07/16/2010 19:45

Image# 10990928890

# **FORM 3X**

FE6AN026

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

_		For C	Other Than An	Authorize	d Committ	ee		Office Use	Only
1.	NAME OF COMMITTEE (in full)		FEC MAILING LA YPE OR PRINT		ample:If typing er the lines	g, type			]
L	National Emergency Medicin	e Politio	cal Action Committ	.ee					
		1 1							
AD	DRESS (number and street)	11:	25 Executive Circle	; 					
г	Check if different								
L	than previously reported. (ACC)	lrvi ⊥⊥	ring				TX.	750	38
2.	FEC IDENTIFICATION NUM	MBER	<b>~</b>	CITY A		5	STATE A	ZI	PCODE A
	C00140061		]	3. IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	(b	n) Monthly Report Due On:	Feb 20 (M2	·)	May 20 (M5)	AL	ıg 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due On.	Mar 20 (M3	) .	Jun 20 (M6)	Se	ep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)	) .	Jul 20 (M7)	Od	ct 20 (M10)	Jan 31 (YE)
	Quarterly Report(C	Q1)	(c) 12-Day		Primary (12F	P)	Genera	l (12G)	Runoff (12R)
	July 15 Quarterly Report(C	Q2)	PRE-Electi Report for		Convention (	<u> </u>	Special		
	October 15 Quarterly Report(0	23)	rteport for	iie.	Convention (	(120)	Оресіаі	(123)	
	January 31 Quarterly Report(Y	<b>′</b> E)		Election on					the state of
	July 31 Mid-Year Report(Non-election Year Only) (MY)		(d) 30-Day Post -Electric Report for		General (300	G)	Runoff	(30R)	Special (30S)
	Termination Repor (TER)	t		Election on					n the state of
5.	Covering Period 0	1	01 201	0	through	03	3 1	2010	
	ertify that I have examined this	•			and belief it is	true, correct a	and complete	<del></del>	
Тур	be or Print Name of Treasurer	<u> </u>	Phyllis Edans, CPA	CAE					
Sig	nature of Treasurer Electro	onically	Filed by Phyllis	Edans, CPA, (	CAE	D	ate 0	7 16	2010
NO	TE : Submission of false, erro	neous,	or incomplete info	mation may s	ubject the pers	on signing this	s Report to the	ne penalties of	2 U.S.C 437g.
	Office Use							I	FORM 3X 12/2004)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/96

Write or Type Committee Name National Emergency Medicine Political Action Committee

FEC Form 3X (Rev. 02/2003)

D D " D 0 1 0 1 2010 0.3 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 815920.52 January 1 (b) Cash on Hand at 815920.52 Begining of Reporting Period ..... 107006.79 107006.79 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 922927.31 922927.31 6(a) and 6(c) for Column B) ..... 213972.74 213972.74 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 708954.57 708954.57 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 96

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

D D 0 1

2010

. 0.3

D D 3 1

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	49646.54	642511.03
(ii) Unitemized	57278.29	489104.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	106924.83	106924.83
(b) Political Party Committees	0.00	0.00
<ul><li>(c) Other Political Committees</li><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	106924.83	106924.83
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
'. Other Federal Receipts (Dividends, Interest, etc.)	81.96	81.96
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	107006.79	107006.79
. Total Federal Receipts (subtract Line 18(c) from Line 19)	107006.79	107006.79

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 96

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures:  ) Shared Federal/Non-Federal		
(4	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(b	,	0.00	0.00
(c	Expenditures  Total Operating Expenditures	0.00	0.00
(0	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	ransfers to Affiliated/Other Party	0.00	
	ommitteesontributions to	0.00	0.00
	ederal Candidates/Committeesd Other Political Committees	212500.00	212500.00
4. In	dependent Expenditure	0.00	0.00
	se Schedule E)oordinated Expenditures Made by Party	0.00	0.00
C (u	ommittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
		0.00	0.00
6. Lo	pan Repayments Made	0.00	0.00
	pans Made	0.00	0.00
8. R (a	efunds of Contributions To: ) Individuals/Persons Other		
(α	Than Political Committees	0.00	0.00
(b	) Political Party Committees	0.00	0.00
(c	'	0.00	0.00
(4	(such as PACs)  Total Contribution Refunds	0.00	0.00
(d	(add Lines 28(a), (b), and (c))	0.00	0.00
9. O	ther Disbursements	1472.74	1472.74
	ederal Election Activity (2 U.S.C 431(20)) a) Shared Federal Election Activity		
(	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(	b) Federal Election Activity Paid Entirely		
(	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
)1 T	Total Dishursements (add Lines 21(a) 22		
	otal Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	213972.74	213972.74
	, L-1, L0, L0, L1, L0(u), L0 and 00(0)).		2.00,2,71
	Total Federal Disbursements		
•	subtract Line 21(a)(ii) and Line 30(a)(ii)	010070.74	010070.74
	rom Line 31)	213972.74	213972.74

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 96

	ontributions/Operating xpenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ions (other than loans)	106924.83	106924.83
4. Total Contribut (from Line 28(c	ion Refunds I))	0.00	0.00
	ns (other than loans) 34 from Line 33)	106924.83	106924.83
	Operating Expenditures (i) and Line 21(b))	0.00	0.00
•	rating Expenditures page 3)	0.00	0.00
8. Net Operating E	Expenditures 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 96 (check only one)    X
or for commercial purposes  NAME OF COMMITTE	s, other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Gross Pointe Shore FEC ID number of cont federal political committ	Ballantyne Rd  State MI	Zip Code 48236-1217	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Emerg Med Spec PC  Receipt For:  Primary  Other (specify) ▼	General Emerge	ency Physician ate Year-to-Date   500.00	
Full Name (Last, First, I Crystal Arthur Mailing Address 906	Rowland		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Leonard FEC ID number of cont federal political committ	ee.	Zip Code 48367-2212	Transaction ID: C869068  Amount of Each Receipt this Period  250.00
Name of Employer Med Ctr Emer Svcs  Receipt For: Primary Other (specify)		tion ency Physician ate Year-to-Date ▼ 250.00	
Full Name (Last, First, I Bruce S S Auerbach Mailing Address 8 Sa	,		Date of Receipt  O 1
City Lexington  FEC ID number of cont	State MA	Zip Code 02420-2115	Transaction ID: C849825  Amount of Each Receipt this Period
federal political committ  Name of Employer Sturdy Memi Hosp	Occupat	tion ency Physician	100.00
Receipt For: Primary Other (specify)		ate Year-to-Date  300.00	
SUBTOTAL of Receipts	This Page (optional)		850.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	21.1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club Rd  City Lexington  FEC ID number of contributing federal political committee.  Name of Employer	State MA C	Zip Code 02420-2115	Date of Receipt    M M M
_	Name of Employer Sturdy Meml Hosp  Receipt For:  Primary General  Other (specify) ▼	Emergen	acy Physician e Year-to-Date ▼  300.00	
В.	Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club Rd			Date of Receipt  0 3
	City  Lexington  FEC ID number of contributing federal political committee.	State MA	Zip Code 02420-2115	Transaction ID: C892773  Amount of Each Receipt this Period  100.00
	Name of Employer Sturdy Meml Hosp  Receipt For:  Primary General  Other (specify) ▼	, ' · · ·	n ncy Physician e Year-to-Date ▼ 300.00	
_ C.	Full Name (Last, First, Middle Initial) Ty Babcock Mailing Address 4608 Indiana Ave			Date of Receipt  0 3
	City Nashville FEC ID number of contributing	State TN	Zip Code 37209-2328	Transaction ID: C901278  Amount of Each Receipt this Period  250.00
	name of Employer Vanderbilt University	Occupation	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 96 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tamera Counts Counts Barnes Mailing Address 14541 Sarum Ter			Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City  Midlothian  FEC ID number of contributing	State VA	Zip Code 23113-6047	Transaction ID: C869069  Amount of Each Receipt this Period  100.00
Receipt For:  Primary  Other (specify) ▼	Occupation Emergen	n cy Physician Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Tamera Counts Counts Barnes Mailing Address 14541 Sarum Ter			Date of Receipt    M
City  Midlothian  FEC ID number of contributing	State VA	Zip Code 23113-6047	Transaction ID: C879553  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify)		n cy Physician Year-to-Date ▼	100.00
Full Name (Last, First, Middle Initial) Tamera Counts Counts Barnes Mailing Address 14541 Sarum Ter			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Midlothian  FEC ID number of contributing federal political committee.	State VA	Zip Code 23113-6047	Transaction ID: C903377  Amount of Each Receipt this Period  100.00
Name of Employer Henrico Doctor's Hospital	Occupation Emergen	n cy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	J)		300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 96 (check only one)    X   11a
A oı	ny information copied from such Reports and for commercial purposes, other than using the	Statements may nee name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	al Action Comm	iittee	
· <u>/</u>	Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt			Date of Receipt
	Mailing Address 68 Greenlawn Ave			03 10 2010
	City	State	Zip Code	Transaction ID: C889501
	Newton	MA	02459-1714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tufts Med Ctr	Occupation Emergency	Physician	
	Receipt For:	<del>, ' ' '</del>	ear-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Joseph Bergen			Date of Receipt
	Mailing Address Emerson Hosp 133 Old Rd to 9 Acre	Cor		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C869071
	Concord	MA	01742-4159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emerson Hosp	Occupation Emergency	Physician	
	Receipt For:	Aggregate Yo	ear-to-Date 🔻	
	Primary General Other (specify) ▼	0 0 0	250.00	
	Full Name (Last, First, Middle Initial) Andrew I I Bern			Date of Receipt
	Mailing Address 9846 NW 18th St			01 25 2010
	City	State	Zip Code	Transaction ID: C869072
	Coral Spgs	<u>FL</u>	33071-5826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Inphynet Team Hith	Occupation Emergency	Physician	
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		249.99	
	SUBTOTAL of Receipts This Page (optional) .			583.33

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Political		
Full Name (Last, First, Middle Initial) Andrew I I Bern Mailing Address 9846 NW 18th St  City Coral Spgs  FEC ID number of contributing federal political committee.	State Zip Code FL 33071-5826	Date of Receipt    M M
Name of Employer Inphynet Team Hith  Receipt For:  Primary General  Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date   249.99	
Full Name (Last, First, Middle Initial) Andrew I I Bern Mailing Address 9846 NW 18th St		Date of Receipt  O 3
City Coral Spgs	State Zip Code FL 33071-5826	Transaction ID: C903376  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Inphynet Team Hith	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  249.99	
Full Name (Last, First, Middle Initial) John D D Bibb		Date of Receipt
Mailing Address 16449 Akron St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C895173
Pacific Plsds	CA 90272-2304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Cedars Sinai Medical Cent- er	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1166.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 96 (check only one)    X   11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Cor	nmittee	
۸.	Full Name (Last, First, Middle Initial) Gregory J J Bjerke			Date of Receipt
	Mailing Address 2973 Peterson Pkwy  City	State	Zip Code	0 3 1 7 2 0 1 0
	Fargo	ND	58102-1752	Transaction ID: C891623  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sanford-Meritcare	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Frederick C C Blum			Date of Receipt
	Mailing Address 1470 Point Marion R	d 		01 25 2010
	City	State	Zip Code	Transaction ID: C869073
	Morgantown  FEC ID number of contributing federal political committee.	C	26508-1454	Amount of Each Receipt this Period 83.33
	Name of Employer RCB-HSC	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	
_	Full Name (Last, First, Middle Initial) Frederick C C Blum			Date of Receipt
	Mailing Address 1470 Point Marion R	d		0 2 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: C879550
	Morgantown FEC ID number of contributing federal political committee.	C	26508-1454	Amount of Each Receipt this Period 83.33
	Name of Employer RCB-HSC	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 249.99	
	SUBTOTAL of Receipts This Page (optional)	1		666.66

