Address 9 Benders Dr

City Greenwich State CT Zip Code 06831-4208

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

Name of Employer Fairfield Emergency Physicians Incorpo
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
03 / 17 / 2016
Transaction ID : 2016032411914-45

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1233.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jeffrey J Pothof
 Full Name (Last, First, Middle Initial)
 Mailing Address 6400 Nature Valley Dr
 City Waunakee State WI Zip Code 53597-9068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BerbeeWalsh Department of Emergency Me Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 495CB5D02666D8E5867
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Ericka Powell
 Full Name (Last, First, Middle Initial)
 Mailing Address 384 Spring Haven Dr
 City Lancaster State PA Zip Code 17601-5193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 4D67A0C76C46FFD4B2F8
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Shawn M Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 Camelot Dr
 City Allentown State PA Zip Code 18103-9302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lehigh Valley Physicians Group Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 19 / 2016
Transaction ID : 4C5E866EEF24E7A874AE
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Justin Warren Reif
Full Name (Last, First, Middle Initial)

Mailing Address 812 N 42nd St
Apt 301

City Seattle State WA Zip Code 98103-7363

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

Name of Employer Eastside Emergency Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.97

Date of Receipt
01 / 21 / 2016
Transaction ID : 20160126122248-113

Amount of Each Receipt this Period
1049.97

Memo Item

B. Vida M Reklaitis
Full Name (Last, First, Middle Initial)

Mailing Address 51 Honour Ave NW

City Atlanta State GA Zip Code 30305-1119

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

Name of Employer Northside Emergency Associates Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
03 / 31 / 2016
Transaction ID : 493AB23F293185E661D7

Amount of Each Receipt this Period
375.00

Memo Item

C. Megan Rishel
Full Name (Last, First, Middle Initial)

Mailing Address 204 Montag Cir NE

City Atlanta State GA Zip Code 30307-5504

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
02 / 13 / 2016
Transaction ID : 20160222173830-5

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1624.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Megan Rishel
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Montag Cir NE
 City Atlanta State GA Zip Code 30307-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2016
Transaction ID : 201602231295-80
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Megan Rishel
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Montag Cir NE
 City Atlanta State GA Zip Code 30307-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : 2016032411914-46
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Ralph James Riviello
 Full Name (Last, First, Middle Initial)
 Mailing Address 866 Ashburn Way
 City Swedesboro State NJ Zip Code 08085-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomas Jefferson University Hospital E
 Occupation Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 4806BFFBC49276F2BEDF
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Jeffrey P Roger

Mailing Address 748 NE Brookcliff Ln

City State Zip Code
Bainbridge Is WA 98110-3965

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

Name of Employer Occupation
Eastside Emergency Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.97

Date of Receipt
MM / DD / YYYY
01 / 21 / 2016
Transaction ID : 20160126122248-131

Amount of Each Receipt this Period
1049.97

Memo Item

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

Mailing Address 10673 Estes Rd

City State Zip Code
Macon GA 31210-5135

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

Name of Employer Occupation
Self-Employed Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2016
Transaction ID : 201603101592-156

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. J Michael Roseberry

Mailing Address 1001 N Broadway
North Sound EM

City State Zip Code
Everett WA 98201-1586

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

Name of Employer Occupation
Eastside Emergency Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.97

Date of Receipt
MM / DD / YYYY
01 / 21 / 2016
Transaction ID : 20160126122248-132

Amount of Each Receipt this Period
1049.97

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2199.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Alexander Max Rosenau
Full Name (Last, First, Middle Initial)

Mailing Address 1140 N Broad St

City Allentown State PA Zip Code 18104-2912

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

Name of Employer Lehigh Valley Physicians Group Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 05 / 2016
Transaction ID : 17FE64F2E2AB2A32787

Amount of Each Receipt this Period 1200.00

Memo Item

B. Mark S Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 38 N Ridge Rd

City Denville State NJ Zip Code 07834-9629

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 27 / 2016
Transaction ID : 4613BCBEEEEA0B0DD6DA2

Amount of Each Receipt this Period 300.00

Memo Item

C. Mark S Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 38 N Ridge Rd

City Denville State NJ Zip Code 07834-9629

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 15 / 2016
Transaction ID : 40B09A1FC55C1717DF37

