

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Emergency Medicine Physicians PAC

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="2014"/>	<input type="text" value="2622.80"/>	<input type="text" value="2622.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5562.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4746.21"/>	<input type="text" value="29300.28"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="10308.82"/>	<input type="text" value="31923.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="21614.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10308.82"/>	<input type="text" value="10308.82"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Emergency Medicine Physicians PAC

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

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).....	4449.53	17212.73
(ii) Unitemized	296.68	12087.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4746.21	29300.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4746.21	29300.28
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.).....	0.00	0.00
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))..... ▶	4746.21	29300.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4746.21	29300.28

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	1114.26
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1114.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	20500.00
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)) ..	0.00	21614.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	21614.26

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)	4746.21	29300.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4746.21	29300.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1114.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1114.26

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 26
<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)
Emergency Medicine Physicians PAC

Full Name (Last, First, Middle Initial) A. Neal Aulick		Date of Receipt 12 / 31 / 2014 Transaction ID : SA11AI.5564
Mailing Address 11 Aaronwoods Court		Amount of Each Receipt this Period 40.00 \$20.00/monthly
City Wheeling	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Dominic Bagnoli		Date of Receipt 12 / 31 / 2014 Transaction ID : SA11AI.5565
Mailing Address 50 East Drive		Amount of Each Receipt this Period 833.30 \$416.65/monthly
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Jennifer Bradstreet		Date of Receipt 12 / 31 / 2014 Transaction ID : SA11AI.5567
Mailing Address 2212 Cross Creek Drive		Amount of Each Receipt this Period 40.00 \$20.00/monthly
City Gastonia	State NC	Zip Code 28056
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	913.30
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 7 OF 26
	<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)
Emergency Medicine Physicians PAC

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

Mailing Address 9251 Lawing School Road

City Charlotte State NC Zip Code 28214

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5568

Amount of Each Receipt this Period
33.34
 \$16.67/monthly

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

Mailing Address 1578 Uluhao St

City Kailua State HI Zip Code 96734

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5569

Amount of Each Receipt this Period
33.34
 \$16.67/monthly

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

Mailing Address 5156 Baker Ridge Drive

City Columbus State OH Zip Code 43228

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5570

Amount of Each Receipt this Period
40.00
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **106.68**

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 8 OF 26
	<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)
Emergency Medicine Physicians PAC

A. Louis Cirillo
Full Name (Last, First, Middle Initial)

Mailing Address 91 Woodridge Drive

City Saunderstown State RI Zip Code 02874

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **999.96**

Date of Receipt
 12 / 31 / 2014
Transaction ID : SA11AI.5571

Amount of Each Receipt this Period
166.66
 \$83.33/monthly

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

Mailing Address 2523 Hanover Ave

City Richmond State VA Zip Code 23220

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **600.00**

Date of Receipt
 12 / 31 / 2014
Transaction ID : SA11AI.5572

Amount of Each Receipt this Period
100.00
 \$50.00/monthly

c. Christopher Corbit
Full Name (Last, First, Middle Initial)

Mailing Address 1075 Mornington Circle

City Uniontown State OH Zip Code 44685

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 12 / 31 / 2014
Transaction ID : SA11AI.5573

Amount of Each Receipt this Period
33.34
 \$16.67/monthly

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 9 OF 26
	<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)
Emergency Medicine Physicians PAC

A. Kevin Corrigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 13911 Holly Stream Dr
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼
 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5574
 Amount of Each Receipt this Period
 33.34
 \$16.67/monthly

B. Timothy Corvino
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Miles Road
 City State Zip Code
 Chagrin Falls OH 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼
 996.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5575
 Amount of Each Receipt this Period
 166.00
 \$83.00/monthly

c. Sydney De Angelis
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Araca Rd
 P O Box 104
 City State Zip Code
 Babylon NY 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5576
 Amount of Each Receipt this Period
 40.00
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....▶	239.34
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 26
	<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)
Emergency Medicine Physicians PAC

