

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC) TX

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Mr. Sam Cheng

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		506414.42
(b) Cash on Hand at Beginning of Reporting Period.....	367481.15	
(c) Total Receipts (from Line 19)	145919.40	612388.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	513400.55	1118802.81
7. Total Disbursements (from Line 31).....	273667.21	879069.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	239733.34	239733.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Emergency Medicine Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	68785.57	302655.10
(ii) Unitemized	77130.28	309721.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	145915.85	612376.36
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	145915.85	612376.36
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.55	12.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	145919.40	612388.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	145919.40	612388.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1917.21	5987.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1917.21	5987.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	172000.00	773332.00
24. Independent Expenditures (use Schedule E)	99750.00	99750.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	273667.21	879069.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	273667.21	879069.47

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	145915.85	612376.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	145915.85	612376.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1917.21	5987.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1917.21	5987.47

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This amendment is being filed to move bank fees from line 29 to line 21B. This also adjusts the period beginning balance to match the ending balance from the previous report filed. Itemization totals changed due to different standards between vendor software.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)
A. James B Aiken

Mailing Address 81 Yosemite Dr

City State Zip Code
New Orleans LA 70131-8661

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

Name of Employer Occupation
Van Meter & Associates Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2014

Transaction ID : C2785138

Amount of Each Receipt this Period
250.00

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

Mailing Address 26 Hamilton Ct

City State Zip Code
Fairfield CT 06824-7831

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

Name of Employer Occupation
Franklin Medical Group Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2014

Transaction ID : C2824777

Amount of Each Receipt this Period
100.00

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

Mailing Address 121 E Freedom Way

City State Zip Code
Cincinnati OH 45202-3487

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

Name of Employer Occupation
Brent Asplin, MD, MPH, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
MM / DD / YYYY
07 / 16 / 2014

Transaction ID : C2785126

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	433.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brent Asplin
Full Name (Last, First, Middle Initial)
Mailing Address 121 E Freedom Way
City Cincinnati State OH Zip Code 45202-3487
FEC ID number of contributing federal political committee. **C**
Name of Employer Brent Asplin, MD, MPH, FACEP Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.06**

Date of Receipt **08 / 16 / 2014**
Transaction ID : C2806175
Amount of Each Receipt this Period **83.34**

B. Brent Asplin
Full Name (Last, First, Middle Initial)
Mailing Address 121 E Freedom Way
City Cincinnati State OH Zip Code 45202-3487
FEC ID number of contributing federal political committee. **C**
Name of Employer Brent Asplin, MD, MPH, FACEP Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.06**

Date of Receipt **09 / 16 / 2014**
Transaction ID : C2825797
Amount of Each Receipt this Period **83.34**

C. Bruce S Auerbach
Full Name (Last, First, Middle Initial)
Mailing Address 211 Park St Sturdy Meml Hosp
City Attleboro State MA Zip Code 02703-3143
FEC ID number of contributing federal political committee. **C**
Name of Employer Sturdy Memorial Emergency Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 05 / 2014**
Transaction ID : C2771598
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **266.68**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 211 Park St
Sturdy Meml Hosp

City Attleboro State MA Zip Code 02703-3143

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

Name of Employer Sturdy Memorial Emergency Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 05 / 2014

Transaction ID : C2798583

Amount of Each Receipt this Period
100.00

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

Mailing Address 211 Park St
Sturdy Meml Hosp

City Attleboro State MA Zip Code 02703-3143

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

Name of Employer Sturdy Memorial Emergency Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
09 / 05 / 2014

Transaction ID : C2817972

Amount of Each Receipt this Period
100.00

C. Brien Alfred Barnewolt
Full Name (Last, First, Middle Initial)

Mailing Address 68 Greenlawn Ave

City Newton Center State MA Zip Code 02459-1714

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

Name of Employer Tufts Medical Center EP, LLC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
07 / 16 / 2014

Transaction ID : C2785124

Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert Louis Barricella
 Mailing Address 712 Grove Ave
 City State Zip Code
 Cliffside Pk NJ 07010-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UMDNJ Pediatrics Emergency Group Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : C2824778
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Leigh Anderson Barrow
 Mailing Address 2824 E 25th St
 City State Zip Code
 Tulsa OK 74114-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Leigh Anderson Barrow, DO, FACEP Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : C2788527
 Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Leigh Anderson Barrow
 Mailing Address 2824 E 25th St
 City State Zip Code
 Tulsa OK 74114-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Leigh Anderson Barrow, DO, FACEP Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : C2814974
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.66
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 177
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Leigh Anderson Barrow

Mailing Address 2824 E 25th St

City State Zip Code
Tulsa OK 74114-3214

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

Name of Employer Occupation
Leigh Anderson Barrow, DO, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt
09 / 24 / 2014

Transaction ID : C2835779

Amount of Each Receipt this Period
83.33

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

Mailing Address 3 Miya Ln

City State Zip Code
Sandy Hook CT 06482-1164

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

Name of Employer Occupation
Robert Bazuro, DO, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
09 / 30 / 2014

Transaction ID : C2838245

Amount of Each Receipt this Period
100.00

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

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

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

Name of Employer Occupation
Andrew I Bern, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
751.06

Date of Receipt
07 / 16 / 2014

Transaction ID : C2785121

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **266.67**

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

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

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

FOR LINE NUMBER: PAGE 12 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9846 NW 18th St