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David William Ross
 Full Name (Last, First, Middle Initial)
 Mailing Address 15340 Raton Rd
 City Colorado Spgs State CO Zip Code 80921-2140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 19 / 2016
Transaction ID : 4CCF90F3BB254A5F9EDA
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ann G Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 4426 Montana Cir W
 City Seattle State WA Zip Code 98199-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastside Emergency Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1049.97

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-133
 Amount of Each Receipt this Period 1049.97
 Memo Item

C. Andrew Sama
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 Dover Rd
 City Manhasset State NY Zip Code 11030-3709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Hospital Emergency Physicia Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 4F97AF8AB0610725297D
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1399.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lawrence J Satkowiak		Date of Receipt MM / DD / YYYY 03 / 17 / 2016 Transaction ID : 2016032411914-47
Mailing Address 2807 W Decatur Ave		Amount of Each Receipt this Period 83.33
City Fresno	State CA	Zip Code 93711-0356
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Sandra M Schneider		Date of Receipt MM / DD / YYYY 03 / 26 / 2016 Transaction ID : 469BB9DD083F10E188C3
Mailing Address 1515 Hard Rock Rd 135		Amount of Each Receipt this Period 100.00
City Irving	State TX	Zip Code 75061-8192
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Self-Employed	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Evan Schwarz		Date of Receipt MM / DD / YYYY 02 / 28 / 2016 Transaction ID : 22BAAD9E-8B4C-41AF-
Mailing Address 2604 Cecelia Ave		Amount of Each Receipt this Period 600.00
City Saint Louis	State MO	Zip Code 63144-2517
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Washington University - Missouri	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	783.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. David L Scott
Full Name (Last, First, Middle Initial)

Mailing Address 4733 N Ridge Dr

City Akron State OH Zip Code 44333-4703

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

Name of Employer: Emergency Medicine Physician Managemen
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 03 / 17 / 2016
Transaction ID : 2016032411914-48

Amount of Each Receipt this Period: 83.33

Memo Item

B. David Charles Seaberg
Full Name (Last, First, Middle Initial)

Mailing Address 9348 Royal Mountain Dr

City Chattanooga State TN Zip Code 37421-2067

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

Name of Employer: Self-Employed
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 09 / 2016
Transaction ID : 4BE7BD60AFEB81D29481

Amount of Each Receipt this Period: 300.00

Memo Item

C. Victoria Hutto Selley
Full Name (Last, First, Middle Initial)

Mailing Address 204 Glenn Abby Dr

City Morehead City State NC Zip Code 28557-2578

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

Name of Employer: Emergency Medicine Physician Managemen
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 17 / 2016
Transaction ID : 2016032411914-49

Amount of Each Receipt this Period: 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	483.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gregory L Shangold		Date of Receipt MM / DD / YYYY 03 / 23 / 2016 Transaction ID : 4949B1E4523477C808BB
Mailing Address 66 Beacon Hill Dr		Amount of Each Receipt this Period 300.00
City Storrs Manfld	State CT	Zip Code 06268-2756
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Northeast Emergency Medicine Specialis	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. David Shellenbarger		Date of Receipt MM / DD / YYYY 03 / 17 / 2016 Transaction ID : 2016032411914-50
Mailing Address 912 Camelot Dr		Amount of Each Receipt this Period 100.00
City Hermitage	State PA	Zip Code 16148-9100
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Self-Employed	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Suzy Schneider Shukovsky		Date of Receipt MM / DD / YYYY 03 / 17 / 2016 Transaction ID : 2016032411914-51
Mailing Address 41 Old Hwy		Amount of Each Receipt this Period 83.33
City Wilton	State CT	Zip Code 06897-3114
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	483.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Deepika Singh
Full Name (Last, First, Middle Initial)

Mailing Address 15 Smethwick Ct

City Pittsford State NY Zip Code 14534-9789

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-52

Amount of Each Receipt this Period 83.33

Memo Item

B. Annie M Sinnott
Full Name (Last, First, Middle Initial)

Mailing Address 1335 N Bosworth Ave # 3PNTHS

City Chicago State IL Zip Code 60642-2443

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-53

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 3004 Edison St NW

City Uniontown State OH Zip Code 44685-7212

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-54

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Todd L Slesinger
Full Name (Last, First, Middle Initial)
Mailing Address 21842 Cypress Palm Ct
City Boca Raton State FL Zip Code 33428-2938
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 4C88BA3990CC343DB2C4
Amount of Each Receipt this Period 100.00
 Memo Item