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 96 (check only one)    X
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	al Action Com	nmittee	
۷.	Full Name (Last, First, Middle Initial) Frederick C C Blum			Date of Receipt
	Mailing Address 1470 Point Marion Rd			03 29 2010
	City Morgantown	State WV	Zip Code 26508-1454	Transaction ID: C903348  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20000 1404	83.33
	Name of Employer RCB-HSC	Occupation Emergen	n cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	
 3.	Full Name (Last, First, Middle Initial) Brooks F F Bock			Date of Receipt
	Mailing Address 1700 Lions Ridge Loc	03 24 2010		
	City	State	Zip Code	Transaction ID: C895114
	Vail  FEC ID number of contributing federal political committee.	C	81657-5757	Amount of Each Receipt this Period  1000.00
	Name of Employer Dr. Brooks F Bock	Occupation Emergen	n cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
_ :.	Full Name (Last, First, Middle Initial) Brian M Boesiger			Date of Receipt
	Mailing Address 419 E Cave Ct			01 28 7 9 9 10
	City Boise	State ID	Zip Code 83702-5064	Transaction ID: C869176
	FEC ID number of contributing federal political committee.	C	03/02-3004	Amount of Each Receipt this Period  250.00
	Name of Employer ID Emerg Phys	Occupation Emergen	n cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	<del>- '</del>	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1333.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 96 (check only one)    X	
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Ashley E E Booth Mailing Address Shands Jacksonville	o Edua		Date of Receipt	
City Jacksonville	State	Zip Code 32209-6511	Transaction ID: C869074  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	32203-0311	250.00	
Name of Employer Shands Jacksonville Educ  Receipt For:  Primary General  Other (specify) ▼		n cy Physician Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg  Mailing Address 145 Oyster Point Re	ow		Date of Receipt  0 1 2 5 2 0 1 0	
City	State	Zip Code	Transaction ID: C869075	
Charleston	SC	29412-3632	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		83.33	
Name of Employer Med Univ of SC		cy Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99		
Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg	<b>1</b>		Date of Receipt	
Mailing Address 145 Oyster Point Ro	OW		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State	Zip Code	Transaction ID: C879579	
Charleston	SC	29412-3632	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		83.33	
Name of Employer Med Univ of SC		cy Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99		
SUBTOTAL of Receipts This Page (optiona	I)		416.66	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 96 (check only one)    X   11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg			Date of Receipt
	Mailing Address 145 Oyster Point Row  City	State	Zip Code	0 3 3 0 2 0 1 0 Transaction ID: C903375
	Charleston  FEC ID number of contributing federal political committee.	SC	29412-3632	Amount of Each Receipt this Period 83.33
	Name of Employer Med Univ of SC  Receipt For: Primary General	<del>. '                                     </del>	ncy Physician e Year-to-Date ▼	
– 3.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Michael J J Bresler	0 0	249.99	Date of Receipt
	Mailing Address 1025 Wilmington Way			03 / 30 / 2010
	City	State	Zip Code	Transaction ID: C901302
	Emerald Hills  FEC ID number of contributing federal political committee.	CA	94062-4069	Amount of Each Receipt this Period 250.00
	Name of Employer Mills Hosp	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
- ).	Full Name (Last, First, Middle Initial) Yvonne Marie Marie Brutger			Date of Receipt
	Mailing Address 9615 Wyoming Cir			03 / 30 / 4 2010
	City	State	Zip Code	Transaction ID: C901836
	Bloomington  FEC ID number of contributing federal political committee.	C	55438-1628	Amount of Each Receipt this Period  250.00
	Name of Employer North Memorial Medical Ce- nter	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			583.33
	TOTAL This Period (last page this line number	only)	,	

or for commercial pur  NAME OF COMM National Emergy  Full Name (Last, Foundation of Commercial purion of Commercia	rposes, other than using the name of the first of the fir	ate Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, F Joseph J Calabro Mailing Address  City Fair Haven FEC ID number of federal political co Name of Employee Phys Pract Enhan Receipt For: Primary Other (special political co Full Name (Last, F Jason E E Cheatha Mailing Address  City Portsmouth FEC ID number of federal political co Name of Employee Southern Ohio Me Receipt For: Primary Other (special political co Tall Name (Last, F Primary) Other (special political co Receipt For: Primary Other (special political co Tall Name (Last, F Adam R Corley) Mailing Address  City	gency Medicine Political Actio  First, Middle Initial)  15 Hance Rd  S N  f contributing mmittee.  Cement  General  ify)  First, Middle Initial)	ate Zip Code J 07704-3206  upation ergency Physician uregate Year-to-Date ▼	Transaction ID: C901298  Amount of Each Receipt this Period  1000.00
A. Joseph J Calabro Mailing Address  City Fair Haven  FEC ID number of federal political co  Name of Employer Phys Pract Enhart  Receipt For: Primary Other (special political co  Full Name (Last, Fason E E Cheathard Mailing Address)  City Portsmouth  FEC ID number of federal political co  Name of Employer Southern Ohio Merecipt For: Primary Other (special political co  Receipt For: Primary Other (special political co  Full Name (Last, Fason E E Cheathard Political co  Name of Employer Southern Ohio Merecipt For: Primary Other (special political co  Full Name (Last, Fason E E Cheathard Political co  Full Name (L	15 Hance Rd  S N f contributing mmittee.  C r cement  General ify) ▼  Ag  First, Middle Initial)	Upation ergency Physician regate Year-to-Date ▼	Transaction ID: C901298  Amount of Each Receipt this Period  1000.00
City Fair Haven  FEC ID number of federal political co  Name of Employee Phys Pract Enhar  Receipt For: Primary Other (special political co  Full Name (Last, Fason E E Cheathar Mailing Address  City Portsmouth FEC ID number of federal political co  Name of Employee Southern Ohio Me  Receipt For: Primary Other (special political co  Full Name (Last, Fason E E Cheathar Corley Mailing Address  City	s Note that the second	Upation ergency Physician regate Year-to-Date ▼	Transaction ID: C901298  Amount of Each Receipt this Period  1000.00
Fair Haven  FEC ID number of federal political co  Name of Employee Phys Pract Enhan  Receipt For: Primary Other (special Section of Full Name (Last, Formulated Parts of Federal political co  Name of Employee Southern Ohio Meter (Special Primary Other (Special Primary Other (Special Primary Other (Special Political Co  Full Name (Last, Formulated Primary Other (Special Political Co  Full Name (Last, Formulated Primary Other (Special Primary Other (Special Primary Mailing Address)  City	f contributing mmittee.  recement  General  ify)  First, Middle Initial)	Upation ergency Physician regate Year-to-Date ▼	Amount of Each Receipt this Period 1000.00
FEC ID number of federal political co  Name of Employee Phys Pract Enhan  Receipt For: Primary Other (special Section of	r contributing mmittee.  r cocement  General  ify)  First, Middle Initial)	upation ergency Physician regate Year-to-Date ▼	1000.00
Phys Pract Enhan  Receipt For: Primary Other (special Section of Each Section	General  ify) ▼  Ag  First, Middle Initial)	ergency Physician  regate Year-to-Date ▼  1000.00	Date of Receipt
Primary Other (special Section 1) Other (special Section 1) Other (special Section 2) Other (special Section 3) Other (spe	General ify) ▼  First, Middle Initial)	1000.00	Date of Receipt
Adam R Corley  Mailing Address  City  Portsmouth  FEC ID number of federal political co  Name of Employer Southern Ohio Me  Receipt For:  Primary  Other (special content of the content o			Date of Receipt
City Portsmouth  FEC ID number of federal political co  Name of Employer Southern Ohio Me  Receipt For: Primary Other (special Southern Characters)  Full Name (Last, Forth Adam R Corley Mailing Address)  City	0054 L. P. D.		
Portsmouth  FEC ID number of federal political co  Name of Employer Southern Ohio Me  Receipt For: Primary Other (special Southern Souther	3351 Indian Dr		01 25 7 2010
FEC ID number of federal political co  Name of Employer Southern Ohio Me  Receipt For: Primary Other (special Southern S		ate Zip Code	Transaction ID: C869076
Receipt For: Primary Other (speci		H 45662-2408	Amount of Each Receipt this Period 250.00
Full Name (Last, F Adam R Corley Mailing Address	r ed Ctr En	upation ergency Physician	
Adam R Corley Mailing Address  City	General	regate Year-to-Date ▼ 250.00	
City	First, Middle Initial)	Date of Receipt	
•	2619 Summer Rain Dr		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
- IVIAITY OI	S T	ate Zip Code ( 77578-3117	Transaction ID: C868960  Amount of Each Receipt this Period
FEC ID number of federal political co	f contributing	77000117	250.00
Name of Employe Brazosport Reg H	r Occ Illth Syst En	upation ergency Physician	
Receipt For: Primary Other (speci		regate Year-to-Date ▼ 250.00	
SUBTOTAL of Rece	General		

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUM (check only one)  X 11a 1 13 1	1b
or for commercial  NAME OF CO	copied from such Reports and S I purposes, other than using the DMMITTEE (In Full) nergency Medicine Politica	e name and add	not be sold or used by any persodress of any political committee to	on for the purpose o	f soliciting contributions
	ust, First, Middle Initial) is			Date of Rece	ipt
City clayton	er of contributing	State MO	Zip Code 63105-3741		ID: C866279 ach Receipt this Period
federal politica	al committee.	Occupation	n		250.00
Receipt For: Primary Other (s	General pecify) ▼		Year-to-Date ▼ 250.00		
Stephen J J De	st, First, Middle Initial) eHorn ss 750 Laprairie			Date of Rece	ipt 28 2010
City		State	Zip Code		ID: C869182
<u>Ferndale</u>		MI	48220-3215	Amount of Ea	ach Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C			500.00
Name of Emp Med Ctr Emer	lover r Svcs	Occupation Emergen	n cy Physician		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 500.00	]	
Full Name (La Mounang P P I Mailing Addre		•			D D / Y Y Y Y
City		State	Zip Code	03	29 2010 ID: C903141
<u>Houston</u>		TX	77041		ach Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C			500.00
Name of Emp Dr. Mounang	loyer P Desai	,	cy Physician		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 500.00	]	
SUBTOTAL of F	Receipts This Page (optional)				1250.00
	riod (last page this line number		<u> </u>		

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and	Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	The flame and address of any political committee	to solicit contributions from sacri committee.
National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Irv E E Edwards		Date of Receipt
Mailing Address 111 N Sepulveda Ste Ste 210	210	01 25 2010
City	State Zip Code	Transaction ID: C869079
Manhattan Bch	CA 90266-6849	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Chino Valley Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	2500.00	
Other (specify) ▼		
Full Name (Last, First, Middle Initial) Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		01 25 YYYYY 2010
City	State Zip Code	Transaction ID: C869080
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.99	
Full Name (Last, First, Middle Initial) Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		0 2 2 5 2 2 0 1 0
City	State Zip Code	Transaction ID: C879580
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	249.99	
Other (specify) ▼	2-3.33	
	•	2666.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 96 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMUNITY OF A PARTY OF COMMUNITY OF A PARTY OF A PA	Statements mand and add	y not be sold or used by any persondress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Clifford Erickson			Date of Receipt
Mailing Address 31 Forest Dr			03 / 30 / 4 9 9 9
City	State	Zip Code	Transaction ID: C903374
Voorheesville	NY	12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Dr. Clifford Erickson	Occupatio Emerger	n ncy Physician	
Receipt For:	<del>-                                    </del>	e Year-to-Date ▼	7
Primary General Other (specify) ▼	1.53.3940	249.99	
Full Name (Last, First, Middle Initial) William Basil Felegi	1		Date of Receipt
Mailing Address 731 Red Lion Way			03 07 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C889509
Bridgewater	NJ	08807-1668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Morristown Mem Hosp ED	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Angela Siler Siler Fisher			Date of Receipt
Mailing Address 79 Lakeside Green			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C869081
The Woodlands	TX	77382-2078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Greater Houston Emer Phys	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	300.00	
SUBTOTAL of Receipts This Page (optional)			1183.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 19 / 96   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic			
Full Name (Last, First, Middle Initial) Angela Siler Siler Fisher			Date of Receipt
Mailing Address 79 Lakeside Green			02 25 2010
City	State	Zip Code	Transaction ID: C879544
The Woodlands	TX	77382-2078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Greater Houston Emer Phys	Occupation Emergen	n acy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Angela Siler Siler Fisher	<b>!</b>		Date of Receipt
Mailing Address 79 Lakeside Green			03 / 29 / Y Y Y Y
City	State	Zip Code	Transaction ID: C903349
The Woodlands	TX	77382-2078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Greater Houston Emer Phys	Occupation Emergen	<sup>n</sup> icy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General  Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz			Date of Receipt
Mailing Address 6021 90th St			0 1 2 5 2 0 1 0
City	State	Zip Code	Transaction ID: C869082
Lubbock	TX	79424-0814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		91.66
Name of Employer Covenant Med Grp	Occupation Emergen	n acy Physician	
Receipt For:	<del></del>	e Year-to-Date ▼	
Primary General Other (specify) ▼		274.98	
			291.66

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic	son for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St  City Lubbock FEC ID number of contributing federal political committee.  Name of Employer Covenant Med Grp  Receipt For: Primary General	State Zip Code TX 79424-0814  C  Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt    M M M
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Juan Francisco Francisco Fitz  Mailing Address 6021 90th St	274.98	Date of Receipt  0 3 2 9 2 0 1 0
City <u>Lubbock</u> FEC ID number of contributing federal political committee.	State Zip Code TX 79424-0814	Transaction ID: C903351  Amount of Each Receipt this Period  91.66
Name of Employer Covenant Med Grp  Receipt For:  Primary General  Other (specify) ▼	Occupation Emergency Physician  Aggregate Year-to-Date ▼  274.98	
Full Name (Last, First, Middle Initial) Kelly Foley Mailing Address 1133 Pond Cypress I	Dr	Date of Receipt
City Virginia Bch FEC ID number of contributing federal political committee.	State Zip Code VA 23455-6859	Transaction ID: C869084  Amount of Each Receipt this Period  125.00
Name of Employer Emer Phys of Tidewater Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	375.00	308.32

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to	
National Emergency Medicine F	Political Action Committee	
Full Name (Last, First, Middle Initial) Kelly Foley		Date of Receipt
Mailing Address 1133 Pond Cyp  City	ress Dr State Zip Code	0 2 2 5 2 0 1 0 Transaction ID: C879554
Virginia Bch	VA 23455-6859	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Kelly Foley	Date of Receipt	
Mailing Address 1133 Pond Cyp	03 / 29 / 2010	
City	State Zip Code	Transaction ID: C903345
<u>Virginia Bch</u>	VA 23455-6859	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Brad W Frazee		Date of Receipt
Mailing Address 71 Sunnyside A		01 25 2010
City	State Zip Code	Transaction ID: C868969
Mill Valley	CA 94941-1924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Alameda Co Med Ctr Highla- nd	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (on	ional)	500.00