City State Zip Code
 Coral Springs FL 33071-5826

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

Name of Employer Occupation
 Andrew I Bern, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 751.06

Date of Receipt
 08 / 16 / 2014
Transaction ID : C2806171

Amount of Each Receipt this Period
 83.34

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

Mailing Address 9846 NW 18th St

City State Zip Code
 Coral Springs FL 33071-5826

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

Name of Employer Occupation
 Andrew I Bern, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 751.06

Date of Receipt
 09 / 16 / 2014
Transaction ID : C2825793

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Danny T Berry

Mailing Address 3015 Keystone Dr

City State Zip Code
 Cpe Girardeau MO 63701-1726

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

Name of Employer Occupation
 Danny T Berry, MD Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 07 / 2014
Transaction ID : C2817662

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gregory J Bjerke
 Full Name (Last, First, Middle Initial)
 Mailing Address 2973 Peterson Pkwy N
 City State Zip Code
 Fargo ND 58102-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sanford Medical Group Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2014
Transaction ID : C2817516
 Amount of Each Receipt this Period
 300.00

B. Frederick C Blum
 Full Name (Last, First, Middle Initial)
 Mailing Address 1470 Point Marion Rd
 City State Zip Code
 Morgantown WV 26508-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Virginia University Hospital Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : C2785137
 Amount of Each Receipt this Period
 160.00

C. Frederick C Blum
 Full Name (Last, First, Middle Initial)
 Mailing Address 1470 Point Marion Rd
 City State Zip Code
 Morgantown WV 26508-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Virginia University Hospital Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2014
Transaction ID : C2806185
 Amount of Each Receipt this Period
 160.00

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Frederick C Blum		Date of Receipt MM / DD / YYYY 09 / 16 / 2014 Transaction ID : C2825806
Mailing Address 1470 Point Marion Rd		Amount of Each Receipt this Period 1600.00
City Morgantown	State WV	Zip Code 26508-1454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer West Virginia University Hospital	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

Full Name (Last, First, Middle Initial) B. Brooks F Bock		Date of Receipt MM / DD / YYYY 08 / 19 / 2014 Transaction ID : C2814977
Mailing Address 1700 Lions Ridge Loop		Amount of Each Receipt this Period 1000.00
City Vail	State CO	Zip Code 81657-5757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Medical Center Emergency Services	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Antonio Xavier Bonfiglio		Date of Receipt MM / DD / YYYY 07 / 02 / 2014 Transaction ID : C2778914
Mailing Address 902 S Shady Hollow Cir		Amount of Each Receipt this Period 1000.00
City Bloomfld Hls	State MI	Zip Code 48304-3773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Emergency Medical Specialists PC	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2160.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Keenan M Bora

Mailing Address 3475 Ridgeline Ct

City State Zip Code
 Ann Arbor MI 48105-2500

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

Name of Employer Occupation
 Keenan M Bora, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 666.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : C2785127

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. Keenan M Bora

Mailing Address 3475 Ridgeline Ct

City State Zip Code
 Ann Arbor MI 48105-2500

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

Name of Employer Occupation
 Keenan M Bora, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 666.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2014

Transaction ID : C2806176

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Keenan M Bora

Mailing Address 3475 Ridgeline Ct

City State Zip Code
 Ann Arbor MI 48105-2500

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

Name of Employer Occupation
 Keenan M Bora, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 666.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : C2825798

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jefferson Dale Bracey
Full Name (Last, First, Middle Initial)
Mailing Address 1351 Manorwood St
City Las Vegas State NV Zip Code 89135-1333
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **749.97**

Date of Receipt **07 / 18 / 2014**
Transaction ID : C2788528
Amount of Each Receipt this Period **83.33**

B. Jefferson Dale Bracey
Full Name (Last, First, Middle Initial)
Mailing Address 1351 Manorwood St
City Las Vegas State NV Zip Code 89135-1333
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **749.97**

Date of Receipt **08 / 22 / 2014**
Transaction ID : C2814978
Amount of Each Receipt this Period **83.33**

C. Jefferson Dale Bracey
Full Name (Last, First, Middle Initial)
Mailing Address 1351 Manorwood St
City Las Vegas State NV Zip Code 89135-1333
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **749.97**

Date of Receipt **09 / 24 / 2014**
Transaction ID : C2835780
Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jennifer H Bradstreet
Full Name (Last, First, Middle Initial)

Mailing Address 249 S Franklin St

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : C2788557

Amount of Each Receipt this Period

83.33

B. Jennifer H Bradstreet
Full Name (Last, First, Middle Initial)

Mailing Address 249 S Franklin St

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : C2815035

Amount of Each Receipt this Period

83.33

C. Jennifer H Bradstreet
Full Name (Last, First, Middle Initial)

Mailing Address 249 S Franklin St

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2014

Transaction ID : C2835781

Amount of Each Receipt this Period

83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address **PO Box 780809**

City **Wichita** State **KS** Zip Code **67278-0809**

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

Name of Employer **University of Virginia Hopsital** Occupation **Emergency Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2785120

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Andrea M Brault

Mailing Address **444 E Huntington Dr
Emer Grps Ofc**

City **Arcadia** State **CA** Zip Code **91006-6258**

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

Name of Employer **Emergency Group Office** Occupation **Emergency Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2785116

Amount of Each Receipt this Period
250.00

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

Mailing Address **9251 Lawing School Rd**

City **Charlotte** State **NC** Zip Code **28214-8694**

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

Name of Employer **Emergency Medicine Physicians** Occupation **Emergency Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : C2788529