B. Virgil W Smaltz
Full Name (Last, First, Middle Initial)
Mailing Address 24 Bay View Ter
City Geneva State NY Zip Code 14456-9768
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 30 / 2016
Transaction ID : 4461944D4330F3306051
Amount of Each Receipt this Period 100.00
 Memo Item

C. Rachel K Smittek
Full Name (Last, First, Middle Initial)
Mailing Address 125 W Tremont Ave Unit 718
City Charlotte State NC Zip Code 28203-5550
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-56
Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 300.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sullivan K Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1 Medical Center Blvd

City Cookeville State TN Zip Code 38501-4294

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

Name of Employer Self-Employed
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 26 / 2016
Transaction ID : **4ED78A9852B7EB4301E6**

Amount of Each Receipt this Period
100.00

Memo Item

B. Daniel Snediker
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Browning Rd

City Pittsburgh State PA Zip Code 15206-1737

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

Name of Employer Emergency Medicine Physician Managemen
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 17 / 2016
Transaction ID : **2016032411914-62**

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 108 Saddle Ridge Dr

City Oakdale State PA Zip Code 15071-3726

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

Name of Employer Self-Employed
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 26 / 2016
Transaction ID : **4949A623AA7F009EE44F**

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Steven Joseph Stack

Mailing Address 2083 Bridgeport Dr

City Lexington State KY Zip Code 40502-2615

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

Name of Employer TeamHealth Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2016

Transaction ID : E110CB38-5516-4A78-

Amount of Each Receipt this Period
1200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Jennifer L'Hommedieu Stankus

Mailing Address 3110 Judson St # 49

City Gig Harbor State WA Zip Code 98335-1254

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : 4AB8B467455CD72615BC

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ryan Stanton

Mailing Address 203 Deerfield Cir

City Nicholasville State KY Zip Code 40356-8038

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.51

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 44D68E809BDCBCAADE8C

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ryan Stanton
Full Name (Last, First, Middle Initial)
Mailing Address 203 Deerfield Cir
City State Zip Code
Nicholasville KY 40356-8038
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed Emergency Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
312.51

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016
Transaction ID : 201603101592-169
Amount of Each Receipt this Period
4.17
 Memo Item

B. Ryan Stanton
Full Name (Last, First, Middle Initial)
Mailing Address 203 Deerfield Cir
City State Zip Code
Nicholasville KY 40356-8038
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed Emergency Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
312.51

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2016
Transaction ID : 4F50AFF9542C96910244
Amount of Each Receipt this Period
100.00
 Memo Item

C. Gary C Starr
Full Name (Last, First, Middle Initial)
Mailing Address 5012 Russell Ave S
City State Zip Code
Minneapolis MN 55410-2209
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed Emergency Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016
Transaction ID : 4571A175C3F2FF80A075
Amount of Each Receipt this Period
100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	204.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 47 Stephanie Ln

City Westfield State MA Zip Code 01085-1484

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

Name of Employer Westfield Emergency Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2016
Transaction ID : 4D168BC54AAD6A9A7458

Amount of Each Receipt this Period 100.00

Memo Item

B. Douglas N Tannas
Full Name (Last, First, Middle Initial)

Mailing Address 6339 Red Fox Rd

City Pendleton State IN Zip Code 46064-8732

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

Name of Employer Indiana University Health Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 05 / 2016
Transaction ID : B1205611B9578541330

Amount of Each Receipt this Period 600.00

Memo Item

C. Abel Tewodros
Full Name (Last, First, Middle Initial)

Mailing Address 7021 27th Ave NE

City Seattle State WA Zip Code 98115-5843

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

Name of Employer Eastside Emergency Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1049.97

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-134

Amount of Each Receipt this Period 1049.97

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1749.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. David L Trotter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5225 S Drexel Ave
 Unit 1
 City Chicago State IL Zip Code 60615-3892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 17 / 2016
Transaction ID : 2016032411914-57
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Travis Ulmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1240 Broadview Ave
 City Columbus State OH Zip Code 43212-3344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen
 Occupation Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 17 / 2016
Transaction ID : 2016032411914-58
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Bradley J Uren
 Full Name (Last, First, Middle Initial)
 Mailing Address 8115 Pettysville Rd
 City Pinckney State MI Zip Code 48169-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 04 / 2016
Transaction ID : 4A8AA5CDEFE3E87C1840
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Arvind Venkat
Full Name (Last, First, Middle Initial)