FOR LINE NUMBER: PAGE 22 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16
son for the purpose of soliciting contributions to solicit contributions from such committee.
Date of Receipt
0 1 2 5 2 0 1 0
Transaction ID: C869086
Amount of Each Receipt this Period
125.00
Date of Receipt
0 2 2 5 2 0 1 0
Transaction ID: C879584
Amount of Each Receipt this Period
125.00
Date of Receipt
03 29 2010
Transaction ID: C902989
Amount of Each Receipt this Period
125.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Brent F F Gardner  Mailing Address 640 E Club Cir  City Longwood  FEC ID number of contributing federal political committee.  Name of Employer FL Emer Phys  Receipt For: Primary General Other (specify)	,	Zip Code 32779-2256  n ncy Physician e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: C902270  Amount of Each Receipt this Period  250.00
В.	Full Name (Last, First, Middle Initial) Jason Timothy Garrison  Mailing Address 7 Callis Ln  City Poquoson  FEC ID number of contributing federal political committee.  Name of Employer Sentara Hampton Careplex  Receipt For: Primary General Other (specify)	, , , ,	Zip Code 23662-1406  n ncy Physician e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 0 8 2 0 1 0  Transaction ID: C869208  Amount of Each Receipt this Period  250.00
_ C.	Full Name (Last, First, Middle Initial) Ann Marie Marie Garritano  Mailing Address 19001 Audette St.  City  Dearborn  FEC ID number of contributing federal political committee.  Name of Employer MCES  Receipt For:  Primary  General  Other (specify)	State MI  C  Occupation physiciar  Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: C881292  Amount of Each Receipt this Period  1000.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		<u> </u>	1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full)  National Emergency Medicine P	s and Statements may not be sold or used by any perso sing the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Marianne Gausche-Hill  Mailing Address 1931 Power St		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C868908
Hermosa Bch  FEC ID number of contributing federal political committee.	CA 90254-2915	Amount of Each Receipt this Period  250.00
Name of Employer Harbor UCLA Med Ctr ED  Receipt For: Primary General Other (specify)	Occupation Emergency Physician  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Kelly Jester Jester Geldmacher Mailing Address 127 Savannah C	Ct Ct	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Glen Carbon  FEC ID number of contributing	State Zip Code  IL 62034-4068  C	Transaction ID: C901249  Amount of Each Receipt this Period  250.00
federal political committee.  Name of Employer Anderson Hosp	Occupation Emergency Physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Michael Joseph Joseph Gerardi		Date of Receipt
Mailing Address 29 Heritage Ct		01 25 2010
City Randolph	State Zip Code NJ 07869-3534	Transaction ID: C868913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti	ional)	750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25/96
ITEMIZED RECEIPTS		for each category of the	(check only one)
TI LIMIZED TILOLII 13		Detailed Summary Page	X 11a 11b 11c 12
A selection and the selection of the sel	-1		13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	rnot be sold or used by any person dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political	Action Com	nmittee	
Full Name (Last, First, Middle Initial) Michael Joseph Joseph Gerardi			Date of Receipt
Mailing Address 29 Heritage Ct			03 / 30 / 2010
City	State	Zip Code	Transaction ID: C903380
Randolph	NJ	07869-3534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Emer Med Assoc	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		500.00	1
Other (specify)	0 0	300.00	
Full Name (Last, First, Middle Initial)			
Benjamin T German			Date of Receipt
Mailing Address 9814 Macon Rd			01 25 2010
City	State	Zip Code	Transaction ID: C868973
Raleigh	NC	27613-6132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Wake Emerg Phys PA	Occupation Emergen	n cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General			1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)			Date of Provide
Casey M Glass  Mailing Address 822 Hartford Ave			Date of Receipt
Mailing Address 822 Hartford Ave			01 25 2010
City	State	Zip Code	Transaction ID: C868978
Charlotte	NC	28209-2304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CMC Emer Dept	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	' '	250.00	1
Other (specify) ▼		250.00	1
SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 96 (check only one)    X   11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber Mailing Address 7809 Trieste PI			Date of Receipt
	City Delray Bch	State FL	Zip Code 33446-4403	Transaction ID: C869087  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Coral Springs Med Ctr  Receipt For:  Primary  General  Other (specify) ▼	<del>, '                                     </del>	on ncy Physician e Year-to-Date ▼ 300.00	
 3.	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber  Mailing Address 7809 Trieste PI			Date of Receipt  0 2 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: C879556
	Delray Bch  FEC ID number of contributing federal political committee.	FL C	33446-4403	Amount of Each Receipt this Period 100.00
	Name of Employer Coral Springs Med Ctr	Occupation Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ ;.	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber Mailing Address 7809 Trieste PI			Date of Receipt  0 3 2 9 2 0 1 0
	City	State	Zip Code	Transaction ID: C903162
	Delray Bch FEC ID number of contributing federal political committee.	C	33446-4403	Amount of Each Receipt this Period  100.00
	Name of Employer Coral Springs Med Ctr	Occupation Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		300.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 96 (check only one)    X
0	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Stephen A D A D Grant			Date of Receipt
	Mailing Address 1 Cherry Hills Dr  City	State	Zip Code	0 1 2 5 2 0 1 0 Transaction ID: C868916
	Aiken	SC	29803-5688	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000 0000	83.33
	Name of Employer Aiken Emer Med Phys	Occupatio Emergen	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	
 3.	Full Name (Last, First, Middle Initial) Stephen A D A D Grant  Mailing Address 1 Cherry Hills Dr			Date of Receipt
				02 25 2010
	City	State SC	Zip Code	Transaction ID: C879555
	Aiken  FEC ID number of contributing federal political committee.	C	29803-5688	Amount of Each Receipt this Period 83.33
	Name of Employer Aiken Emer Med Phys	Occupatio Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	
_	Full Name (Last, First, Middle Initial) Stephen A D A D Grant			Date of Receipt
	Mailing Address 1 Cherry Hills Dr			03 / 29 / 2010
	City	State	Zip Code	Transaction ID: C903161
	Aiken  FEC ID number of contributing federal political committee.	SC C	29803-5688	Amount of Each Receipt this Period 83.33
	Name of Employer Aiken Emer Med Phys	Occupatio Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	_ '	e Year-to-Date ▼ 249.99	
	SUBTOTAL of Receipts This Page (optional) .	1		249.99

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  National Emergency Medicine Pol	and Statements may not be sold or used by any person of the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	inical Action Committee	T
Lynda Gail Gail Gray		Date of Receipt
Mailing Address 2896 W Kensingto	on Ln	03 26 2010
City	State Zip Code	Transaction ID: C902975
Fresno	CA 93711-1159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kaiser Permanente Hosp	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Andrea L L Green		Date of Receipt
Mailing Address 22428 Springflowe	er Dr	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C889503
Golden	CO 80401-8033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Andrea L Green	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Andrea L L Green		Date of Receipt
Mailing Address 22428 Springflower	er Dr	03 11 2010
City	State Zip Code	Transaction ID: C888293
Golden	CO 80401-8033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Andrea L Green	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 96 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any perso dress of any political committee to	
National Emergency Medicine Political	Action Com	nmittee	
Full Name (Last, First, Middle Initial) Andrea L L Green			Date of Receipt
Mailing Address 22428 Springflower Dr			03 30 7 2010
City	State	Zip Code	Transaction ID: C903379
Golden	CO	80401-8033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dr. Andrea L Green	Occupation Emergen	n cy Physician	7
Receipt For:	<del>, '                                   </del>	Year-to-Date ▼	
Primary General Other (specify) ▼	33 33.10	750.00	
Full Name (Last, First, Middle Initial) Robert D D Greenberg	<u>I</u>		Date of Receipt
Mailing Address Scott & White 2401 S 31st St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C868919
Temple	TX	76508-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dept of Emer Med	Occupation Emergen	n cy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J Brian Hancock			Date of Receipt
Mailing Address 4827 Pebworth PI			03 30 7 7 7 7 7
City	State	Zip Code	Transaction ID: C903381
Saginaw	MI	48603-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MI State Univ Colg of Hmn Medn	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)		<b>_</b>	750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 96 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politi		
Full Name (Last, First, Middle Initial) Daniel A Aaron Handel		Date of Receipt
Mailing Address 12716 NW 26th Ave	3	0 1 25 2010
City	State Zip Code	Transaction ID: C868921
Vancouver	WA 98685-2005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer OR Hith & Science Univ CD-	Occupation Emergency Physician	
W-EM Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gary Paul Paul Hartman-Hurt		Date of Receipt
Mailing Address 11355 T Ave E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C868924
Scotts	MI 49088-8340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SW Michigan Emerg Svcs PC	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Gary Paul Paul Hartman-Hurt		Date of Receipt
Mailing Address 11355 T Ave E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C879562
Scotts	MI 49088-8340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SW Michigan Emerg Svcs PC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
		450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 96 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Paul Paul Hartman-Hurt  Mailing Address 11355 T Ave E			Date of Receipt
City Scotts	State MI	Zip Code 49088-8340	Transaction ID: C903382  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer SW Michigan Emerg Svcs PC  Receipt For:  Primary  General  Other (specify) ▼		n ncy Physician Year-to-Date <b>V</b>	
Full Name (Last, First, Middle Initial) Josh Heller Mailing Address 26 Cherry Lane Dr			Date of Receipt  0 3 2 3 2 0 1 0
City	Transaction ID: C893592		
<u>Englewood</u>	CO	80113-4231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Carepoint	Occupation physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Charles W W Henrichs, III	<b>-</b>		Date of Receipt
Mailing Address Margaret R Pardee 800 N Justice St	·		01 25 7 2010
City <u>Hendersonville</u>	State NC	Zip Code 28791-3410	Transaction ID: C868922
FEC ID number of contributing federal political committee.	C	20791-3410	Amount of Each Receipt this Period 250.00
Name of Employer Hendersonville Emer Consu- Itant Receipt For:		cy Physician	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	d)		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 96 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	Statements may not be sold or used by any persone name and address of any political committee to all Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Theodore W Heyming  Mailing Address 1626 Malcolm Ave Apt 203  City Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer LAC Harbor/UCLA Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code CA 90024-7831  C  Occupation Emergency Physician Aggregate Year-to-Date  250.00	Date of Receipt  M M Z 5 Z 0 1 0  Transaction ID: C868990  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Jon Mark Mark Hirshon Mailing Address 1062 River Bay Rd  City Annapolis  FEC ID number of contributing federal political committee.  Name of Employer Univ of MD ED  Receipt For: Primary General Other (specify)	State Zip Code MD 21409-4830  C  Occupation Emergency Physician Aggregate Year-to-Date  250.00	Date of Receipt  M M Z 9 Z 0 1 0  Transaction ID: C903160  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Larry Hobbs  Mailing Address 12717 Brewster Dr  City Ft Myers  FEC ID number of contributing federal political committee.  Name of Employer SW Florida Reg Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code FL 33908-1809  C  Occupation Emergency Physician  Aggregate Year-to-Date ▼  249.99	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	583.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 96 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  National Emergency Medicine Politi	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Hobbs Mailing Address 12717 Brewster Dr			Date of Receipt
City Ft Myers FEC ID number of contributing	State FL	Zip Code 33908-1809	Transaction ID: C879561  Amount of Each Receipt this Period  83.33
Name of Employer SW Florida Reg Med Ctr  Receipt For: Primary General Other (specify)	Occupation Emergen	n acy Physician e Year-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Larry Hobbs  Mailing Address 12717 Brewster Dr			Date of Receipt  0 3 2 9 2 0 1 0
City Ft Myers FEC ID number of contributing	State FL	Zip Code 33908-1809	Transaction ID: C903159  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify)		n ncy Physician e Year-to-Date ▼ 249.99	83.33
Full Name (Last, First, Middle Initial) David Peter Peter John  Mailing Address Caritas Carney Hos			Date of Receipt
2100 Dorchester Av City Dorchester	e State	Zip Code 02124-5615	0 1 2 5 2 0 1 0  Transaction ID: C868930
FEC ID number of contributing federal political committee.	C	02124-3013	Amount of Each Receipt this Period  250.00
Name of Employer Caritas Carney Hosp Dept of EM Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional	)		416.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 96 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
7	National Emergency Medicine Political  Full Name (Last, First, Middle Initial)	Action Con	nmillee	
۸.	David Peter Peter John  Mailing Address Carritas Carney Hosp D 2100 Dorchester Ave	ept of EM		Date of Receipt  0 1 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: C868998
	Dorchester	MA	02124-5615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Caritas Carney Hosp Dept of EM	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Steven B B Kailes			Date of Receipt
	Mailing Address 1998 Rivergate Dr	01 25 2010		
	City	State	Zip Code	Transaction ID: C868925
	Orange Park	FL	32003-8686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Southeast Emer Consultant	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.03	
- ).	Full Name (Last, First, Middle Initial) Steven B B Kailes			Date of Receipt
	Mailing Address 1998 Rivergate Dr			0 2 2 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C879583
	Orange Park	FL	32003-8686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Southeast Emer Consultant	Occupation Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.03	
	SUBTOTAL of Receipts This Page (optional)			416.66
	TOTAL This Period (last page this line number	only)	,	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 96 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Steven B B Kailes Mailing Address 1998 Rivergate Dr			Date of Receipt
City Orange Park	State FL	Zip Code 32003-8686	Transaction ID: C903369  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Southeast Emer Consultant	Occupation	n	83.37
Southeast Emer Consultant  Receipt For:  Primary General  Other (specify) ▼	Emergen	e Year-to-Date ▼ 250.03	
Full Name (Last, First, Middle Initial) Jay A Kaplan Mailing Address 300 Oak Ave			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C868931
San Anselmo	CA	94960-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer CEP America	_, '	ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 349.99	
Full Name (Last, First, Middle Initial) Jay A Kaplan	•		Date of Receipt
Mailing Address 300 Oak Ave			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C879720
San Anselmo  FEC ID number of contributing federal political committee.	CA	94960-2703	Amount of Each Receipt this Period  100.00
Name of Employer CEP America	_ , +	ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 349.99	
SUBTOTAL of Receipts This Page (optional)	·		266.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 96 (check only one)  X 11a 11b 11c 12	
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic				
<u>Z</u>	Full Name (Last, First, Middle Initial) Jay A Kaplan			Date of Receipt	
	Mailing Address 300 Oak Ave	0 2 2 5 2 0 1 0			
	City	State	Zip Code	Transaction ID: C879563	
	San Anselmo	CA	94960-2703	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.33	
	Name of Employer CEP America	Occupation Emerger	n ncy Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 349.99		
	Full Name (Last, First, Middle Initial) Jay A Kaplan			Date of Receipt	
	Mailing Address 300 Oak Ave			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: C903347	
	San Anselmo	CA	94960-2703	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.33	
	Name of Employer CEP America	Occupation Emerger	n ncy Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 349.99		
	Full Name (Last, First, Middle Initial) Terry Kowalenko			Date of Receipt	
	Mailing Address 4619 Oak Pointe Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: C888354	
	Brighton	MI	48116-7728	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		54.17	
	Name of Employer Univ of MI - Taubman Ctr	Occupation Emerger	n ncy Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 216.64		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	name and addre	ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Terry Kowalenko Mailing Address 4619 Oak Pointe Dr  City Brighton  FEC ID number of contributing federal political committee.  Name of Employer Univ of MI - Taubman Ctr  Receipt For: Primary General	<del>-                                    </del>	Zip Code 48116-7728  y Physician /ear-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Terry Kowalenko Mailing Address 4619 Oak Pointe Dr  City Brighton FEC ID number of contributing federal political committee.  Name of Employer Univ of MI - Taubman Ctr	State MI C	Zip Code 48116-7728	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Univ of MI - Taubman Ctr  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Terry Kowalenko Mailing Address 4619 Oak Pointe Dr	, '	y Physician ⁄ear-to-Date ▼ 216.64	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Brighton FEC ID number of contributing federal political committee.	State MI	Zip Code 48116-7728	Transaction ID: C903370  Amount of Each Receipt this Period  54.13
Name of Employer Univ of MI - Taubman Ctr  Receipt For:  Primary General Other (specify) ▼	<del>, '                                   </del>	y Physician ⁄ear-to-Date ▼ 216.64	
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	162.47