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

Mailing Address 135 High St

City Exeter State NH Zip Code 03833

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5577

Amount of Each Receipt this Period
33.34
 \$16.67/monthly

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

Mailing Address 31 Forest Drive

City Voorheesville State NY Zip Code 12186

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5578

Amount of Each Receipt this Period
50.00
 \$25.00/monthly

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

Mailing Address 119 Dorie Drive

City Belmont State NC Zip Code 28012

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5579

Amount of Each Receipt this Period
33.34
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional)..... **116.68**

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 11 OF 26
	<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)
Emergency Medicine Physicians PAC

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

Mailing Address 416 Pinnacle Heights Ln

City Las Vegas State NV Zip Code 89144

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **216.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5580

Amount of Each Receipt this Period
33.34
 \$16.67/monthly

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

Mailing Address 55 Soby Dr

City West Hartford State CT Zip Code 06107

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5581

Amount of Each Receipt this Period
50.00
 \$25.00/monthly

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

Mailing Address 2174 North Hametown Road

City Akron State OH Zip Code 44333

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5582

Amount of Each Receipt this Period
33.34
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	116.68
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 12 OF 26
<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)
Emergency Medicine Physicians PAC

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

Mailing Address 659 Lorenwood Drive

City Hermitage State PA Zip Code 16148

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period
33.34

\$16.67/monthly

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

Mailing Address 142 Woodshire

City Pittsburgh State PA Zip Code 15215

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **999.96**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5584

Amount of Each Receipt this Period
166.66

\$83.33/monthly

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

Mailing Address 1380 Woodhurst Drive

City Rock Hill State SC Zip Code 29732

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5585

Amount of Each Receipt this Period
33.34

\$16.67/monthly

SUBTOTAL of Receipts This Page (optional)..... **233.34**

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 26
	<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)
Emergency Medicine Physicians PAC

A. Scott Heinrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 2158 N Claremont Ave
 City Chicago State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt
 12 / 31 / 2014
Transaction ID : SA11AI.5586
 Amount of Each Receipt this Period
33.34
 \$16.67/monthly

B. Keia Hewitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3321 Luke Crossing Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt
 12 / 31 / 2014
Transaction ID : SA11AI.5587
 Amount of Each Receipt this Period
33.34
 \$16.67/monthly

C. Lisa Hrutkay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1464 Stoolfire Road
 City Valley Grove State WV Zip Code 26060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt
 12 / 31 / 2014
Transaction ID : SA11AI.5588
 Amount of Each Receipt this Period
33.34
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	100.02
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: (check only one)	PAGE 14 OF 26
	<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)
Emergency Medicine Physicians PAC

A. John Janikas
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Outlook Drive South
 City State Zip Code
 Mechanicville NY 12118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼
999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5589
 Amount of Each Receipt this Period
166.66
 \$83.33/monthly

B. Andrew Jenis
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Cayuga Heights Road
 City State Zip Code
 Ithaca NY 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5590
 Amount of Each Receipt this Period
100.00
 \$50.00/monthly

C. Bruce Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 Woodard Place
 City State Zip Code
 Powell OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼
200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5591
 Amount of Each Receipt this Period
33.34
 \$16.67/monthly

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 15 OF 26
<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)
Emergency Medicine Physicians PAC

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

Mailing Address 128 Mellen Road

City New Bern State NC Zip Code 28560

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 / /
 12 / 31 / 2014

Transaction ID : SA11AI.5592

Amount of Each Receipt this Period
 33.34

\$16.67/monthly

B. Jayne Kendall
Full Name (Last, First, Middle Initial)

Mailing Address 1251 Springbury Dr

City Uniontown State OH Zip Code 44685

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 / /
 12 / 31 / 2014

Transaction ID : SA11AI.5593

Amount of Each Receipt this Period
 33.34

\$16.67/monthly

C. Joan Kolodzik
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Paxon Court

City Bellbrook State OH Zip Code 45305

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **240.00**

Date of Receipt
 / /
 12 / 31 / 2014

Transaction ID : SA11AI.5595

Amount of Each Receipt this Period
 40.00

\$20.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **106.68**

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 16 OF 26
	<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)
Emergency Medicine Physicians PAC