Mailing Address 105 Breckenridge Dr

City Wexford State PA Zip Code 15090-9400

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 2016032411914-64

Amount of Each Receipt this Period 100.00

Memo Item

B. Rex Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 5021 54th Ave S

City Seattle State WA Zip Code 98118-2111

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 383.33

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-111

Amount of Each Receipt this Period 383.33

Memo Item

C. Nicole Harris von Suhr
Full Name (Last, First, Middle Initial)

Mailing Address 3231 34th Ave S

City Seattle State WA Zip Code 98144-6904

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1049.97

Date of Receipt 01 / 21 / 2016
Transaction ID : 20160126122248-135

Amount of Each Receipt this Period 1049.97

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1533.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mary Jo Wagner

Mailing Address 5425 Nottingham Dr N

City State Zip Code
Saginaw MI 48603-2821

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

Name of Employer Occupation
Covenant Health Care Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2016

Transaction ID : 463CA83A251BB4BA3318

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Roger Wang

Mailing Address PO Box 41

City State Zip Code
Issaquah WA 98027-0003

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

Name of Employer Occupation
Eastside Emergency Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.97

Date of Receipt
MM / DD / YYYY
01 / 21 / 2016

Transaction ID : 20160126122248-136

Amount of Each Receipt this Period
1049.97

Memo Item

Full Name (Last, First, Middle Initial)
C. Joel Wassermann

Mailing Address 6533 Beach Dr SW

City State Zip Code
Seattle WA 98136-1300

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

Name of Employer Occupation
Eastside Emergency Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.97

Date of Receipt
MM / DD / YYYY
01 / 21 / 2016

Transaction ID : 20160126122248-137

Amount of Each Receipt this Period
1049.97

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2399.94
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Bradley Alan Watling

Mailing Address 109 Viewpoint Ln

City	State	Zip Code
Mooresville	NC	28117-7558

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

Name of Employer	Occupation
Self-Employed	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 2016032411914-59

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. Matthew J Watson

Mailing Address 1615 Apple Blossom Dr

City	State	Zip Code
Cumming	GA	30041-7796

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

Name of Employer	Occupation
Northside Emergency Associates	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 460895F4FB163F742013

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 1 Highgate NE

City	State	Zip Code
Ithaca	NY	14850-1483

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

Name of Employer	Occupation
Emergency Medicine Physician Managemen	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 201602231295-94

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="316.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1 Highgate NE

City Ithaca State NY Zip Code 14850-1483

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.01**

Date of Receipt **03 / 17 / 2016**

Transaction ID : 2016032411914-60

Amount of Each Receipt this Period **116.67**

Memo Item

Full Name (Last, First, Middle Initial)
B. Nathanael Wood

Mailing Address 8421 SE 33rd PI

City Mercer Island State WA Zip Code 98040-3007

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

Name of Employer Eastside Emergency Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1049.97**

Date of Receipt **01 / 21 / 2016**

Transaction ID : 20160126122248-138

Amount of Each Receipt this Period **1049.97**

Memo Item

Full Name (Last, First, Middle Initial)
C. Thomas E Wyatt

Mailing Address 3925 Drew Ave S

City Minneapolis State MN Zip Code 55410-1049

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

Name of Employer Mercy Hospital Emergency Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 13 / 2016**

Transaction ID : 4ED9ABA00894A0B59FC7

Amount of Each Receipt this Period **100.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1266.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Liam Yore
Full Name (Last, First, Middle Initial)

Mailing Address 15350 162nd Ave NE

City Woodinville State WA Zip Code 98072-8932

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

Name of Employer North Sound Emergency Medicine Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : 46A5B7A565E2A3159350

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 3122 223rd St SE

City Bothell State WA Zip Code 98021-3541

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : 20160126122248-116

Amount of Each Receipt this Period
 466.66

Memo Item

C. Gary David Zimmer
Full Name (Last, First, Middle Initial)

Mailing Address 419 Boxwood Rd

City Bryn Mawr State PA Zip Code 19010-1254

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : 419398CAF9E833F86702

Amount of Each Receipt this Period
 625.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1391.66
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 76 OF 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joseph A Zito

Mailing Address 5 Beaver Dr

City State Zip Code
 Locust Valley NY 11560-2308

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

Name of Employer Occupation
 Self-Employed Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 29 / 2016
Transaction ID : 400E97FD3D15EEC63906