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **416.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Eric D Brown		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : C2814980
Mailing Address 9251 Lawing School Rd		Amount of Each Receipt this Period 83.33
City Charlotte	State NC	Zip Code 28214-8694
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) B. Eric D Brown		Date of Receipt MM / DD / YYYY 09 / 24 / 2014 Transaction ID : C2835782
Mailing Address 9251 Lawing School Rd		Amount of Each Receipt this Period 83.33
City Charlotte	State NC	Zip Code 28214-8694
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) C. James Tracy Brown		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 Transaction ID : C2796792
Mailing Address 12528 Sr 78		Amount of Each Receipt this Period 1000.00
City Havana	State IL	Zip Code 62644-6866
FEC ID number of contributing federal political committee. C	Name of Employer James Tracy Brown, MD, FACEP	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1166.66
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joel E Buzy
 Full Name (Last, First, Middle Initial)
 Mailing Address 10409 Snapdragon PI
 City North Potomac State MD Zip Code 20878-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Emergency Professional LLC Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : C2807586
 Amount of Each Receipt this Period
 100.00

B. Joel E Buzy
 Full Name (Last, First, Middle Initial)
 Mailing Address 10409 Snapdragon PI
 City North Potomac State MD Zip Code 20878-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Emergency Professional LLC Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : C2822002
 Amount of Each Receipt this Period
 100.00

C. Joel E Buzy
 Full Name (Last, First, Middle Initial)
 Mailing Address 10409 Snapdragon PI
 City North Potomac State MD Zip Code 20878-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Emergency Professional LLC Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : C2838212
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Amabel-Jovan C Cabatu
Full Name (Last, First, Middle Initial)

Mailing Address 14081 Portrush Dr

City Orlando State FL Zip Code 32828-8241

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 01 / 2014
Transaction ID : C2778911

Amount of Each Receipt this Period 1000.00

B. Jennifer E Callaway
Full Name (Last, First, Middle Initial)

Mailing Address 1528 Dilworth Rd

City Charlotte State NC Zip Code 28203-4823

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

Name of Employer Jennifer E Callaway, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 07 / 25 / 2014
Transaction ID : C2789789

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1143 Raintree Pl

City Winter Park State FL Zip Code 32789-2563

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

Name of Employer Emergency Physicians Specialists Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt 08 / 29 / 2014
Transaction ID : C2817522

Amount of Each Receipt this Period 8.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2008.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Horace R Carson
Full Name (Last, First, Middle Initial)
Mailing Address 10472 Danwin Ct
City Waldorf State MD Zip Code 20601-3968
FEC ID number of contributing federal political committee. **C**
Name of Employer Summa Emergency Associates Incorporate Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 16 / 2014**
Transaction ID : C2829268
Amount of Each Receipt this Period **100.00**

B. John Casey
Full Name (Last, First, Middle Initial)
Mailing Address 5156 Baker Ridge Dr
City Columbus State OH Zip Code 43228-1794
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **765.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : C2788558
Amount of Each Receipt this Period **85.00**

C. John Casey
Full Name (Last, First, Middle Initial)
Mailing Address 5156 Baker Ridge Dr
City Columbus State OH Zip Code 43228-1794
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **765.00**

Date of Receipt **08 / 22 / 2014**
Transaction ID : C2815040
Amount of Each Receipt this Period **85.00**

SUBTOTAL of Receipts This Page (optional)..... **270.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 23 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John Casey
 Mailing Address 5156 Baker Ridge Dr
 City State Zip Code
 Columbus OH 43228-1794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : C2835783
 Amount of Each Receipt this Period
 85.00

Full Name (Last, First, Middle Initial)
B. Michael Cassara
 Mailing Address 5 Collins Ave
 City State Zip Code
 Kings Park NY 11754-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Shore University Hospital Emerge Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : C2817090
 Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
c. Marcel A Cesar
 Mailing Address PO Box 180253
 City State Zip Code
 Delafield WI 53018-0253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medical Specialists SC Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2014
Transaction ID : C2817435
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1185.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 177
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Kahang Lee Chan

Mailing Address 1618 Bridgewater Dr

City State Zip Code
Lake Mary FL 32746-4103

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

Name of Employer Occupation
Florida Emergency Physicians Kang & As Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : C2773129

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Mary Anna Chiu

Mailing Address 10220 N Orchard Ln

City State Zip Code
Spokane WA 99208-5523

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

Name of Employer Occupation
Mary Anna Chiu, MD Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : C2834612

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City State Zip Code
Saunderstown RI 02874-1943

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

Name of Employer Occupation
Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : C2788530

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	1333.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 91 Woodridge Dr

City Saunderstown State RI Zip Code 02874-1943

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **08 / 22 / 2014**

Transaction ID : C2814981

Amount of Each Receipt this Period **83.33**

B. L Anthony Cirillo
Full Name (Last, First, Middle Initial)

Mailing Address 91 Woodridge Dr

City Saunderstown State RI Zip Code 02874-1943

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2835784

Amount of Each Receipt this Period **83.33**

C. Carol L Clark
Full Name (Last, First, Middle Initial)

Mailing Address 3601 W 13 Mile Rd
William Beaumont Hosp ED

City Royal Oak State MI Zip Code 48073-6712

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

Name of Employer Carol L Clark, MD, MBA, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt **09 / 01 / 2014**

Transaction ID : C2838299

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **216.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Carol L Clark