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 96 (check only one)    X   11a
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	al Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Juliet La Mers			Date of Receipt
	Mailing Address 2655 Mace Rd	Ctata	7:n Codo	02 25 2010
	City Camino	State CA	Zip Code 95709-9609	Transaction ID: C879590  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Marshall Hosp	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Robert T T Malinowski			Date of Receipt
	Mailing Address 660 Norborne Ave			03 26 2010
	City	State	Zip Code	Transaction ID: C902982
	Dearborn Hts	MI	48127-3707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Med Ctr Emer Svcs	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
— С.	Full Name (Last, First, Middle Initial) Angela F F Mattke			Date of Receipt
	Mailing Address 1080 Pebblebrook Rd	SE		01 25 7 2010
	City Mableton	State GA	Zip Code 30126-5612	Transaction ID: C868932
	FEC ID number of contributing federal political committee.	C	30120-3012	Amount of Each Receipt this Period  100.00
	Name of Employer NE Tower Ste 2100	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary  General  Other (specify)   ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			1350.00
	OTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 96 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Angela F F Mattke Mailing Address 1080 Pebblebrook Rd City Mableton FEC ID number of contributing federal political committee.	State GA	Zip Code 30126-5612	Date of Receipt    M M
Name of Employer NE Tower Ste 2100  Receipt For:  Primary  Other (specify) ▼	<u> </u>	cy Physician  Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) Angela F F Mattke  Mailing Address 1080 Pebblebrook Rd	I SE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C903158
Mableton  FEC ID number of contributing federal political committee.	GA C	30126-5612	Amount of Each Receipt this Period  100.00
Name of Employer NE Tower Ste 2100	Occupation Emergen	n cy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Joseph T T McCaslin			Date of Receipt
Mailing Address 16402 Ridgemont St			03 30 7 2010
City	State	Zip Code	Transaction ID: C901602
Omaha  FEC ID number of contributing federal political committee.	C	68136-4020	Amount of Each Receipt this Period  250.00
Name of Employer Meth Hosp	Occupation Emergen	n cy Physician	
Receipt For:  Primary  General  Other (specify) ▼	<del>, '                                     </del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	1		450.00

or for or NA Na Pul	formation copied from such Reports and Scommercial purposes, other than using the ME OF COMMITTEE (In Full) stional Emergency Medicine Political Name (Last, First, Middle Initial)	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Na Ful De	ational Emergency Medicine Politica	al Action Com		
A. De	,		millee	
Ma				Date of Receipt
	iling Address 19 Camden Rd	Ctata	7:o Codo	01 25 2010
Cit <sub>!</sub> Hil	y Ilsborough	State NJ	Zip Code 08844-3842	Transaction ID: C868927  Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	00044-0042	250.00
Na Em	me of Employer ner Med Assoc	Occupation Emergen	n cy Physician	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
B. De	I Name (Last, First, Middle Initial) nnis Lucas Lucas McGill iling Address 19 Camden Rd	<u> </u>		Date of Receipt
	mig / tadi see 15 Gainden Hu			03 29 2010
City		State	Zip Code	Transaction ID: C903156
	lsborough	NJ	08844-3842	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
	me of Employer ner Med Assoc	<del>, '                                     </del>	cy Physician	
Re	ceipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 500.00	]
	l Name (Last, First, Middle Initial) liam Joel Joel Meggs			Date of Receipt
	iling Address 103 Hidden Hills Dr			01 25 7 2010
City		State	Zip Code	Transaction ID: C868928
FE	eenville  C ID number of contributing eral political committee.	C	27858-8635	Amount of Each Receipt this Period  84.00
Na Em	me of Employer nerg Med, PCMH, 3ED-311	Occupation Emergen	n cy Physician	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
SUBT	OTAL of Receipts This Page (optional)			584.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for comme	on copied from such Reports and Starcial purposes, other than using the IFCOMMITTEE (In Full)  Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Ac  City  Greenvil  FEC ID nu federal pol	umber of contributing litical committee. Employer ad, PCMH, 3ED-311 or:		Zip Code 27858-8635 n ncy Physician e Year-to-Date ▼	Date of Receipt  0 2 2 5 2 0 1 0  Transaction ID: C879565  Amount of Each Receipt this Period  84.00
Full Name William Joe Mailing Ac  City Greenvil  FEC ID nu federal poi	er (specify)  e (Last, First, Middle Initial) el Joel Meggs ddress 103 Hidden Hills Dr  le umber of contributing litical committee.	State NC	Zip Code 27858-8635	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 0 2 0 1 0  Transaction ID: C903383  Amount of Each Receipt this Period  84.00
Receipt Fo	er (specify)   (Last, First, Middle Initial)		n ncy Physician e Year-to-Date ▼ 252.00	Date of Receipt
Mailing Ac City Baltimor	ddress 2301 Ken Oak Rd  e umber of contributing litical committee.	State MD C		Transaction ID: C868929  Amount of Each Receipt this Period  100.00
Receipt Fo	or:		acy Physician  • Year-to-Date ▼  300.00	
SUBTOTAL	of Receipts This Page (optional)			268.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 96 (check only one)    X
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) David L L Meyers Mailing Address 2301 Ken Oak Rd City	State	Zip Code	Date of Receipt    M
	Baltimore FEC ID number of contributing federal political committee.	MD	21209-4421	Amount of Each Receipt this Period 100.00
	Name of Employer EmCare Inc  Receipt For:  Primary General  Other (specify) ▼	, <del>'</del>	n ncy Physician e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) David L L Meyers Mailing Address 2301 Ken Oak Rd			Date of Receipt  0 3 3 0 2 0 1 0
	City <u>Baltimore</u> FEC ID number of contributing federal political committee.	State MD	Zip Code 21209-4421	Transaction ID: C903391  Amount of Each Receipt this Period  100.00
	Name of Employer EmCare Inc	Occupatio Emerger	ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
<b>;</b> .	Full Name (Last, First, Middle Initial) Kevin Monfette Mailing Address 2954 Island Point Dr			Date of Receipt
	City Metamora	State MI	Zip Code 48455-9625	Transaction ID: C868934  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Joseph Mercy Oakland Hosp Receipt For:	<del>, '                                     </del>	ncy Physician	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE ITEMIZED F	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 96 (check only one)    X
or for commercial   NAME OF COI	pied from such Reports and St burposes, other than using the MMITTEE (In Full) ergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
John C C Moorh	t, First, Middle Initial) ead S 4138 SW Hamilton Ter			Date of Receipt
City Portland		State OR	Zip Code 97239-4110	Transaction ID: C868935  Amount of Each Receipt this Period
federal political		C		250.00
Name of Emplo Oregon Hith So EM Receipt For: Primary Other (sp	General		cy Physician Year-to-Date  250.00	
Full Name (Las Ira R R Nemeth Mailing Addres	t, First, Middle Initial)  S Unit A 1408 Vermont St			Date of Receipt    M
City Houston		State TX	Zip Code 77006	Transaction ID: C868937  Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C		100.00
Name of Emplo Dr. Ira R Neme	yer ith	Occupation Emergen	n cy Physician	
Receipt For: Primary Other (sp	General ecify) <b>▼</b>	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Las	t, First, Middle Initial)			Date of Receipt
Mailing Addres	S Unit A 1408 Vermont St			02 / 25 / 2010
City <u>Houston</u>		State TX	Zip Code 77006	Transaction ID: C879566  Amount of Each Receipt this Period
•	r of contributing committee.	C	11000	100.00
Name of Emplo Dr. Ira R Neme	yer th	Occupation Emergen	n cy Physician	7
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of R	eceipts This Page (optional)			450.00

Transaction ID: C903346    City		ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 96 (check only one)    X   11a
Full Name (Last, First, Middle Initial) In R R Nemeth  Mailing Address Unit A 1408 Vermont St City State Zip Code Houston TX 77006  FEC ID number of contributing Interest Receipt Initial Transaction ID: C903346 Amount of Each Receipt Initial Amount of Each Receipt Initial Mailing Address 2300 N Black Oak Dr  City State Zip Code Date of Receipt In In R Nemeth  Receipt For: Primary General Other (specify) ▼  Amount of Each Receipt Initial)  Jeffrey R R Nickel  FEC ID number of contributing Interest Receipt Initial  Amount of Each Receipt Initial  Date of Receipt  Transaction ID: C903346 Amount of Each Receipt Initial  Date of Receipt  In Interest Receipt Initial  Date of Receipt  Transaction ID: C86938  Amount of Each Receipt The Period  Receipt For: Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Jeffrey R R Nickel  Mailing Address 2300 N Black Oak Dr  City State Zip Code Emergency Physician Receipt For: Primary General Other (specify) ▼  State Zip Code In Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial) Jeffrey R R Nickel  Mailing Address 2300 N Black Oak Dr  City State Zip Code In Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial) Jeffrey R R Nickel Mailing Address 2300 N Black Oak Dr  City State Zip Code In Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial) Jeffrey R R Nickel Mailing Address 2300 N Black Oak Dr  City State Zip Code In Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial) Jeffrey R R Nickel Mailing Address 2300 N Black Oak Dr  City State Zip Code In Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial) Jeffrey R R Nickel Mailing Address 2300 N Black Oak Dr  City State Zip Code In Transaction ID: C879567  Amount of Each Receipt this Period  Transaction ID: C879567  Amount of Each Receipt The Period  Date of Receipt  Transaction ID: C879567  Amount of Each Receipt The Period  Date of Receipt  Transaction ID: C879567  Amount of Each Receipt The Period  Date of Receipt  Date of Receipt  Transaction I	or for comme	rcial purposes, other than using the COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Houston TX 77006 FEC ID number of contributing federal political committee.  Name of Employer Dr. Ira R Nemeth  Receipt For: Primary General Other (specify) ▼ State Zip Code Angula Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼ State Zip Code Angula IN 46703-8195  Receipt For: Primary General Other (specify) ▼ Date of Receipt  Mailing Address 2300 N Black Oak Dr  City State Zip Code Angula IN 46703-8195  Amount of Each Receipt this Period  Transaction ID: C868938  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C868938  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C868938  Amount of Each Receipt this Period  Balance of Each Receipt this Period  Transaction ID: C868938  Amount of Each Receipt this Period  Balance of Each Receipt this Period  Date of Receipt Call of Each Receipt this Period  Transaction ID: C868938  Amount of Each Receipt this Period  Date of Receipt Call of Each Receipt this Period  Transaction ID: C868938  Amount of Each Receipt this Period  Date of Receipt Call of Each R	Mailing Ad	meth Idress Unit A	Stato	Zin Code	03 / 29 / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Dr. Ira R Nemeth  Receipt For:    Primary   General   Aggregate Year-to-Date ▼	-			·	
Receipt For:     Primary	FEC ID nu			77006	100.00
Angola  FEC ID number of contributing federal Dither (Specify) ▼  Full Name (Last, First, Middle Initial)  Jeffrey R R Nickel  Mailing Address 2300 N Black Oak Dr  City  State Zip Code IN 46703-8195  FC ID number of contributing federal Dithical committee.  Name of Employer Pro Emer Phys Inc  Full Name (Last, First, Middle Initial)  Jeffrey R R Nickel  Mailing Address 2300 N Black Oak Dr  City  State Zip Code IN 46703-8195  FUIl Name (Last, First, Middle Initial)  Jeffrey R R Nickel  Mailing Address 2300 N Black Oak Dr  City  State Zip Code IN 46703-8195  FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼	Receipt Fo	or: nary General	Emergen	cy Physician Year-to-Date ▼	
City State Zip Code IN 46703-8195  FEC ID number of contributing federal political committee.    Name of Employer Pro Emer Phys Inc	Jeffrey R R	Nickel			M M / D D / Y Y Y Y
Angola  IN 46703-8195  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Jeffrey R R Nickel  Mailing Address 2300 N Black Oak Dr  City State Zip Code IN 46703-8195  FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  C State Zip Code IN 46703-8195  FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  249.99	Citv		State	Zip Code	
FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For:	•		IN	•	
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Jeffrey R R Nickel  Mailing Address 2300 N Black Oak Dr  City State Zip Code  IN 46703-8195  FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation  Emergency Physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  249.99			C		83.33
Primary	Name of E Pro Emer	mployer Phys Inc			
Date of Receipt  Mailing Address 2300 N Black Oak Dr  City State Zip Code Angola IN 46703-8195  FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: C879567  Amount of Each Receipt this Period  83.33	Prim	nary General	Aggregate		]
City Angola  FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For: Primary Other (specify) ▼  State Zip Code IN 46703-8195  C  Transaction ID: C879567  Amount of Each Receipt this Period  83.33  Aggregate Year-to-Date ▼  249.99		,			Date of Receipt
Angola  FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For: Primary General Other (specify)  Occupation Emergency Physician  Aggregate Year-to-Date  249.99	Mailing Ad	dress 2300 N Black Oak Dr			
FEC ID number of contributing federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For: Primary General Other (specify)  Occupation Emergency Physician  Aggregate Year-to-Date  249.99	-			·	Transaction ID: C879567
federal political committee.  Name of Employer Pro Emer Phys Inc  Receipt For:  Primary General Other (specify) ▼  Occupation Emergency Physician  Aggregate Year-to-Date ▼  249.99	<u>Angola</u>		IN	46703-8195	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)  Other (specify)			C		83.33
Primary General Other (specify) ▼ 249.99					
266 66	Prim	ary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL	of Receipts This Page (optional)			266.66