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	62448.81

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 116
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Wake Emergency Physicians, Pa PAC		Date of Receipt
Mailing Address 210 Towne Village Drive		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City Cary	State NC	Zip Code 27513
FEC ID number of contributing federal political committee. C C00412841		Transaction ID : 227A2A237CEE45EA92A5
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5000.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement
JAN16 BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **FB19926E123394BBFDD**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement
FEB 16 BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **987809AC18C60CE5BEA**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement
MAR16 BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **90A998F592863254B19**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. 21st Century Majority Fund

Mailing Address 6065 Roswell Road, #2274

City Atlanta State GA Zip Code 30328-4011

Purpose of Disbursement
2016 Contribution

011

Candidate Name

21st Century Majority Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	29	/	2016

Transaction ID : B1CA8E2F440969E7E3F

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Alamo PAC

Mailing Address 919 Congress Avenue
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Alamo PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2016

Transaction ID : 3266CDB67FFF79D510C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ami Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2016 General

011

Candidate Name

Amerish B. Bera

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2016

Transaction ID : D02C472D251342EF381

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2016 General

011

Candidate Name

Garland Hale Barr IV

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 636883E7650CA402D9C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ann Wagner for Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ann Louise Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : F4B8A432A6949D64555

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Becerra for Congress

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
2016 General

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 12DB69A6EB221A35138

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bennet for Colorado

Mailing Address PO Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Michael F. Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

/ /

Transaction ID : 688F3551143FCF66C6C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address PO Box 606

City State Zip Code
Tarpon Springs FL 34688-0606

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Gus Michael Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

/ /

Transaction ID : C1D2300A7F763D15920

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Billy Long for Congress

Mailing Address 3246 E Ridgeview St

City State Zip Code
Springfield MO 65804-4076

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

William H. Long II

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

/ /

Transaction ID : 4CFC06F3CA4B2BFD28C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blue Dog Political Action Committee

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Blue Dog Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 4E721254716733726B5

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blumenauer for Congress

Mailing Address 901 SE Oak Street
Suite 105

City Portland State OR Zip Code 97214

Purpose of Disbursement
2016 Primary

011

Candidate Name

Earl Francis Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : E1EF490C1A74AAAFAD

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Boozman for Arkansas

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement
2016 Primary

011

Candidate Name

John Nichols Boozman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: AR District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : E0E3C911E68FED2AAEF

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement
2016 General

011

Candidate Name

Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : CF91D903C71AA00A5CA

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : 572FEBEF883D6C1F050

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Buddy Carter for Congress

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement
2016 Primary

011

Candidate Name

Earl L. B. Carter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : AAE775F6C1392EC10BE

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Carlos Curbelo Congress		Date of Disbursement MM / DD / YYYY 03 / 29 / 2016
Mailing Address 8724 SW 72nd St		Transaction ID : 5A9046DFA427C93AEF6
City Miami	State FL	
Purpose of Disbursement 2016 General		Amount of Each Disbursement this Period 1500.00
Candidate Name Carlos Luis Curbelo		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 26		

Full Name (Last, First, Middle Initial) B. Castor for Congress		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 301 W Platt Street, #385		Transaction ID : 85A9DE704E94C84DACC
City Tampa	State FL	
Purpose of Disbursement 2016 Primary		Amount of Each Disbursement this Period 1500.00
Candidate Name Katherine Anne Castor		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 14		

Full Name (Last, First, Middle Initial) C. Charles Boustany Jr. MD for Senate, Inc.		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address PO Box 80126		Transaction ID : 55B32B913B8FFB1F283
City Lafayette	State LA	
Purpose of Disbursement 2016 General		Amount of Each Disbursement this Period 3000.00
Candidate Name Charles William Boustany Jr.		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann for Congress Committee, Inc.

Mailing Address PO Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles J. Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : 9342EEC307A306776E7

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CMR Political Action Committee

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
2016 Contribution

011

Candidate Name

CMR Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 8D4F1BD28C1F66F6463

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Coffman for Congress 2016

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michael H. Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 18D3E086D6DA736B7C0

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Coffman for Congress 2016

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michael H. Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : 468939AD61F2FEA0F56

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Collins for Congress

Mailing Address PO Box 386

City Clarence State NY Zip Code 14031-0386

Purpose of Disbursement
2016 Primary

011

Candidate Name

Christopher Carl Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : 9267D671A72F313DB52

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Common Values PAC

Mailing Address 901 N Washington St, Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Common Values PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : 2D55A7DCA1E2B8E3661

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

10500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cory PAC, Inc.