Mailing Address 3601 W 13 Mile Rd
William Beaumont Hosp ED

City Royal Oak State MI Zip Code 48073-6712

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

Name of Employer Carol L Clark, MD, MBA, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
09 / 24 / 2014
Transaction ID : C2838227

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. R Carter Clements

Mailing Address 5558 Taft Ave

City Oakland State CA Zip Code 94618-1519

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

Name of Employer Oakcare Medical Group Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
07 / 17 / 2014
Transaction ID : C2787501

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. R Carter Clements

Mailing Address 5558 Taft Ave

City Oakland State CA Zip Code 94618-1519

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

Name of Employer Oakcare Medical Group Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
08 / 17 / 2014
Transaction ID : C2806226

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 241.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. R Carter Clements
Full Name (Last, First, Middle Initial)
Mailing Address 5558 Taft Ave
City Oakland State CA Zip Code 94618-1519
FEC ID number of contributing federal political committee. **C**
Name of Employer Oakcare Medical Group Occupation Emergency Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **750.06**

Date of Receipt **09 / 17 / 2014**
Transaction ID : C2826189
Amount of Each Receipt this Period **83.34**

B. Daniel J Cole
Full Name (Last, First, Middle Initial)
Mailing Address 802 Kenyon Rd
Trinity Regl Hosp ED
City Fort Dodge State IA Zip Code 50501-5740
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Practice Associates Occupation Emergency Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 18 / 2014**
Transaction ID : C2808087
Amount of Each Receipt this Period **500.00**

c. Orion J Colfer
Full Name (Last, First, Middle Initial)
Mailing Address 2523 Hanover Ave
City Richmond State VA Zip Code 23220-4003
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **550.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : C2788531
Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **633.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2523 Hanover Ave

City	State	Zip Code
Richmond	VA	23220-4003

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

Name of Employer	Occupation
Emergency Medicine Physician Managemen	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : C2814982

Amount of Each Receipt this Period

50.00

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

Mailing Address 2523 Hanover Ave

City	State	Zip Code
Richmond	VA	23220-4003

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

Name of Employer	Occupation
Emergency Medicine Physician Managemen	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2014

Transaction ID : C2835785

Amount of Each Receipt this Period

50.00

c. Marco Coppola
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Waldon Ct

City	State	Zip Code
Colleyville	TX	76034-7319

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

Name of Employer	Occupation
Marco Coppola, DO, FACEP	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : C2838314

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1075 Mornington Cir

City Uniontown State OH Zip Code 44685-6244

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: **07 / 18 / 2014**

Transaction ID : **C2788532**

Amount of Each Receipt this Period: **83.33**

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

Mailing Address 1075 Mornington Cir

City Uniontown State OH Zip Code 44685-6244

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: **08 / 22 / 2014**

Transaction ID : **C2814983**

Amount of Each Receipt this Period: **83.33**

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

Mailing Address 1075 Mornington Cir

City Uniontown State OH Zip Code 44685-6244

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: **09 / 24 / 2014**

Transaction ID : **C2835786**

Amount of Each Receipt this Period: **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 177 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Michael Cusick	Date of Receipt M M / D D / Y Y Y Y Y 07 / 16 / 2014 Transaction ID : C2785132					
Mailing Address 1077 Race St	Amount of Each Receipt this Period 83.34					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Denver</td> <td>CO</td> <td>80206-2832</td> </tr> </table>		City	State	Zip Code	Denver	CO
City	State	Zip Code				
Denver	CO	80206-2832				
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 750.06					
Name of Employer James Michael Cusick, MD, FACEP		Occupation Emergency Physician				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

Full Name (Last, First, Middle Initial) B. James Michael Cusick	Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2014 Transaction ID : C2806182					
Mailing Address 1077 Race St	Amount of Each Receipt this Period 83.34					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Denver</td> <td>CO</td> <td>80206-2832</td> </tr> </table>		City	State	Zip Code	Denver	CO
City	State	Zip Code				
Denver	CO	80206-2832				
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 750.06					
Name of Employer James Michael Cusick, MD, FACEP		Occupation Emergency Physician				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

Full Name (Last, First, Middle Initial) C. James Michael Cusick	Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2014 Transaction ID : C2825803					
Mailing Address 1077 Race St	Amount of Each Receipt this Period 83.34					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Denver</td> <td>CO</td> <td>80206-2832</td> </tr> </table>		City	State	Zip Code	Denver	CO
City	State	Zip Code				
Denver	CO	80206-2832				
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 750.06					
Name of Employer James Michael Cusick, MD, FACEP		Occupation Emergency Physician				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

SUBTOTAL of Receipts This Page (optional)..... ▶	250.02
TOTAL This Period (last page this line number only)..... ▶	83.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Brian C Dawson		Date of Receipt MM / DD / YYYY 07 / 13 / 2014 Transaction ID : C2779245
Mailing Address 16000 Johnston Memorial Dr Dr. Dawson		Amount of Each Receipt this Period 125.00
City Abingdon	State Zip Code VA 24211-7659	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Johnston Memorial Hospital Emergency P	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brian C Dawson		Date of Receipt MM / DD / YYYY 08 / 13 / 2014 Transaction ID : C2801496
Mailing Address 16000 Johnston Memorial Dr Dr. Dawson		Amount of Each Receipt this Period 125.00
City Abingdon	State Zip Code VA 24211-7659	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Johnston Memorial Hospital Emergency P	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brian C Dawson		Date of Receipt MM / DD / YYYY 09 / 13 / 2014 Transaction ID : C2824867
Mailing Address 16000 Johnston Memorial Dr Dr. Dawson		Amount of Each Receipt this Period 125.00
City Abingdon	State Zip Code VA 24211-7659	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Johnston Memorial Hospital Emergency P	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 135 High St