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 96 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ <b>.</b> .	Full Name (Last, First, Middle Initial)  Jeffrey R R Nickel  Mailing Address 2300 N Black Oak Dr			Date of Receipt  0 3 3 0 2 0 1 0
	City Angola	State IN	Zip Code 46703-8195	Transaction ID: C903384
	FEC ID number of contributing federal political committee.	C	40/03-0195	Amount of Each Receipt this Period  83.33
	Name of Employer Pro Emer Phys Inc  Receipt For:  Primary General Other (specify)	,	n ncy Physician e Year-to-Date ▼ 249.99	
	Full Name (Last, First, Middle Initial)  Amanda P Nylund  Mailing Address 4415 Tropper Ct			Date of Receipt  0 1 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: C869028
	Spring	TX	77386-3414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Amanda P Nylund, MD	Occupatio Emergen	n Icy Physician	
	Receipt For:  Primary General  Other (specify)	,	Year-to-Date ▼ 250.00	
. —	Full Name (Last, First, Middle Initial) Robert E E O'Connor	1		Date of Receipt
	Mailing Address 515 Foxdale Ln			01 25 2010
	City	State	Zip Code	Transaction ID: C868939
	Charlottesville	VA	22903-9201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of VA Hith Svc-Dept of EM	<del>, '                                   </del>	ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		583.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  National Emergency Medicine Politics  Name of Communication (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to s ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Erik L Olsen  Mailing Address 323 Pearson St  City Ferndale  FEC ID number of contributing federal political committee.  Name of Employer Wayne State Univ/Detroit Rec Receipt For: Primary General Other (specify)	State Zip Code MI 48220-1824  C  Occupation Emergency Physician  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 2 D / 2 5 Transaction ID: C879597  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Matthew Orr  Mailing Address 2179 Quinanetzin S  City  South Lake Tahoe  FEC ID number of contributing federal political committee.  Name of Employer Lance Matthew Orr, MD  Receipt For:  Primary General	State Zip Code CA 96150-9353  C  Occupation Emergency Physician Aggregate Year-to-Date  250.00	Date of Receipt  M M M / 25 / 2010  Transaction ID: C869033  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Jorge E Otero  Mailing Address NE Emer Med Spec 245 E Rock Rd  City New Haven  FEC ID number of contributing federal political committee.  Name of Employer NE Emer Med Spec  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 2 5 2 0 1 0  Transaction ID: C868936  Amount of Each Receipt this Period  83.33
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	1333.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial)  Jorge E Otero  Mailing Address NE Emer Med Spec  245 E Rock Rd		Date of Receipt  0 2 2 5 2 0 1 0
City	State Zip Code	Transaction ID: C879577
New Haven	CT 06511-1230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	249.99	
Full Name (Last, First, Middle Initial) Jorge E Otero		Date of Receipt
Mailing Address NE Emer Med Spec 245 E Rock Rd		03 / 29 / 2010
City	State Zip Code CT 06511-1230	Transaction ID: C903134
New Haven  FEC ID number of contributing federal political committee.	CT 06511-1230	Amount of Each Receipt this Period  83.33
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	249.99	
Full Name (Last, First, Middle Initial) Charles F F Pattavina		Date of Receipt
Mailing Address St Joseph Hosp 360 Broadway		01 25 2010
City	State Zip Code	Transaction ID: C868941
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Joseph Hosp	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		416.66
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lee E E Payne  Mailing Address 4199 Douglass Way  City USAF Academy  FEC ID number of contributing federal political committee.  Name of Employer HQ Air Force Space Command  Receipt For: Primary General Other (specify)	State Zip Code CO 80840-1099  C  Occupation Emergency Physician Aggregate Year-to-Date  249.99	Date of Receipt  M M M D D D Y Y Y Y Y Y  O 1 25 2010  Transaction ID: C868942  Amount of Each Receipt this Period  83.33
Full Name (Last, First, Middle Initial) Lee E E Payne Mailing Address 4199 Douglass Way  City USAF Academy  FEC ID number of contributing federal political committee.  Name of Employer HQ Air Force Space Command  Receipt For: Primary General Other (specify)	State Zip Code CO 80840-1099  C  Occupation Emergency Physician Aggregate Year-to-Date  249.99	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 2 Z 5 Z 0 1 0  Transaction ID: C879568  Amount of Each Receipt this Period  83.33
Full Name (Last, First, Middle Initial) Lee E E Payne Mailing Address 4199 Douglass Way  City USAF Academy  FEC ID number of contributing federal political committee.  Name of Employer HQ Air Force Space Command  Receipt For: Primary General Other (specify)	State Zip Code CO 80840-1099  C  Occupation Emergency Physician  Aggregate Year-to-Date  249.99	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 29 2010  Transaction ID: C903155  Amount of Each Receipt this Period  83.33
SUBTOTAL of Receipts This Page (optional)		249.99

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 96 (check only one)    X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Pamela K K Peak Mailing Address 3250 W 100 S			Date of Receipt  0 1 25 2010
	City Franklin	State IN	Zip Code 46131-8681	Transaction ID: C868943  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		167.00
	Name of Employer Major Hosp ED  Receipt For:  Primary General Other (specify) ▼	- ' <u> </u>	n ncy Physician e Year-to-Date ▼ 501.00	
3.	Full Name (Last, First, Middle Initial) Pamela K K Peak Mailing Address 3250 W 100 S			Date of Receipt  0 2 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: C879593
	Franklin  FEC ID number of contributing federal political committee.	C	46131-8681	Amount of Each Receipt this Period 167.00
	Name of Employer Major Hosp ED	Occupation Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	, ·	e Year-to-Date ▼ 501.00	
	Full Name (Last, First, Middle Initial) Pamela K K Peak			Date of Receipt
	Mailing Address 3250 W 100 S			03 / 29 / 2010
	City Franklin	State IN	Zip Code 46131-8681	Transaction ID: C902985  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		167.00
	Name of Employer Major Hosp ED	Occupatio Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 501.00	
5	SUBTOTAL of Receipts This Page (optional)	1		501.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.		
National Emergency Medicine Politic	al Action Committee			
Full Name (Last, First, Middle Initial) Alberto Perez  Mailing Address 59 Windswept Way		Date of Receipt		
City	State Zip Code	0 1 2 5 2 0 1 0 Transaction ID: C868944		
Coventry	CT 06238-3622	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.33		
Name of Employer Windham Cmnty Meml Hosp	Occupation Emergency Physician			
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 249.99			
Full Name (Last, First, Middle Initial) Alberto Perez		Date of Receipt		
City	State Zip Code	Transaction ID: C879570		
Coventry	CT 06238-3622	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.33		
Name of Employer Windham Cmnty Meml Hosp	Occupation Emergency Physician			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 249.99			
Full Name (Last, First, Middle Initial) Alberto Perez		Date of Receipt		
Mailing Address 59 Windswept Way		03 29 2010		
City Coventry	State Zip Code CT 06238-3622	Transaction ID: C903154  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.33		
Name of Employer Windham Cmnty Meml Hosp	Occupation Emergency Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99			
		249.99		