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Cory PAC, Inc.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : E98A5990913E59CEBCF

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cresent Hardy for Congress

Mailing Address PO Box 753941

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Cresent Leo Hardy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: NV District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : 0725AFFE8068A02F94A

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Culberson for Congress

Mailing Address PO Box 41964

City Houston State TX Zip Code 77241-1964

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

John Abney Culberson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: TX District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : C30372BCF33017B117C

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. DCCC

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

DCCC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 4DF140D5D201443138C

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DCCC

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

DCCC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 6D5F0CE0E8CD02113A4

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Jeffrey John Denham

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : A7C0DBABBA8641CC146

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

16500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denny Heck for Congress

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Dennis Heck

Office Sought: House
 Senate
 President
State: WA District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 1F4382053F2D3E82801

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Dold for Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Robert James Dold Jr.

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 92E0C564A3EBC129662

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Dold for Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Robert James Dold Jr.

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 0DFF6D7183C27FAFA50

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. DSCC

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

DSCC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 70EC715F1E82674AEC1

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. E-PAC

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

E-PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 4A29CB784001722BA4C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

David Patrick Joyce

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: OH District: 14

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 7DC0937FA50EAF8F04B

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

17000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dena

Mailing Address 3956 Town Center Blvd
Ste 457

City Orlando State FL Zip Code 32837

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Dena Marie Minning

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : C81C9AEEDC3804066B3

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Elizabeth Esty

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Elizabeth H. Esty

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : 173C6849FF3DA1A3323

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Erik Paulsen

Mailing Address PO Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : F6618E3464D19A51DBA

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Kelly Ayotte Inc

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Kelly Ann Ayotte

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NH District:

Date of Disbursement

/ /

Transaction ID : 3A46BF4D51E83C72825

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Michelle

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Michelle Lujan Grisham

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NM District: 01

Date of Disbursement

/ /

Transaction ID : AA4A0C5065A574AD526

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Neal Dunn

Mailing Address 2640A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Neal Patrick Dunn

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 02

Date of Disbursement

/ /

Transaction ID : 48E853818B570AD451B

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Neal Dunn

Mailing Address 2640A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement
2016 Primary

011

Candidate Name

Neal Patrick Dunn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 7238BFBA94A4F0C3BF3

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2016 General

011

Candidate Name

Charles E. Schumer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 7DB0E48C6691EBFD76C

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Galloway for Congress

Mailing Address 141 Sage Brush Trail
Suite D

City Ormond Beach State FL Zip Code 32174

Purpose of Disbursement
2016 Primary

011

Candidate Name

G.G. Galloway

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 06

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 0599287CF584E3DA2B8

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2016 Primary

011

Candidate Name

Raymond Eugene Green

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 930797ACB723C68DCE7

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Georgians for Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
2016 Primary

011

Candidate Name

Johnny H. Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 616636D422C8F2EC068

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304-1000

Purpose of Disbursement
2016 General

011

Candidate Name

Charles E. Grassley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 4291167858B5DFC12A2

Amount of Each Disbursement this Period

3500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grassroots Organizing Acting & Leading PAC - GoalPAC

Mailing Address PO Box 30344

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
2016 Contribution

011

Candidate Name
Grassroots Organizing Acting & Leading PAC - GoalPAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 2A3F29DEF8535048007

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address PO Box 2485

City State Zip Code
Springfield VA 22152

Purpose of Disbursement
2016 Contribution

011

Candidate Name
Healthcare Freedom Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 1028DBE1B2A44B7DF28

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hellerhighwater PAC

Mailing Address PO Box 370672

City State Zip Code
Las Vegas NV 89137

Purpose of Disbursement
2016 Contribution

011

Candidate Name
Hellerhighwater PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : 8EC016FFEFF179B1FA6

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hellerhighwater PAC

Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Hellerhighwater PAC

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 238A81685685961395E

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Steny Hamilton Hoyer

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 2527B5748B819B85131

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Richard Lane Hudson Jr.