City Exeter State NH Zip Code 03833-2927

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **07 / 18 / 2014**

Transaction ID : C2788533

Amount of Each Receipt this Period **83.33**

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

Mailing Address 135 High St

City Exeter State NH Zip Code 03833-2927

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **08 / 22 / 2014**

Transaction ID : C2814984

Amount of Each Receipt this Period **83.33**

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

Mailing Address 19 Little Pine Ln

City Exeter State NH Zip Code 03833-3109

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2835787

Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **249.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Carrie DeMoor

Mailing Address 4701 Paxton Ln

City Frisco State TX Zip Code 75034-2209

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

Name of Employer Occupation
Emergency Service Partners Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C2776536

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Anonymous Donor

Mailing Address 1125 Executive Cir

City Irving State TX Zip Code 75038-2522

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

Name of Employer Occupation
FOR EMF DONATIONS ONLY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
07 / 31 / 2014
Transaction ID : C2796777

Amount of Each Receipt this Period
190.00

Full Name (Last, First, Middle Initial)
C. Aziz Doumit

Mailing Address 4006 Highway D

City Defiance State MO Zip Code 63341-1726

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

Name of Employer Occupation
Aziz Doumit, MD Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 29 / 2014
Transaction ID : C2796796

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 940.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 295 Richards Rd

City State Zip Code
 Ridgewood NJ 07450-1009

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

Name of Employer Occupation
 Valley Emergency Room Associates Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014

Transaction ID : C2838219

Amount of Each Receipt this Period
 100.00

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

Mailing Address 51800 9 Mile Rd

City State Zip Code
 Northville MI 48167-9773

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

Name of Employer Occupation
 Emergency Medical Specialists PC Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2014

Transaction ID : C2816881

Amount of Each Receipt this Period
 100.00

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

Mailing Address 51800 9 Mile Rd

City State Zip Code
 Northville MI 48167-9773

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

Name of Employer Occupation
 Emergency Medical Specialists PC Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : C2834613

Amount of Each Receipt this Period
 100.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Enrique R Enguidanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 NE 102nd St
 City Seattle State WA Zip Code 98125-7419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Sound Emergency Medicine Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 09 / 2014**
Transaction ID : C2821831
 Amount of Each Receipt this Period **1000.00**

B. Clifford Erickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Forest Dr
 City Voorheesville State NY Zip Code 12186-9530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **749.97**

Date of Receipt **07 / 18 / 2014**
Transaction ID : C2788534
 Amount of Each Receipt this Period **83.33**

C. Clifford Erickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Forest Dr
 City Voorheesville State NY Zip Code 12186-9530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **749.97**

Date of Receipt **08 / 22 / 2014**
Transaction ID : C2814986
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional).....▶	1166.66
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 36 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 31 Forest Dr

City State Zip Code
 Voorheesville NY 12186-9530

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

Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : C2835788

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. Justin W Fairless

Mailing Address 4010 E 118th Blvd

City State Zip Code
 Tulsa OK 74137-6113

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

Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : C2788535

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Justin W Fairless

Mailing Address 4010 E 118th Blvd

City State Zip Code
 Tulsa OK 74137-6113

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

Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : C2814987

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Justin W Fairless
Full Name (Last, First, Middle Initial)

Mailing Address 4010 E 118th Blvd

City Tulsa State OK Zip Code 74137-6113

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2835789

Amount of Each Receipt this Period **83.33**

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

Mailing Address 193 Bryna Ln

City Carnegie State PA Zip Code 15106-1473

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **794.97**

Date of Receipt **07 / 18 / 2014**

Transaction ID : C2788536

Amount of Each Receipt this Period **88.33**

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

Mailing Address 193 Bryna Ln

City Carnegie State PA Zip Code 15106-1473

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **794.97**

Date of Receipt **08 / 22 / 2014**

Transaction ID : C2814988

Amount of Each Receipt this Period **88.33**

SUBTOTAL of Receipts This Page (optional).....▶	259.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David N Ferrand		Date of Receipt
Mailing Address 193 Bryna Ln		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Carnegie	PA	15106-1473
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2835790
Name of Employer	Occupation	Amount of Each Receipt this Period
Emergency Medicine Physician Managemen	Emergency Physician	<input type="text" value="88.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="794.97"/>	

Full Name (Last, First, Middle Initial) B. John T Finnell II		Date of Receipt
Mailing Address 505 S 5th St		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Zionsville	IN	46077-1745
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2778920
Name of Employer	Occupation	Amount of Each Receipt this Period
Indiana University Health Physicians	Emergency Physician	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.06"/>	

Full Name (Last, First, Middle Initial) C. John T Finnell II		Date of Receipt
Mailing Address 505 S 5th St		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Zionsville	IN	46077-1745
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2800148
Name of Employer	Occupation	Amount of Each Receipt this Period
Indiana University Health Physicians	Emergency Physician	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.06"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="255.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 505 S 5th St

City Zionsville State IN Zip Code 46077-1745

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

Name of Employer Indiana University Health Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014