SCHEDULE A (FITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purpose  NAME OF COMMITT	es, other than using the name an	d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, David J J Pillow, Jr Mailing Address 53;			Date of Receipt  0 3 2 9 2 0 1 0
City Dallas	Stat TX	te Zip Code 75209-5512	Transaction ID: C903143  Amount of Each Receipt this Period
FEC ID number of cor federal political commi	tributing		500.00
Name of Employer St Paul Univ Hosp  Receipt For: Primary Other (specify)	Eme Aggr General	pation ergency Physician egate Year-to-Date ▼ 500.00	
Full Name (Last, First, Jason S Pope Mailing Address 41			Date of Receipt  0 2 2 3 2 0 1 0
City	Stat	te Zip Code	Transaction ID: C879531
Savannah  FEC ID number of cor federal political commi		31401-4865	Amount of Each Receipt this Period 250.00
Name of Employer Jason S Pope, MD		pation rgency Physician	
Receipt For: Primary Other (specify)	General Aggr	egate Year-to-Date ▼ 250.00	
Full Name (Last, First, Ericka Powell	Middle Initial)		Date of Receipt
-	Lane Rd		0 1 2 5 2 0 1 0
City	Stat	'	Transaction ID: C868945
<u>Derry</u> FEC ID number of cor federal political commi		03038-4194	Amount of Each Receipt this Period  83.33
Name of Employer Lancaster Regional M	ed Ctr Fme	pation rgency Physician	
Receipt For: Primary Other (specify)	General Aggr	egate Year-to-Date ▼ 249.99	
	This Page (optional)		833.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not name and addre	ot be sold or used by any perso ss of any political committee to	
NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	I Action Comm	nittee	
Full Name (Last, First, Middle Initial) Ericka Powell			Date of Receipt
Mailing Address 40 Lane Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C879571
Derry	NH	03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Lancaster Regional Med Ctr	Occupation Emergency	Physician	1
Receipt For: Primary General Other (specify)		ear-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Ericka Powell	0 0 0		Date of Receipt
Mailing Address 40 Lane Rd			03 29 2010
City	State	Zip Code	Transaction ID: C903153
Derry	NH	03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Lancaster Regional Med Ctr	Occupation Emergency	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Eva Prakash	1		Date of Receipt
Mailing Address 334 Gershwin Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C868946
Houston	TX	77079-7312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer GHEP	Occupation Emergency	Physician	
Receipt For:  Primary General  Other (specify) ▼		ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			416.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politica	I Action Committee	
Full Name (Last, First, Middle Initial) John H Hannon Proctor		Date of Receipt
Mailing Address 320 Old Hickory Blvd #1200	7: 0 1	03 22 2010
City Nashville	State Zip Code TN 37221-1310	Transaction ID: C892883  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Team Health	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Christopher R R Pund		Date of Receipt
Mailing Address 872 Golden Bell Pl		03 30 4 2010
City	State Zip Code	Transaction ID: C903365
Lexington  FEC ID number of contributing federal political committee.	KY 40515-1198	Amount of Each Receipt this Period  250.00
Name of Employer Marshall Emer Svc Assoc PSC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Claudette Rodriguez		Date of Receipt
Mailing Address 519 W 6th St Apt 108D		03 / 30 / 2010
City Tempe	State Zip Code AZ 85281-2862	Transaction ID: C901250  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 63261-2602	1000.00
Name of Employer Dr. Claudette Rodriguez	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 54 / 96   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politi	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Alexander Max Max Rosenau			Date of Receipt
Mailing Address Lehigh Valley Hosp PO Box 689 JDMC0	03 / 30 / 2010		
City	State	Zip Code	Transaction ID: C903371
Allentown  FEC ID number of contributing federal political committee.	C	18105-1556	Amount of Each Receipt this Period 250.00
Name of Employer Lehigh Valley Hosp	Occupatio Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David William William Ross			Date of Receipt
Mailing Address 15340 Raton Rd			01 25 2010
City Colorado Spgs	State CO	Zip Code 80921-2140	Transaction ID: C868947
FEC ID number of contributing federal political committee.	C	00321-2140	Amount of Each Receipt this Period 250.00
Name of Employer Front EM Specialties Inc	Occupatio Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Scott Edward Edward Rudkin			Date of Receipt
Mailing Address 6731 E Boscana Ct			03 29 2010
City	State	Zip Code	Transaction ID: C903152
Orange FEC ID number of contributing federal political committee.	CA	92867-6406	Amount of Each Receipt this Period 250.00
Name of Employer Univ CA Irvine	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	\		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 96 (check only one)    X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) Andrew Sama  Mailing Address 253 Dover Rd			Date of Receipt  O 1
	City Manhasset	State NY	Zip Code 11030-3709	Transaction ID: C849876  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer North Shore Univ Hosp  Receipt For:  Primary General  Other (specify) ▼	- ' <u> </u>	on ncy Physician e Year-to-Date ▼ 252.00	
	Full Name (Last, First, Middle Initial) Andrew Sama Mailing Address 253 Dover Rd			Date of Receipt  0 2 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: C877905
	Manhasset  FEC ID number of contributing federal political committee.	C	11030-3709	Amount of Each Receipt this Period  84.00
	Name of Employer North Shore Univ Hosp	Occupation Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.00	
_	Full Name (Last, First, Middle Initial) Andrew Sama			Date of Receipt
	Mailing Address 253 Dover Rd			03 24 2010
	City	State	Zip Code	Transaction ID: C894092
	Manhasset  FEC ID number of contributing federal political committee.	C	11030-3709	Amount of Each Receipt this Period  84.00
	Name of Employer North Shore Univ Hosp	Occupatio Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 252.00	
s	UBTOTAL of Receipts This Page (optional) .	1		252.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 56 / 96   (check only one)
Any information copied from such Reports or for commercial purposes, other than usir	and Statements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Pol	<u> </u>	•	
Full Name (Last, First, Middle Initial) Tracy G G Sanson			Date of Receipt
Mailing Address 812 Lorena Rd	01 30 7 Y Y Y Y Y		
City Lutz	State FL	Zip Code 33548-4589	Transaction ID: C869740  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33131313	250.00
Name of Employer TEAMHealth	Occupation Emergen	n cy Physician	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Luke Chris Chris Crai Saski			Date of Receipt
Mailing Address 27861 Hopkins Dr			0 1 0 7 Y Y Y Y Y
City Novi	State MI	Zip Code	Transaction ID: C841819
FEC ID number of contributing federal political committee.	C	48377-2563	Amount of Each Receipt this Period  1000.00
Name of Employer Med Ctr Emer Svcs	Occupation Emergen	n cy Physician	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) Nathaniel R R Schlicher			Date of Receipt
Mailing Address 1012 Sharewood	Ct		03 30 2010
City Kettering	State OH	Zip Code 45429-4409	Transaction ID: C903362
FEC ID number of contributing federal political committee.	C	43425-4405	Amount of Each Receipt this Period  250.00
Name of Employer Wright State Univ	Occupation Emergen	n cy Physician	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 96 (check only one)    X   11a
Any information copied from such Reports and So or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any person dress of any political committee to	<del>                                     </del>
NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	I Action Com	nmittee	
Full Name (Last, First, Middle Initial) Gillian Schmitz			Date of Receipt
Mailing Address 1102 La Canada			$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 3 & & 2 & 4 & & 2 & 0 & 1 & 0 \end{bmatrix}$
City	State	Zip Code	Transaction ID: C895174
San Antonio	TX	78258-2955	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Wilford Hall Emer Dept 59-	Occupation		
MDW Receipt For:	<del>, '                                     </del>	cy Physician	$\dashv$
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) David Charles Charles Seaberg	l		Date of Receipt
Mailing Address Univ TN Colg of Med-D 960 E 3rd St Ste 100	01 25 2010		
City	State	Zip Code	Transaction ID: C868949
Chattanooga	TN	37403-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Univ TN Colg of Med-Deans Ofc	Occupation Emergen	n cy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gregory L L Shangold			Date of Receipt
Mailing Address 66 Beacon Hill Dr			0 1 2 5 2 0 1 0
City	State	Zip Code	Transaction ID: C868950
Storrs	CT	06268-2756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Windham Hosp	Occupation Emergen	n cy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	
SUBTOTAL of Receipts This Page (optional)			1333.33

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

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than unlike the NAME OF COMMITTEE (In Full)  National Emergency Medicine F	s and Statements may not be sold or used by any perso sing the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory L L Shangold Mailing Address 66 Beacon Hill [ City Storrs  FEC ID number of contributing federal political committee.  Name of Employer Windham Hosp  Receipt For: Primary General	State Zip Code CT 06268-2756  C  Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Gregory L L Shangold Mailing Address 66 Beacon Hill I City Storrs FEC ID number of contributing federal political committee.  Name of Employer Windham Hosp  Receipt For: Primary General	Or  State Zip Code CT 06268-2756  C  Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial) David P Sklar  Mailing Address 25 Cedar Hill Pl  City Albuquerque  FEC ID number of contributing federal political committee.  Name of Employer Dept Emerg Med MSC08 4770  Receipt For: Primary General	NE  State Zip Code NM 87122-1906  C  Occupation Emergency Physician Aggregate Year-to-Date  1000.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 3 11 1 2 0 1 0  Transaction ID: C889537  Amount of Each Receipt this Period  1000.00
Other (specify) ▼  SUBTOTAL of Receipts This Page (opt	ional)	1166.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16	
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	al Action Committee		
	Full Name (Last, First, Middle Initial) Todd Slesinger		Date of Receipt	
	Mailing Address 427 Daub Ave		01 25 2010	
	City	State Zip Code	Transaction ID: C868951	
	Hewlett FEC ID number of contributing federal political committee.	NY 11557-1136	Amount of Each Receipt this Period  100.00	
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00		
_	Full Name (Last, First, Middle Initial) Todd Slesinger	1	Date of Receipt	
	Mailing Address 427 Daub Ave	02 25 25 2010		
	City	State Zip Code	Transaction ID: C879574	
	Hewlett	NY 11557-1136	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	100.00	
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00		
	Full Name (Last, First, Middle Initial) Todd Slesinger		Date of Receipt	
	Mailing Address 427 Daub Ave		03 / 30 / 2010	
	City	State Zip Code	Transaction ID: C903389	
	Hewlett	NY 11557-1136	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	100.00	
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician		
	Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 300.00		
	NIDTOTAL (D TI: D ( )		300.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 96 (check only one)    X   11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may re name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	al Action Comn	nittee	
<b>∠</b> <b>4</b> .	Full Name (Last, First, Middle Initial) Virgil W W Smaltz			Date of Receipt
	Mailing Address 10 St Charles Ave  City	01 25 2010		
	Wheeling	State WV	Zip Code 26003-9382	Transaction ID: C868952  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Wheeling Hosp	Occupation Emergency	/ Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	
 3.	Full Name (Last, First, Middle Initial) Virgil W W Smaltz			Date of Receipt
	Mailing Address 10 St Charles Ave	02 / 25 / 2010		
	City	State	Zip Code	Transaction ID: C879581
	Wheeling FEC ID number of contributing federal political committee.	C	26003-9382	Amount of Each Receipt this Period
	Name of Employer Wheeling Hosp	Occupation Emergency	/ Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	
 :.	Full Name (Last, First, Middle Initial) Virgil W W Smaltz			Date of Receipt
	Mailing Address 10 St Charles Ave			03 26 7 2010
	City Wheeling	State WV	Zip Code 26003-9382	Transaction ID: C902988  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Wheeling Hosp	Occupation Emergency	/ Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		300.00

Any information copied from such Reports and State or for commercial purposes, other than using the national purposes, other t	me and address of any political committee to	Date of Receipt  Date of Receipt  M M J D D J Z D 1 D Z D 1 D Z D D D D D D D D D D D
A.  Full Name (Last, First, Middle Initial) Daniel C C Smith Mailing Address 7347 Maka'a St  City Honolulu  FEC ID number of contributing federal political committee.  Name of Employer The Emer Grp  Receipt For: Primary General Other (specify)  City Mailing Address 3889 Exmoor Cir  City Sacramento  FEC ID number of contributing federal political committee.  Name of Employer The Emer Grp  Full Name (Last, First, Middle Initial) Peter Erik Erik Sokolove Mailing Address 3889 Exmoor Cir  City Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For: Primary General	State Zip Code HI 96825-3108  C  Occupation Emergency Physician Aggregate Year-to-Date ▼  500.00  State Zip Code CA 95864-5904	Transaction ID: C901246  Amount of Each Receipt this Period  Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Daniel C C Smith  Mailing Address 7347 Maka'a St  City Honolulu  FEC ID number of contributing federal political committee.  Name of Employer The Emer Grp  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Peter Erik Erik Sokolove  Mailing Address 3889 Exmoor Cir  City Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For: Primary General	HI 96825-3108  C  Occupation Emergency Physician Aggregate Year-to-Date ▼  500.00  State Zip Code CA 95864-5904	Transaction ID: C901246  Amount of Each Receipt this Period  Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Honolulu  FEC ID number of contributing federal political committee.  Name of Employer The Emer Grp  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Peter Erik Erik Sokolove Mailing Address 3889 Exmoor Cir  City Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For: Primary General	HI 96825-3108  C  Occupation Emergency Physician Aggregate Year-to-Date ▼  500.00  State Zip Code CA 95864-5904	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Honolulu  FEC ID number of contributing federal political committee.  Name of Employer The Emer Grp  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Peter Erik Erik Sokolove  Mailing Address 3889 Exmoor Cir  City  Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For:  Primary General	HI 96825-3108  C  Occupation Emergency Physician Aggregate Year-to-Date ▼  500.00  State Zip Code CA 95864-5904	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer The Emer Grp  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Peter Erik Erik Sokolove Mailing Address 3889 Exmoor Cir  City Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For: Primary General	C  Occupation Emergency Physician Aggregate Year-to-Date ▼  500.00  State Zip Code CA 95864-5904	Date of Receipt  M M M / D D / Y Y Y Y Y  0 1 25 2010  Transaction ID: C868953  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Peter Erik Erik Sokolove  Mailing Address 3889 Exmoor Cir  City  Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For:  Primary  General	Emergency Physician  Aggregate Year-to-Date  500.00  State Zip Code CA 95864-5904	Transaction ID: C868953  Amount of Each Receipt this Period
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Peter Erik Erik Sokolove Mailing Address 3889 Exmoor Cir  City Sacramento FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For: Primary General	State Zip Code CA 95864-5904	Transaction ID: C868953  Amount of Each Receipt this Period
Peter Erik Erik Sokolove  Mailing Address 3889 Exmoor Cir  City  Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For:  Primary General	CA 95864-5904	Transaction ID: C868953  Amount of Each Receipt this Period
City Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For: Primary General	CA 95864-5904	Transaction ID: C868953  Amount of Each Receipt this Period
Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For:  Primary General	CA 95864-5904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Univ of CA - Davis  Receipt For:  Primary General		
Receipt For: Primary General	<b>Y</b>	
Primary General	Occupation Emergency Physician	
	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Steven Joseph Stack		Date of Receipt
Mailing Address 2083 Bridgeport Dr		01 27 2010
City Lexington	State Zip Code KY 40502-2615	Transaction ID: C869128
FEC ID number of contributing federal political committee.	C 40302-2013	Amount of Each Receipt this Period
Name of Employer St Joseph East Hosp ED Med Dir	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)   X   11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may not be sold or used by any pe	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  National Emergency Medicine Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Jillian J Stearman		Date of Receipt
Mailing Address 1002 Cobblestone	Way	M M / D D / Y Y Y Y Y O D D / 2010
City Shepherdsville	State Zip Code KY 40165-9275	Transaction ID: C889540  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Eric William Stern	I	Date of Receipt
Mailing Address 611 S Wells St #2403		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State Zip Code  IL 60607	Transaction ID: C839142
FEC ID number of contributing federal political committee.	IL 60607	Amount of Each Receipt this Period  100.00
Name of Employer DES	Occupation ED Attending	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) Eric William Stern		Date of Receipt
Mailing Address 611 S Wells St #2403		0 2 0 2 2 0 1 0
City Chicago	State Zip Code IL 60607	Transaction ID: C866658
FEC ID number of contributing federal political committee.	IL 60607	Amount of Each Receipt this Period  100.00
Name of Employer DES	Occupation ED Attending	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  300.00	
	al)	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 63 / 96   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  National Emergency Medicine Polit	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Eric William Stern			Date of Receipt
Mailing Address 611 S Wells St #2403			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60607	Transaction ID: C879870  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer DES	Occupatio ED Atten		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Matthew A A Stupple			Date of Receipt
Mailing Address 18 Lasher Rd			03 / 14 / 2010
City	State NY	Zip Code	Transaction ID: C890075
Woodstock  FEC ID number of contributing federal political committee.	C	12498-1106	Amount of Each Receipt this Period  1000.00
Name of Employer EMP	Occupatio Physicial		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Thomas A A Sweeney			Date of Receipt
Mailing Address 206 Fairhill Dr			0 3 1 7 2 0 1 0
City Wilmington	State DE	Zip Code 19808-4311	Transaction ID: C904002  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000 4011	250.00
Name of Employer Doctors for Emerg Svcs	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J)		1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Emergency Medicine Poli	nd Statements may not be sold or used by any perso g the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ronald G G Thomas Mailing Address 1310 Alexander Dr City	State Zip Code	Date of Receipt    M
Guilford  FEC ID number of contributing federal political committee.	CT 06437-5031	Amount of Each Receipt this Period 250.00
Name of Employer Hosp of Saint Raphael  Receipt For:  Primary General  Other (specify) ▼	Occupation Emergency Physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Roger D Tillotson Mailing Address 3311 Darrah Ave		Date of Receipt  0 1 2 5 2 0 1 0
City  Morgantown  FEC ID number of contributing	State Zip Code WV 26508-9187	Transaction ID: C869053  Amount of Each Receipt this Period  250.00
Name of Employer WV Univ Hosp ED	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) John A A Tyrrell Mailing Address 3 Cedar Tree Ln		Date of Receipt  0 1 2 7 2 0 1 0
City Chester	State Zip Code NJ 07930-2218	Transaction ID: C869434  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Overlook Emer Svcs Union Camp Receipt For:	Occupation Emergency Physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 96 (check only one)    X   11a
0	any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	I Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Mary Jo Jo Wagner  Mailing Address 5425 Nottingham N			Date of Receipt
		Ctata	7'a Cada	03 10 2010
	City Saginaw	State MI	Zip Code 48603-2821	Transaction ID: C889500  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Synergy Med Educ Alliance	Occupation Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Mary Jo Jo Wagner  Mailing Address 5405 Netting bears N	1		Date of Receipt
	Mailing Address 5425 Nottingham N			03 / 30 / 2010
	City	State MI	Zip Code	Transaction ID: C903386
	Saginaw  FEC ID number of contributing federal political committee.	C	48603-2821	Amount of Each Receipt this Period  250.00
	Name of Employer Synergy Med Educ Alliance	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) Matthew J J Watson			Date of Receipt
	Mailing Address 1280 Longpointe Pass	i		M M / D D / Y Y Y Y Y Y Y Y Y Z D 1 0
	City	State	Zip Code	Transaction ID: C868955
	Alpharetta  FEC ID number of contributing federal political committee.	GA C	30005-2284	Amount of Each Receipt this Period 250.00
	Name of Employer Dr. Matthew J Watson	Occupatio Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			750.00
-	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports a	for each category of the Detailed Summary Page  and Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 66 / 96 (check only one)    X
NAME OF COMMITTEE (In Full)  National Emergency Medicine Poli	g the name and address of any political committee to s tical Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David E E Wilcox Mailing Address 8 Aspen Dr		Date of Receipt
<u> </u>	Chata 7'- Carla	03 29 2010
City <u>S Glastonbury</u>	State Zip Code CT 06073-2938	Transaction ID: C902983  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. David E Wilcox	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Dean Wilkerson		Date of Receipt
Mailing Address 538 Rolling Hills R	d	03 05 2010
City	State Zip Code	Transaction ID: C889536
Coppell	TX 75019-4049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mr. Dean Wilkerson	Occupation Emergency Physician	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Louise Wilkinson		Date of Receipt
Mailing Address 820 Laurel Dr		03 30 YYYY 2010
City Rolla	State Zip Code MO 65401-3814	Transaction ID: C902243  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Texas Cnty Meml Hosp	Occupation Emergency Physician	1
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	2250.00