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

Mailing Address 32 Woodland Ave

City Mountain Lakes State NJ Zip Code 07046

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5596

Amount of Each Receipt this Period
 200.00

\$100.00/monthly

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

Mailing Address 6633 Silver Fox Road

City Charlotte State NC Zip Code 28270

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5597

Amount of Each Receipt this Period
 33.34

\$16.67/monthly

C. Sidney Lee
Full Name (Last, First, Middle Initial)

Mailing Address 701 15th Ave

City Honolulu State HI Zip Code 96816

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5598

Amount of Each Receipt this Period
 100.00

\$50.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **333.34**

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 26
<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)
Emergency Medicine Physicians PAC

A. Alexis Lieser
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 51
City State Zip Code
Georgetown CA 95634
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician
Receipt For: 2014
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **240.00**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.5600
Amount of Each Receipt this Period
40.00
\$20.00/monthly

B. Richard Limperos
Full Name (Last, First, Middle Initial)
Mailing Address 5087 Noor Park Circle
City State Zip Code
Dublin OH 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician
Receipt For: 2014
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.5601
Amount of Each Receipt this Period
33.34
\$16.67/monthly

c. Christopher Lloyd
Full Name (Last, First, Middle Initial)
Mailing Address 2286 Picket Post Lane
City State Zip Code
Columbus OH 43220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician
Receipt For: 2014
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.5602
Amount of Each Receipt this Period
33.34
\$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	106.68
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 18 OF 26
<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)
Emergency Medicine Physicians PAC

A. Donald Lombino
Full Name (Last, First, Middle Initial)
Mailing Address 111 Connecticut Ave Apt 1
City Greenwich State CT Zip Code 06830
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2014
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **240.00**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.5603
Amount of Each Receipt this Period
40.00
\$20.00/monthly

B. Merci Madar
Full Name (Last, First, Middle Initial)
Mailing Address 7805 Valderrama Way
City Bradenton State FL Zip Code 34202
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2014
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **999.96**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.5604
Amount of Each Receipt this Period
166.66
\$83.33/monthly

C. Rubeal Mann
Full Name (Last, First, Middle Initial)
Mailing Address 20 James River Rd
City Beaver Creek State OH Zip Code 45434
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2014
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **950.01**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.5605
Amount of Each Receipt this Period
200.00
\$100.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **406.66**
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 19 OF 26
<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)
Emergency Medicine Physicians PAC

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

Mailing Address 1080 Pebblebrook Rd SE

City Mableton State GA Zip Code 30126

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5607

Amount of Each Receipt this Period
40.00
 \$20.00/monthly

Full Name (Last, First, Middle Initial)
B. Oliver Mayorga

Mailing Address 32 Church St

City Mystic State CT Zip Code 06355

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5608

Amount of Each Receipt this Period
100.00
 \$50.00/monthly

Full Name (Last, First, Middle Initial)
C. J.D. McCourt

Mailing Address 9436 Steeplehill Dr

City Las Vegas State NV Zip Code 89117

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **216.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5609

Amount of Each Receipt this Period
33.34
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional)..... **173.34**

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 26
<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)
Emergency Medicine Physicians PAC

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

Mailing Address 605 McDonald Ave

City Charlotte State NC Zip Code 28203

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5610

Amount of Each Receipt this Period
33.34

\$16.67/monthly

B. Christopher McLarty
Full Name (Last, First, Middle Initial)

Mailing Address 44 W Monroe St Apt 3202

City Phoenix State AZ Zip Code 85003

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **207.85**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5611

Amount of Each Receipt this Period
33.36

\$16.68/monthly

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

Mailing Address 6 Prospect Drive

City Brentwood State NY Zip Code 11717

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period
33.34

\$16.67/monthly

SUBTOTAL of Receipts This Page (optional)..... **100.04**

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 26
	<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)
Emergency Medicine Physicians PAC