Transaction ID : C2823091

Amount of Each Receipt this Period
83.34

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

Mailing Address 4625 Vista Valley Ln

City Edmond State OK Zip Code 73025-1187

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

Name of Employer David Fish, MD Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : C2829314

Amount of Each Receipt this Period
100.00

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

Mailing Address 15806 Maple Falls Ct

City Tomball State TX Zip Code 77377-8762

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

Name of Employer Diana L Fite, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2014

Transaction ID : C2789906

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **283.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 15806 Maple Falls Ct

City Tomball State TX Zip Code 77377-8762

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

Name of Employer Diana L Fite, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : C2814763

Amount of Each Receipt this Period
100.00

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

Mailing Address 15806 Maple Falls Ct

City Tomball State TX Zip Code 77377-8762

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

Name of Employer Diana L Fite, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2014

Transaction ID : C2833722

Amount of Each Receipt this Period
100.00

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

Mailing Address 6003 84th St

City Lubbock State TX Zip Code 79424-3686

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

Name of Employer Emergency Aeromedical Specialist Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2785139

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	283.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Juan Francisco Fitz
Full Name (Last, First, Middle Initial)
Mailing Address 6003 84th St
City Lubbock State TX Zip Code 79424-3686
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Aeromedical Specialist Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.06**

Date of Receipt **08 / 16 / 2014**
Transaction ID : C2806186
Amount of Each Receipt this Period **83.34**

B. Juan Francisco Fitz
Full Name (Last, First, Middle Initial)
Mailing Address 6003 84th St
City Lubbock State TX Zip Code 79424-3686
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Aeromedical Specialist Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.06**

Date of Receipt **09 / 16 / 2014**
Transaction ID : C2825816
Amount of Each Receipt this Period **83.34**

C. Kelly Foley
Full Name (Last, First, Middle Initial)
Mailing Address 1133 Pond Cypress Dr
City Virginia Beach State VA Zip Code 23455-6859
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Physicians of Tidewater Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **749.97**

Date of Receipt **07 / 16 / 2014**
Transaction ID : C2785131
Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **250.01**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1133 Pond Cypress Dr

City Virginia Beach State VA Zip Code 23455-6859

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

Name of Employer Emergency Physicians of Tidewater Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **08 / 16 / 2014**

Transaction ID : C2806181

Amount of Each Receipt this Period **83.33**

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

Mailing Address 1133 Pond Cypress Dr

City Virginia Beach State VA Zip Code 23455-6859

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

Name of Employer Emergency Physicians of Tidewater Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **09 / 16 / 2014**

Transaction ID : C2825802

Amount of Each Receipt this Period **83.33**

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

Mailing Address PO Box 32861
Carolinass Med Ctr ED

City Charlotte State NC Zip Code 28232-2861

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

Name of Employer Marsha D Ford, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : C2787500

Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **291.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 55 Soby Dr

City West Hartford State CT Zip Code 06107-1034

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

Name of Employer Daniel Freess, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : C287541

Amount of Each Receipt this Period
1000.00

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

Mailing Address 55 Soby Dr

City West Hartford State CT Zip Code 06107-1034

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

Name of Employer Daniel Freess, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : C2814990

Amount of Each Receipt this Period
83.34

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

Mailing Address 55 Soby Dr

City West Hartford State CT Zip Code 06107-1034

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

Name of Employer Daniel Freess, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : C2835791

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	1166.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2174 N Hametown Rd

City Akron State OH Zip Code 44333-1026

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: **07 / 18 / 2014**

Transaction ID : **C2788537**

Amount of Each Receipt this Period: **83.33**

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

Mailing Address 2174 N Hametown Rd

City Akron State OH Zip Code 44333-1026

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: **08 / 22 / 2014**

Transaction ID : **C2814992**

Amount of Each Receipt this Period: **83.33**

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

Mailing Address 2174 N Hametown Rd

City Akron State OH Zip Code 44333-1026

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: **09 / 24 / 2014**

Transaction ID : **C2835792**

Amount of Each Receipt this Period: **83.33**

SUBTOTAL of Receipts This Page (optional)..... ▶ **249.99**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 6622

City Helena State MT Zip Code 59604-6622

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

Name of Employer Lewis & Clark Emergency Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2014

Transaction ID : C2833723

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Angela F Gardner

Mailing Address 3809 W T Parr Rd

City Grapevine State TX Zip Code 76051

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

Name of Employer Angela F Gardner, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2785122

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Angela F Gardner

Mailing Address 3809 W T Parr Rd

City Grapevine State TX Zip Code 76051

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

Name of Employer Angela F Gardner, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2014

Transaction ID : C2806173

Amount of Each Receipt this Period
83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 OF 177 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 3809 W T Parr Rd

City Grapevine	State TX	Zip Code 76051
-------------------	-------------	-------------------

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

Name of Employer Angela F Gardner, MD, FACEP	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	16	/	2014

Transaction ID : C2825795

Amount of Each Receipt this Period

83.33

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

Mailing Address 659 Lorenwood Dr

City Hermitage	State PA	Zip Code 16148-8803
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	18	/	2014

Transaction ID : C2788538

Amount of Each Receipt this Period

83.33

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

Mailing Address 659 Lorenwood Dr

City Hermitage	State PA	Zip Code 16148-8803
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	22	/	2014

Transaction ID : C2814993

Amount of Each Receipt this Period

83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael David Garfinkel
 Full Name (Last, First, Middle Initial)
 Mailing Address 659 Lorenwood Dr
 City Hermitage State PA Zip Code 16148-8803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 24 / 2014
Transaction ID : C2835793
 Amount of Each Receipt this Period 83.33