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

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 96 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any personal Statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Mildred J J Willy		Date of Receipt
Mailing Address 5576 Hickory Lane  City	State Zip Code	0 3 0 9 2 0 1 0 Transaction ID: C889504
Bay City	MI 48706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Timberline Emergency Phys- icians, P.C.	Occupation Emergency physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Christepher D Yao		Date of Receipt
Mailing Address 544 Kumukahi Pl		03 / 04 / 2010
City	State Zip Code	Transaction ID: C889534
Honolulu	HI 96825-1106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tripler Army Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik	I	Date of Receipt
Mailing Address 737 E Bethel School	Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C868956
Coppell	TX 75019-4188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Dr. Shane Edward Zatkalik	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.03	]
SUBTOTAL of Receipts This Page (optional)	1	1583.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 68 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be name and address	e sold or used by any pers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	al Action Committe	ee	
<u></u>	Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik			Date of Receipt
	Mailing Address 737 E Bethel School	Rd		0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		ip Code	Transaction ID: C879585
	Coppell	TX	75019-4188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Dr. Shane Edward Zatkalik	Occupation Emergency Ph	nysician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.03	
	Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik			Date of Receipt
	Mailing Address 737 E Bethel School	Rd		03 / 00 / 4 9 9
	City		Zip Code	Transaction ID: C903366
	Coppell	TX 7	75019-4188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.37
	Name of Employer Dr. Shane Edward Zatkalik	Occupation Emergency Pt	nysician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.03	
	Full Name (Last, First, Middle Initial) Andrew R R Zinkel			Date of Receipt
	Mailing Address 5215 Beard Ave S Apt 2			01 25 2010
	City		ip Code	Transaction ID: C868957
	Minneapolis	MN 5	55410-2117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Health Partners	Occupation Emergency Ph	nysician	
	Receipt For:	Aggregate Year-	to-Date ▼	
	Primary General Other (specify) ▼		249.99	
Г				250.03

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 96 (check only one)    X   11a
(	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> A.	Full Name (Last, First, Middle Initial) Andrew R R Zinkel  Mailing Address 5215 Beard Ave S Apt 2  City Minneapolis  FEC ID number of contributing federal political committee.  Name of Employer Health Partners  Receipt For: Primary General	,	ncy Physician e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Other (specify) ▼  Full Name (Last, First, Middle Initial) Andrew R R Zinkel  Mailing Address 5215 Beard Ave S Apt 2  City  Minneapolis  FEC ID number of contributing federal political committee.  Name of Employer Health Partners  Receipt For:  Primary General Other (specify) ▼	,	Zip Code 55410-2117  nn ncy Physician e Year-to-Date   249.99	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del>-</del>	Full Name (Last, First, Middle Initial) Amanda J J Zopp Mailing Address 2120 Hastings Dr  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Cabarrus Emerg Med Assoc  Receipt For: Primary General Other (specify)	<del>, '                                     </del>	Zip Code 28207-2426  on ncy Physician e Year-to-Date ▼ 1000.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 3
	SUBTOTAL of Receipts This Page (optional)			1166.66
	TOTAL This Period (last page this line number	only)	•	49646.54

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		P	AGE	70 /	96
ITEMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27	$\prod_{i=1}^{n}$	22 28a	X	23 28b	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name							the pu		e of so				
NAME OF COMMITTEE (In Full)		<b>/</b>											
National Emergency Medicine Political Ac	tion Comm	nittee											
Full Name (Last, First, Middle Initial) Adler For Congress									on ID: sburse	D928 ement	63		
Mailing Address PO Box 1024							0 <sup>M</sup> 3	M	0	<b>3</b> /	Ý	010	) <sup>Y</sup>
City Mount Laurel	State NJ	Zip Code 08054					Amou	nt of	Each	Disburs	emer	t this	Period
Purpose of Disbursement Contributions for Federal Candidates				0	11			-			25	00.00	)
Candidate Name Mr. John Adler					egory/ ype								
Senate X President	ement For: Primary Other (spe	2010 General											
State: NJ District: 03  Full Name (Last, First, Middle Initial)													
Allyson Schwartz For Congress							Date	of Di	sburse				
Mailing Address P.O. Box 2232							0 <sup>M</sup> 3	М	1	0 /	Y 2	0 1 (	) <sup>*</sup>
City Jenkintown	State PA	Zip Code 19046					Amou	nt of	Each	Disburs			
Purpose of Disbursement Contributions for Federal Candidates				Ó	11			-			15	00.00	)
Candidate Name Rep. Allyson Y. Schwartz					egory/ ype								
	ement For: Primary Other (spe	2010 General											
State: PA District: 13													
Full Name (Last, First, Middle Initial) AMERIPAC							Date	of Di	sburse				
Mailing Address 499 South Capitol, SW Suite 414							0 <sup>M</sup> 2	М	<sup>D</sup> 2	<sup>D</sup> 4	` 2	0 1 (	)
City Washington	State DC	Zip Code 20003					Amou	nt of	Each	Disburs			
Purpose of Disbursement Contributions for Federal PACs/Committees			Г	v	-			_			50	00.00	)
Candidate Name					egory/ ype								
Senate	ement For: Primary Other (spe	2010 General											
State: District: Annua	contribution	ons											
SUBTOTAL of Disbursements This Page (optional)					. <b>•</b>						90	00.00	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER:		PA	GE	71 / 9	96
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b	<u> </u>	23 🗀	T 24	$\Box$	25	□ 26
	Detailed Suffillary Fage	27		28b	28c	$\square$	29	30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)	le and address of any political co	minitiee to s	Olicit Cortti ibutioi	113 110111	Sucirio	OHIIII	illee	
National Emergency Medicine Political Ad	tion Committee							
Full Name (Last, First, Middle Initial)			Transaction			3		
Andy Harris For Congress			Date of Disk			V	V .	V
Mailing Address PO Box 1527			0"3 "	24	J L	2 (	o ť c	
City Annapolis	State Zip Code MD 21404		Amount of E	Each Di	sburse	ment	this F	Period
Purpose of Disbursement Contributions for Federal Candidates		011	L			400	0.00	
Candidate Name Mr. Andrew Harris		Category/ Type						
9 1	ement For: 2010  Primary General  Other (specify)	- 7,6-2						
State: MD District: 01								
Full Name (Last, First, Middle Initial) Bera for Congress			Transaction Date of Disk			8		
Mailing Address PO Box 582496			03 /	26	/ Y	ž (	) i 0	Y
City Elk Grove	State Zip Code CA 95758		Amount of E	Each Di	sburse	ment	this F	Period
Purpose of Disbursement Contributions for Federal Candidates		011				250	0.00	
Candidate Name		Category/ Type						
Senate President	ement For: 2010  Primary General  Other (specify)		-					
State: CA District: 03								
Full Name (Last, First, Middle Initial) Blue Dog Coalition			Transaction Date of Disk	bursem	ent			
Mailing Address 236 Massachusetts Ave Suite 603	., NE		02	24	] / L	ž (	οťο	Y
City Washington	State Zip Code DC 20002		Amount of E	Each Di	sburse	ment	this F	Period
Purpose of Disbursement		0.1.1	L			500	0.00	
Contributions for Federal Candidates  Candidate Name		011 Category/ Type						
Senate President	Primary General  Other (specify)							
State: District: Annua	I contribution							
SUBTOTAL of Disbursements This Page (optional		<b>&gt;</b>			. 1	150	0.00	

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

IT	CHEDULE B (FEC Form 3	y Use sepa	arate schedule(s)		NUMBER: PAGE 72/96
••	EMIZED DISBURSEMENT	for each	category of the Summary Page	(check only	y one) 22   X   23   24   25   2 28a   28b   28c   29   3
	y Information copied from such Reports a for commercial purposes, other than using				
\ \	NAME OF COMMITTEE (In Full)	The name and addre	ss of arry political	Committee to so	- Incit contributions from such committee
$\rangle$	National Emergency Medicine Poli	tical Action Comm	nittee		
	Full Name (Last, First, Middle Initial) Cecile Bledsoe for Congress				Transaction ID: D93456 Date of Disbursement
	Mailing Address PO Box 624				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I & O \end{smallmatrix} \end{bmatrix}$
	City Rogers	State AR	Zip Code 72757		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates			011	5000.00
	Candidate Name			Category/ Type	
	Office Sought:  House  X Senate  President	Disbursement For:  X Primary Other (spe	2010 General		
	State: AR District: 03				
	Full Name (Last, First, Middle Initial) COMMITTEE FOR A DEMOCRAT	IC FUTURE			<b>Transaction ID:</b> D92871 Date of Disbursement
	Mailing Address 25 ROYDON RO	)AD			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ Z & O & 1 & O \end{smallmatrix} \end{bmatrix}$
	City New Haven	State CT	Zip Code 06511-2806		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Pacs/Committee	es		011	2500.00
	Candidate Name			Category/ Type	
	Office Sought: House Senate	Disbursement For: Primary  V. Other (one	2010 General		
	Office Sought: House		General ecify) ▼		
	Office Sought: House Senate President	Primary X Other (spe	General ecify) ▼		Transaction ID: D91978 Date of Disbursement
	Office Sought:    House   Senate   President     State: District:	Primary X Other (spe	General ecify) ▼		
	Office Sought:  House Senate President State: District:  Full Name (Last, First, Middle Initial) Democratic Congressional Campa	Primary X Other (spe	General ecify) ▼		Date of Disbursement  M M / D D D / Y Y Y O Y O Y  Amount of Each Disbursement this Period
	Office Sought:  House Senate President State: District:  Full Name (Last, First, Middle Initial) Democratic Congressional Campa  Mailing Address 430 S Capitol St	Primary X Other (special contribution) Annual contribution Aign Committee SE State DC	General ecify) ▼ on  Zip Code		Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial) Democratic Congressional Campa  Mailing Address  430 S Capitol St  City Washington  Purpose of Disbursement	Primary X Other (special contribution) Annual contribution Aign Committee SE State DC	General ecify) ▼ on  Zip Code	Туре	Date of Disbursement  M M M / D D D / Y Y Y O Y O O O O O O O O O O O O O O
	Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial) Democratic Congressional Campa  Mailing Address  430 S Capitol St  City Washington  Purpose of Disbursement Contributions for Federal PACs/Committ Candidate Name  Office Sought:  House Senate President	Primary X Other (special primary)	General ecify) ▼ on  Zip Code 20003-4024  2010 General ecify) ▼	Type  011 Category/	Date of Disbursement  M M M / D D D / Y Y Y O Y  Amount of Each Disbursement this Period
	Office Sought:  House Senate President  State:  District:  Full Name (Last, First, Middle Initial)  Democratic Congressional Campa  Mailing Address  430 S Capitol St  City Washington  Purpose of Disbursement Contributions for Federal PACs/Committ Candidate Name  Office Sought: House Senate	Primary X Other (special primary) X Other (special primary) Annual contribution  SE  State DC  DC  Disbursement For: Primary	General ecify) ▼ on  Zip Code 20003-4024  2010 General ecify) ▼	Type  011 Category/	Date of Disbursement  M M M / D D D / Y Y Y O Y  Amount of Each Disbursement this Period