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

Mailing Address 62 East Drive

City Hartville State OH Zip Code 44632

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5614

Amount of Each Receipt this Period
33.34

\$16.67/monthly

B. Carmella Percy
Full Name (Last, First, Middle Initial)

Mailing Address 6875 Stonebridge Lane

City Clover State SC Zip Code 29710

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period
100.00

\$50.00/monthly

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

Mailing Address 221 Weaver St Apt 19C

City Greenwich State CT Zip Code 06831

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5616

Amount of Each Receipt this Period
33.34

\$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	166.68
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 22 OF 26
	<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)
Emergency Medicine Physicians PAC

Full Name (Last, First, Middle Initial) A. Megan Rishel		Date of Receipt 12 / 31 / 2014 Transaction ID : SA11AI.5617
Mailing Address 204 Montag Circle		Amount of Each Receipt this Period 33.34 \$16.67/monthly
City Atlanta	State GA	Zip Code 30307
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name (Last, First, Middle Initial) B. Lawrence Satkowiak		Date of Receipt 12 / 31 / 2014 Transaction ID : SA11AI.5618
Mailing Address 2807 West Decatur		Amount of Each Receipt this Period 40.00 \$20.00/monthly
City Fresno	State CA	Zip Code 93711
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

Full Name (Last, First, Middle Initial) C. David Scott		Date of Receipt 12 / 31 / 2014 Transaction ID : SA11AI.5619
Mailing Address 4733 North Ridge Drive		Amount of Each Receipt this Period 33.34 \$16.67/monthly
City Akron	State OH	Zip Code 44333
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

SUBTOTAL of Receipts This Page (optional).....	106.68
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 23 OF 26
	<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)
Emergency Medicine Physicians PAC

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

Mailing Address 204 Glenn Abby Drive

City Morehead City State NC Zip Code 28557

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5620

Amount of Each Receipt this Period
33.34

\$16.67/monthly

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

Mailing Address 1335 N Bosworth Avenue

City Chicago State IL Zip Code 60642

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5623

Amount of Each Receipt this Period
33.34

\$16.67/monthly

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

Mailing Address 3004 Edison St. NW

City Uniontown State OH Zip Code 44685

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **999.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.5624

Amount of Each Receipt this Period
166.66

\$83.33/monthly

SUBTOTAL of Receipts This Page (optional)..... **233.34**

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 26
	<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)
Emergency Medicine Physicians PAC

A. Daniel Snediker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Browning Rd
 City Pittsburgh State PA Zip Code 15206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5625
 Amount of Each Receipt this Period
 33.34
 \$16.67/monthly

B. Kevin Torres
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Croft Court
 City Pawcatuck State CT Zip Code 06379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5626
 Amount of Each Receipt this Period
 33.34
 \$16.67/monthly

C. Travis Ulmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 Oakland Ave
 City Columbus State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5627
 Amount of Each Receipt this Period
 33.34
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	100.02
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: (check only one)	PAGE 25 OF 26
	<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)
Emergency Medicine Physicians PAC

A. Christy Walter
Full Name (Last, First, Middle Initial)

Mailing Address 9395 Harritt Rd
Space 61

City Lakeside State CA Zip Code 92040

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **220.00**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.5628

Amount of Each Receipt this Period
40.00
\$20.00/monthly

B. Bradley Watling
Full Name (Last, First, Middle Initial)

Mailing Address 109 Viewpoint Lane

City Mooresville State NC Zip Code 28117

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.5629

Amount of Each Receipt this Period
33.34
\$16.67/monthly

C. Austin Wellock
Full Name (Last, First, Middle Initial)

Mailing Address 882 Somerby Cir

City Uniontown State OH Zip Code 44685

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.5630

Amount of Each Receipt this Period
33.34
\$16.67/monthly

SUBTOTAL of Receipts This Page (optional)..... **106.68**

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 26 OF 26
	<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)
Emergency Medicine Physicians PAC

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

Mailing Address 1 Highgate NE

City Ithaca State NY Zip Code 14850

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5631

Amount of Each Receipt this Period
33.34
 \$16.67/monthly

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

Mailing Address 412 Pinnacle Heights Lane

City Las Vegas State NV Zip Code 89144

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **216.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.5632

Amount of Each Receipt this Period
50.01
 \$25.00/monthly

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) **Other**

Aggregate Year-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	83.35
TOTAL This Period (last page this line number only).....	4449.53