B. Ann Marie Garritano
 Full Name (Last, First, Middle Initial)
 Mailing Address 19001 Audette St
 City Dearborn State MI Zip Code 48124-4275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann Marie Garritano, MD, FACEP Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2014
Transaction ID : C2796836
 Amount of Each Receipt this Period 1000.00

C. Daniel C Geary
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 Woodshire Rd
 City Pittsburgh State PA Zip Code 15215-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 07 / 18 / 2014
Transaction ID : C2788539
 Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional).....▶	1166.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 142 Woodshire Rd

City Pittsburgh State PA Zip Code 15215-1714

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.30**

Date of Receipt **08 / 22 / 2014**

Transaction ID : C2814994

Amount of Each Receipt this Period **83.33**

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

Mailing Address 142 Woodshire Rd

City Pittsburgh State PA Zip Code 15215-1714

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.30**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2835823

Amount of Each Receipt this Period **83.33**

C. Michael Joseph Gerardi
Full Name (Last, First, Middle Initial)

Mailing Address 32 Goldfinch Dr

City Hackettstown State NJ Zip Code 07840-3008

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **08 / 01 / 2014**

Transaction ID : C2799994

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1166.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3720 E 99th PI

City State Zip Code
Tulsa OK 74137-5231

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

Name of Employer Occupation
Jeffrey Michael Goodloe, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2785136

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ronald Eugene Graham

Mailing Address 2104 Pell St

City State Zip Code
Scottsboro AL 35769-3940

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

Name of Employer Occupation
Southern Medical Group Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2788966

Amount of Each Receipt this Period
100.00

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

Mailing Address 1 Cherry Hills Dr

City State Zip Code
Aiken SC 29803-5688

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

Name of Employer Occupation
Stephen A D Grant, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2785129

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Stephen A D Grant
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Cherry Hills Dr
 City Aiken State SC Zip Code 29803-5688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stephen A D Grant, MD, FACEP Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.06**

Date of Receipt **08 / 16 / 2014**
Transaction ID : C2806179
 Amount of Each Receipt this Period **83.34**

B. Stephen A D Grant
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Cherry Hills Dr
 City Aiken State SC Zip Code 29803-5688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stephen A D Grant, MD, FACEP Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.06**

Date of Receipt **09 / 16 / 2014**
Transaction ID : C2825800
 Amount of Each Receipt this Period **83.34**

C. Andrea L Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 22428 Springflower Dr
 City Golden State CO Zip Code 80401-8033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arlington Emergency Medical Associates Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : C2789970
 Amount of Each Receipt this Period **750.00**

SUBTOTAL of Receipts This Page (optional)..... **916.68**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael Gary Guttenberg		Date of Receipt MM / DD / YYYY 07 / 16 / 2014 Transaction ID : C2785125
Mailing Address 11 Glen Hill Ln		Amount of Each Receipt this Period 250.00
City Tarrytown	State NY	Zip Code 10591-5055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Shore Forest Hills Emergency Phy	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Timothy James Hall		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : C2788540
Mailing Address 1380 Woodhurst Dr		Amount of Each Receipt this Period 83.33
City Rock Hill	State SC	Zip Code 29732-2082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) C. Timothy James Hall		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : C2814996
Mailing Address 1380 Woodhurst Dr		Amount of Each Receipt this Period 83.33
City Rock Hill	State SC	Zip Code 29732-2082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

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 52 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1380 Woodhurst Dr

City State Zip Code
 Rock Hill SC 29732-2082

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

Name of Employer Occupation
 Piedmont Emergency Medical Associates Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : C2835794

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Kimberly A Hall-Moore

Mailing Address 145 Milano Dr SW

City State Zip Code
 Atlanta GA 30331-8379

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

Name of Employer Occupation
 Kimberly A Hall-Moore, MD, FACEP Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : C2838317

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Christian C Halloran

Mailing Address 1269 Bailey Rd

City State Zip Code
 Cuyahoga Fls OH 44221-5331

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

Name of Employer Occupation
 Christian C Halloran, MD, FACEP Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : C2825799

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **666.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 5829 Wissahickon Ave

City Philadelphia	State PA	Zip Code 19144-4446
----------------------	-------------	------------------------

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

Name of Employer EmCare Incorporated	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : C2799961

Amount of Each Receipt this Period

100.00

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

Mailing Address 5829 Wissahickon Ave

City Philadelphia	State PA	Zip Code 19144-4446
----------------------	-------------	------------------------

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

Name of Employer EmCare Incorporated	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : C2799962

Amount of Each Receipt this Period

100.00

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

Mailing Address 5829 Wissahickon Ave

City Philadelphia	State PA	Zip Code 19144-4446
----------------------	-------------	------------------------

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

Name of Employer EmCare Incorporated	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : C2817676

Amount of Each Receipt this Period

100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 5829 Wissahickon Ave

City Philadelphia State PA Zip Code 19144-4446

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

Name of Employer EmCare Incorporated Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2838215

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
B. Jonathan Heidt

Mailing Address One Hospital Dr University Hosp Dept of EM

City Columbia State MO Zip Code 65203

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

Name of Employer Jonathan Heidt, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.30**