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : C77AF8760C742150AD0

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hudson for Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Richard Lane Hudson Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 89A3A6451E31384E4A3

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Huffman for Congress 2014

Mailing Address PO Box 151563

City San Rafael State CA Zip Code 94915

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Jared William Huffman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 489F12D2DC6212AE79C

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jenkins for Congress

Mailing Address PO Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Evan H. Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : A64F06FA2379B19A22F

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jobs, Opportunity and New Ideas PAC

Mailing Address PO Box 93441

City Des Moines State IA Zip Code 50393

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Jobs, Opportunity and New Ideas PAC

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : A7A3B3D918FF2264410

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Kennedy for Congress

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Joseph Patrick Kennedy III

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MA District: 04

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 6DE6DC8C16B8B41F2C5

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lance for Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Leonard Lance

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 3EA4645935F3BED36C8

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEGPAC

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

LEGPAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 4D008F0C6AED7318729

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lincoln PAC

Mailing Address PO Box A3968

City Chicago State IL Zip Code 60690

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Lincoln PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : E860239D3D7C7F97640

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Lone Star Leadership PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : 4F8F40BBEE3A04D0337

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City State Zip Code
Topeka KS 66601-1441

Purpose of Disbursement
2016 General

011

Candidate Name

Lynn Michelle Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : 6B98EB06FDAAA33103A

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City State Zip Code
Bakersfield CA 93389-0134

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Majority Committee PAC--Mc PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : 7367674EF90BFD6AFE4

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024-3750

Purpose of Disbursement
2016 General

011

Candidate Name

Marsha Wedgeworth Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : 3CBC74218C579F3B952

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Marsha Wedgeworth Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	1	6		

Transaction ID : 31E44D9BFD9EF9A5E18

Amount of Each Disbursement this Period

2	5	0	0	.	0	0							
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Memo Item

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053-2165

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Patrick Timothy McHenry

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

Transaction ID : 224C9E4F2DCD35C8797

Amount of Each Disbursement this Period

2	5	0	0	.	0	0							
---	---	---	---	---	---	---	--	--	--	--	--	--	--

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Bishop for Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116-2748

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Michael D. Bishop

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	1	6		

Transaction ID : 490313B8A604F54A4CF

Amount of Each Disbursement this Period

1	5	0	0	.	0	0							
---	---	---	---	---	---	---	--	--	--	--	--	--	--

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	5	0	0	.	0	0							
---	---	---	---	---	---	---	--	--	--	--	--	--	--

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

6	5	0	0	.	0	0							
---	---	---	---	---	---	---	--	--	--	--	--	--	--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Kelly for Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

G. Mike J. Kelly

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 783172E5CF5F5B3ED43

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moderate Democrats PAC

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Moderate Democrats PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : B277394415B6AA0889A

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MURPHPAC

Mailing Address 410 1st St SE, FI 3

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

MURPHPAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 41B9A549ED6F4B97CC9

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Narragansett Bay PAC

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Narragansett Bay PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : FFE939D0319015600CD

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Contribution

011

Candidate Name

New Democrat Coalition PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 3DC9D5F2963998BEF4D

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. New Pioneers PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Contribution

011

Candidate Name

New Pioneers PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 6926407357C3642D382

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. NRCC

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

NRCC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : C90A2270D0AFC8B52AE

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NRSC

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

NRSC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : B4B31A7E61E711CCCD9

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nutmeg PAC

Mailing Address C/O Cacace Tusch & Santagata
777 Summer St

City Stamford State CT Zip Code 06901

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Nutmeg PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 8B1923AB3EBD6FD9355

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

32500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Olson for Congress Committee

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496-6381

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Peter Graham Olson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : DEADFFF5030142EB0FA

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Oregon Victory Fund

Mailing Address 232 NE 9th Ave

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 Contribution

011
Category/
Type

Candidate Name

Oregon Victory Fund

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2016

Transaction ID : 1332D016CBB0E1F7F6F

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : E6996BF1CC347F0CC83

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address POB 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
2016 Primary

011

Candidate Name

William James Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : E5D40B92774C2FEFE3F

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People for Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ben Ray Lujan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 24BE49A16098B1661FD

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pioneer Political Action Committee

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Pioneer Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 43D77DDFF7CF5F5E1A7

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pompeo for Congress, Inc.

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67278-0146

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michael Richard Pompeo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : A990BE560E3D4A6CD31

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement
2016 General

011

Candidate Name

Rob J. Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : E3FD731076E95160D3B

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
2016 General

011

Candidate Name

Thomas E. Price M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : 4ACFE2909FEE87C4532

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Prosperity Action Inc.

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 22314-2000

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Prosperity Action Inc.