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		R LIN			R:			PA	GE	73 /	96
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(ch	eck or 21b	ė.	1e) 22	X	23	Г	1 24		25	☐ 26
	Detailed Summary Fage		27	$ldsymbol{\sqcup}$	28a		28b		28c		29	30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name												8
NAME OF COMMITTEE (In Full)	o and address of any pointed to			Onoit			0110 11	0111			111100	
National Emergency Medicine Political Ac	tion Committee											
Full Name (Last, First, Middle Initial)  Democratic Senatorial Campaign Commit	tee				<b>Frans</b> Date o				D9198 ent	31		
Mailing Address 430 S Capitol St SE					0 <sup>M</sup> 1	М	/ D 1	1 3	/ Y	ž	0 Ĭ (	) Y
City Washington	State Zip Code DC 20003-4024			,	Amou	nt of	f Each	n Dis	sburse	men	this	Period
Purpose of Disbursement Contributions for Federal PACs/Committees		011								150	00.00	)
Candidate Name		Catego Type	•									
Senate President X	ement For: 2010 Primary General Other (specify)											
	contribution											
Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.					Date o	of Di	sburs	eme	09287 ent			_
Mailing Address P.O. Box 61337					0 3	М	<sup>′</sup>	3	/ Y	ž	0 Ĭ (	) Y
City Denver	State Zip Code CO 80206			,	Amou	nt of	f Each	n Dis	sburse			
Purpose of Disbursement Contributions for Federal Candidates		011			L.	_				40	00.00	)
Candidate Name Rep. Diana DeGette		Catego Type	-									
X	ement For: 2010 Primary General Other (specify)											
State: CO District: 01												
Full Name (Last, First, Middle Initial)  Duncan for Congress					<b>Trans</b> Date o				09286	0		
Mailing Address PO Box 732						M .		3	/ Y	ž	0 ť (	) Y
City Clinton	State Zip Code SC 29325				Amou	nt of	f Each	n Dis	sburse	men	this I	Period
Purpose of Disbursement	20020									25	00.00	
Contributions for Federal Candidates		Q11	_									
Candidate Name		Catego Type										
	ement For: 2010 Primary General Other (specify)											
State: SC District: 03												
SUBTOTAL of Disbursements This Page (optional)			<u> </u>						2	150	0.00	

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

17	CHEDULE B (FEC Form 3	J USE SE	eparate schedule(s)	FOR LINE	NUMBER: PAGE 74 / 96
11	EMIZED DISBURSEMENT	for eac	ch category of the cd Summary Page	(check only	y one) 22   X   23   24   25   2 28a   28b   28c   29   3
	/ Information copied from such Reports a or commercial purposes, other than using			d by any person f	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Poli				
<u>v                                    </u>	Full Name (Last, First, Middle Initial) Friends Of Bennie Thompson				Transaction ID: D92687 Date of Disbursement
	Mailing Address 236 Massachuse Ste 603	etts Ave NE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & Y & Q \end{smallmatrix} \end{bmatrix}$
	City Washington	State DC	Zip Code 20002-4971		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name			011 Category/	1300.00
	Rep. Bennie G. Thompson  Office Sought: X House Senate	Disbursement For X Primary	: 2010 General	Type	
	State: MS District: 02	Other (s	pecify) $\blacktriangledown$		
	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee	e			Transaction ID: D92867 Date of Disbursement
	Mailing Address PO Box 1949				03 03 7 2010
	1 0 Box 1010				00 00 2010
	City Springfield	State IL	Zip Code 62705		Amount of Each Disbursement this Period
	City Springfield Purpose of Disbursement Contributions for Federal Candidates			011 Cotocord	
	City Springfield Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Richard J. Durbin	IL	62705	011 Category/ Type	Amount of Each Disbursement this Period
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$\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Il Action Committee		
<u>/</u>	Full Name (Last, First, Middle Initial) Michael Burgess For Congress			Transaction ID: D91977 Date of Disbursement
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	City Denton	State Zip Code TX 76202		Amount of Each Disbursement this Perio
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	Senate President	bursement For: 2010 Primary X Gener Other (specify)	al	
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	Senate President	bursement For: 2010 Primary X Gener Other (specify) ▼	al	
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NAME OF COMMITTEE (In Full)	Dalitical Action Co			
/ National Emergency Medicine	Political Action Co	mmillee		
Full Name (Last, First, Middle Initial)				Transaction ID: D92858
Pat Meehan for Congress				Date of Disbursement
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Mailing Address 400 South Ca	apitol Street, SW			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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Α	City Allentown		State PA	Zip Code 18105		Amount of Each Disbursement this Period
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R	Rep. Charles W. Deni		ement For:	2010	Type	
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	City Flint		State MI	Zip Code 48501		Amount of Each Disbursement this Period
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	Candidate Name Rep. Dale E. Kildee				Category/ Type	
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_	State: MI Distric					Transaction ID: D93206
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National Emergency Medicine Political	Action Committee		
Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS			Transaction ID: D93050 Date of Disbursement
Mailing Address 3440 Youngfield St #2	264		$\begin{bmatrix} \begin{smallmatrix} M\\ 0 \end{smallmatrix} 3 & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D\\ 1 \end{smallmatrix} 0 & \begin{bmatrix} \begin{smallmatrix} 0\\ 0 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} V\\ 2 \end{smallmatrix} 0 & 1 \end{smallmatrix} 0 & \begin{bmatrix} \begin{smallmatrix} V\\ 0 \end{smallmatrix} \end{bmatrix}$
City Wheat Ridge	State Zip Code CO 80033	_	Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	1500.00
Candidate Name Rep. Ed Perlmutter		Category/ Type	
Senate President	x Primary		
State: CO District: 07  Full Name (Last, First, Middle Initial)			T .: ID D00405
WHITFIELD FOR CONGRESS COMM	TTEE		Transaction ID: D93195 Date of Disbursement
Mailing Address P.O. BOX 391			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City HOPKINSVILLE	State Zip Code KY 42241		Amount of Each Disbursement this Perio
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Candidate Name Rep. Ed Whitfield		Category/ Type	
Office Sought:  X House Senate President  State: KY District: 01	rsement For: 2010  X Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS			Transaction ID: D93385 Date of Disbursement
Mailing Address PO BOX 3176			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 4 \\ & 2 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & & Y & 2 & 0 & 1 & 0 \\ & & 2 & 0 & 1 & 0 \end{bmatrix}$
City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Period
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Candidate Name Rep. Frank Pallone, Jr.		Category/ Type	
Senate President	ursement For: 2010 Primary X General Other (specify) ▼		
State: NJ District: 06			

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Candidate Name Rep. Geoff Da	vis				Cat	egory/ ype						
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Full Name (Last,	First, Middle Initial)	I GRESS					1		on ID: [		0	
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City Washington	016 000	State DC	)	Zip Code 20005-2105			An	ount of	Each Di	sburser	ment this	Perio
	rsement Federal Candidates				Ç	)11					1500.0	0
Candidate Name Rep. Gerry E.	Connolly					egory/ ype						
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NAME OF COMMITTEE (In Full)							
National Emergency Medicine Political Ac	ion Committee						
Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE			Transaction ID: Date of Disbursem	ent			
Mailing Address P.O. Box 865			03 / 17	Y ŽOŤO			
City	State Zip Code		Amount of Each D	isbursement this Period			
Brooksville	FL 34605			1500.00			
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Rep. Ginny Brown-Waite		Category/ Type					
	ement For: 2010 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMM	TTEE		Transaction ID: Date of Disbursem				
Mailing Address 700 12th Street, NW Suite 700			03 7 03	YZOTOY			
City	State Zip Code DC 20005		Amount of Each D	isbursement this Period			
Washington Purpose of Disbursement	DC 20005			5000.00			
Contributions for Federal Candidates		011					
Candidate Name Rep. Jim W. Gerlach		Category/ Type					
Office Sought:  X House Senate President  State: PA District: 06	ement For: 2010 Primary X General Other (specify)						
Full Name (Last, First, Middle Initial)			Transaction ID:	D93457			
JOE WILSON FOR CONGRESS COMMI	TEE		Date of Disbursem	ent			
Mailing Address PO Box 2145			03 / 26	<sup>y</sup> 2010 <sup>y</sup>			
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In reach category of the Detailed Summary Page	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 84 / 96 vone)
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee  Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS  Mailing Address 4590 Macarthur Boulevard  City Senate President State: CA District: 48  Full Name (Last, First, Middle Initial) State: CA District: 48  Full Name (Last, First, Middle Initial) State: CA District: 48  Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS  Mailing Address PO Box 1045  City Senate President State: PA District: 03  Full Name (Last, First, Middle Initial) State: PA District:	TEMIZED DISBURSEMENTS		21b 27	22 X 23 24 25 28a 28b 28c 29
And Actional Emergency Medicine Political Action Committee  Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS  Mailing Address 4590 Macarthur Boulevard  City State CA 92660  President President Contributions for Federal Candidates Candidate Name Rep. John Campbell  City State Zip Code PA 16512  Purpose of Disbursement Contributions for Federal Candidates Candidates Name Rep. Ash Dalkrict: 03  City State Zip Code PA 16512  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Ash Dalkrict: 03  Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS  Mailing Address PO Box 1045  City State Zip Code PA 16512  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Kathy Dahlkemper  Office Sought: X House Senate President State: PA District: 03  Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS  Mailing Address PO Box 1045  City State: PA District: 03  Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS  Mailing Address PO Box 1045  City State: PA District: 03  Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS  Mailing Address PO Box 1045  City State: PA District: 03  Mailing Address PO Box 1045  City State Zip Code PA 16512  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Kathy Dahlkemper  Office Sought: X House Senate PA 16512  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Kathy Dahlkemper  Office Sought: X House PA 16512  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Kathy Dahlkemper  Office Sought: X House PA 16512  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Kathy Dahlkemper  Office Sought: X House PA 16512  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Kathy Dahlkemper  Office Sought: X House Pa 16512  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Kathy Dahlkemper	r for commercial purposes, other than using the nar			
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$\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Comm	iittee		
<b>/</b>	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.				Transaction ID: D92692 Date of Disbursement
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	Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS  Mailing Address P.O. Box 868					Date of 3		isburs				0 Ť 0	Y
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee  Full Name (Last, First, Middle Initial) Scott Brown for U.S. Senate Committee  Mailing Address 200 Reservoir St  City Needham Heights State Zip Code Needham Heights Senate Committee  Office Sought: A Senate President State: Name Contributions for Federal Candidates  Candidate Name Sen. Charles E. Grassley  Office Sought: A District: 00  Full Name (Last, First, Middle Initial) Scott Brown for U.S. Senate Committee  Mailing Address PO BOX 1000  Transaction ID: D93382 Date of Disbursement Initial Category' Type  Transaction ID: D93382 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93873 Date of Disbursement Initial Category' Type  Transaction ID: D93873 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D93455 Date of Disbursement Initial Category' Type  Transaction ID: D9	TEMIZED DISBURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee  Full Name (Last, First, Middle Initial) Scott Brown for U.S. Senate Committee  Mailing Address 200 Reservoir St  City State Zip Code (NAMA 02494-3191) Purpose of Disbursement Contributions for Federal Candidates  Candidate Name  Office Sought: House X Senate President State: MA District: 00  Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC  Mailing Address PO BOX 1000  City State: MA District: 00  City State: MA Disbursement For: 2012  X Primary General Disbursement  Contributions for Federal Candidates  Candidate Name  Candidate Name  Sen. Charles E. Grassley  Office Sought: House X President State: A District: 00  Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE  Mailing Address PO BOX 8175  City State: A District: 00  Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE  Mailing Address PO BOX 8175  City State: A District: 00  Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE  Mailing Address PO BOX 8175  City State: A District: 00  City State: A District: 00  Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE  Mailing Address PO BOX 8175  City State: A District: 00  City State: A District: 00  Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE  Mailing Address PO BOX 8175  City State: A District: 00  City Candidate Name  Sen. David Vitter  Office Sought: House X Senate Disbursement For: 2010 X Primary General Contributions for Federal Candidates Candidate Name Sen. David Vitter  Office Sought: House X Senate Disbursement For: 2010 X Primary General Contributions for Federal Candidates Candidate Name Sen. David Vitter  Office Sought: House X Senate Disbursement For: 2010 X Primary General Code Transaction ID: Disbursement this Performance Transaction ID: Disbursement For: 2010 Code Transaction ID: Disbursement For: 2010 C					
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City Washington	State Zip Code DC 20003-1904	1	Amount of Each Disbursement this Period
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Mailing Address 499 S Capitol St SW Ste 404			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20003-4004	1	Amount of Each Disbursement this Perio
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City Pttsburgh	State Zip Code PA 15234		Amount of Each Disbursement this Perio
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Candidate Name Rep. Tim F. Murphy		Category/ Type	
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City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Perio
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