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : 8C34A1279E9C6005DD8

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Renee Louise Ellmers

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : A48EC9AC247B3C90539

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Republican Mainstreet Partnership PAC

Mailing Address C/O G & W 2201 Wisconsin Ave., NW
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Republican Mainstreet Partnership PAC

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 6CD6ED523C336ABE207

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

11500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Hanna for Congress Committee

Mailing Address PO Box 118

City: Utica State: NY Zip Code: 13503-0118

Purpose of Disbursement: 2016 Primary

011
Category/Type

Candidate Name

Richard L. Hanna

Office Sought: House Senate President
State: NY District: 22

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : F251F33724582625CCE

Amount of Each Disbursement this Period

-1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rick W. Allen for Congress

Mailing Address PO Box 338

City: Augusta State: GA Zip Code: 30903-0338

Purpose of Disbursement: 2016 Primary

011
Category/Type

Candidate Name

Richard W. Allen

Office Sought: House Senate President
State: GA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : 6A10A1BB106D76C5EF5

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rodney for Congress

Mailing Address PO Box 344

City: Taylorville State: IL Zip Code: 62568-0344

Purpose of Disbursement: 2016 General

011
Category/Type

Candidate Name

Rodney Lee Davis

Office Sought: House Senate President
State: IL District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 9B745305764BEB682A5

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address PO Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Peter James Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

/ /

Transaction ID : 7FEED0591B6FC2EB193

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ryan Costello for Congress

Mailing Address PO Box 3154

City State Zip Code
West Chester PA 19381-3154

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Ryan A. Costello

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

/ /

Transaction ID : 0DD43DD1570D08A534E

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547-1488

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Paul Davis Ryan Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

/ /

Transaction ID : 9FED76ABF41BC55A57A

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547-1488

Purpose of Disbursement
2016 General

011

Candidate Name

Paul Davis Ryan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : A419345454E71363DA0

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Simpson for Congress

Mailing Address 1487 Parkway Drive

City State Zip Code
Blackfoot ID 83221

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michael Keith Simpson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 20F40A410F05A570204

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 4679 Winterset Dr

City State Zip Code
Columbus OH 43220-8113

Purpose of Disbursement
2016 General

011

Candidate Name

Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 3CDE871DFCFE295D4DA

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ted Lieu for Congress

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name
Ted W. Lieu

Office Sought: House
 Senate
 President
State: CA District: 33

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : **0A66DAEF7355D5A9A21**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. The Eye of the Tiger Political Action Committee

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name
The Eye of the Tiger Political Action Committee

Office Sought: House
 Senate
 President
State: District: Contribution

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2016

Transaction ID : **B94181195DF8F388AEC**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name
Richard M. Burr

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : **1D7DE009A98A178EA9D**

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Richard M. Burr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : 2D98E58019418F68B63

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Murphy for Congress

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Timothy Francis Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : 6F1B47056BEFA9D8FC6

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tony Cardenas for Congress

Mailing Address 249 E. Ocean Blvd. Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Tony Cardenas

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : 869AD9ADD0583BCE370

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Tuesday Group Political Action Committee

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Tuesday Group Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 13179D71307ED01AD54

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Upton for All of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2016 Primary

011

Candidate Name

Fredrick Stephen Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : 5234E403F9BB5DCE959

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2016 General

011

Candidate Name

Fredrick Stephen Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 20897987B8A37D8ABFC

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vargas for Congress

Mailing Address 330 Encinitas Blvd

City Encinitas State CA Zip Code 92024-8705

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Juan Carlos Vargas

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

/ /

Transaction ID : 69958343B6CE0D96CF0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name

John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

/ /

Transaction ID : C5178111557CBCAA018

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Walberg for Congress

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Timothy L. Walberg

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

/ /

Transaction ID : CDC0E88A9CF59DC1218

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walden for Congress

Mailing Address PO Box 1091

City: Hood River State: OR Zip Code: 97031-0037

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Gregory Paul Walden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : E8698956D595E3A7441

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wild and Wonderful PAC

Mailing Address 332 W Lee Hwy
303

City: Warrenton State: VA Zip Code: 20186

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Wild and Wonderful PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 5F32A00D15B2653E12E

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Young for Iowa, Inc.

Mailing Address PO Box 162

City: Van Meter State: IA Zip Code: 50261

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

David Edmund Young

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2016

Transaction ID : FD44DF6AF8815482AA3

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

302250.00