Date of Receipt **08 / 05 / 2014**

Transaction ID : C2798615

Amount of Each Receipt this Period **83.33**

Full Name (Last, First, Middle Initial)
C. Jonathan Heidt

Mailing Address One Hospital Dr University Hosp Dept of EM

City Columbia State MO Zip Code 65203

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

Name of Employer Jonathan Heidt, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.30**

Date of Receipt **08 / 16 / 2014**

Transaction ID : C2806169

Amount of Each Receipt this Period **83.33**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jonathan Heidt
Full Name (Last, First, Middle Initial)

Mailing Address One Hospital Dr
University Hosp Dept of EM

City Columbia State MO Zip Code 65203

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

Name of Employer Jonathan Heidt, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.30**

Date of Receipt **09 / 05 / 2014**

Transaction ID : C2817971

Amount of Each Receipt this Period **83.33**

B. Jonathan Heidt
Full Name (Last, First, Middle Initial)

Mailing Address One Hospital Dr
University Hosp Dept of EM

City Columbia State MO Zip Code 65203

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

Name of Employer Jonathan Heidt, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.30**

Date of Receipt **09 / 16 / 2014**

Transaction ID : C2825791

Amount of Each Receipt this Period **83.33**

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

Mailing Address 2986 Foster Ave

City Juneau State AK Zip Code 99801-1956

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

Name of Employer JEMA Physicians Services LLC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 13 / 2014**

Transaction ID : C2824866

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Justin P Hensley
Full Name (Last, First, Middle Initial)

Mailing Address 5121 Ocean Dr

City Crp Christi State TX Zip Code 78412-2661

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

Name of Employer Justin P Hensley, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.70**

Date of Receipt **08 / 18 / 2014**

Transaction ID : C2806273

Amount of Each Receipt this Period **83.33**

B. Justin P Hensley
Full Name (Last, First, Middle Initial)

Mailing Address 5121 Ocean Dr

City Crp Christi State TX Zip Code 78412-2661

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

Name of Employer Justin P Hensley, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.70**

Date of Receipt **09 / 18 / 2014**

Transaction ID : C2826390

Amount of Each Receipt this Period **83.33**

C. George Z Hevesy
Full Name (Last, First, Middle Initial)

Mailing Address 1177 N Byerly Hills Dr

City East Peoria State IL Zip Code 61611-1283

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

Name of Employer George Z Hevesy, MD, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : C2787503

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Keia Hewitt
Full Name (Last, First, Middle Initial)
Mailing Address 3321 Luke Crossing Dr
City Charlotte State NC Zip Code 28226-3359
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 749.97

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : C2788541
Amount of Each Receipt this Period
83.33

B. Keia Hewitt
Full Name (Last, First, Middle Initial)
Mailing Address 3321 Luke Crossing Dr
City Charlotte State NC Zip Code 28226-3359
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 749.97

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014
Transaction ID : C2814997
Amount of Each Receipt this Period
83.33

C. Keia Hewitt
Full Name (Last, First, Middle Initial)
Mailing Address 3321 Luke Crossing Dr
City Charlotte State NC Zip Code 28226-3359
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 749.97

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014
Transaction ID : C2835795
Amount of Each Receipt this Period
83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nathaniel T Hibbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 6634 S Prescott Way
 City Littleton State CO Zip Code 80120-3048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nathaniel T Hibbs, DO Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : C2785150
 Amount of Each Receipt this Period
 250.00

B. Jon Mark Hirshon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1062 River Bay Rd
 City Annapolis State MD Zip Code 21409-4830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jon Mark Hirshon, MD, MPH, PhD, FACEP Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : C2785111
 Amount of Each Receipt this Period
 250.00

C. Larry Allen Hobbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 12717 Brewster Dr
 Lee Memorial Gulf Coast Med Ctr
 City Fort Myers State FL Zip Code 33908-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Florida Emergency Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2014
Transaction ID : C2789873
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Larry Allen Hobbs		Date of Receipt MM / DD / YYYY 08 / 26 / 2014 Transaction ID : C2813032
Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med Ctr		Amount of Each Receipt this Period 83.34
City Fort Myers	State FL	Zip Code 33908-1809
FEC ID number of contributing federal political committee. C	Name of Employer Southwest Florida Emergency Physicians	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

Full Name (Last, First, Middle Initial) B. Reuben W Holland III		Date of Receipt MM / DD / YYYY 08 / 27 / 2014 Transaction ID : C2817550
Mailing Address 5341 Hidden Harbor Rd		Amount of Each Receipt this Period 100.00
City Sarasota	State FL	Zip Code 34242-1427
FEC ID number of contributing federal political committee. C	Name of Employer Reuben W Holland, III, MD, FACEP	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Lisa Dianne Hrutkay		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : C2788542
Mailing Address 1464 Stoolfire Rd		Amount of Each Receipt this Period 83.33
City Valley Grove	State WV	Zip Code 26060-7934
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

SUBTOTAL of Receipts This Page (optional).....▶	266.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1464 Stoolfire Rd

City Valley Grove State WV Zip Code 26060-7934

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **08 / 22 / 2014**

Transaction ID : C2814998

Amount of Each Receipt this Period **83.33**

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

Mailing Address 1464 Stoolfire Rd

City Valley Grove State WV Zip Code 26060-7934

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2835796

Amount of Each Receipt this Period **83.33**

C. Marc P Hyde
Full Name (Last, First, Middle Initial)

Mailing Address 2637 E Spring Hollow Dr

City Salt Lake Cty State UT Zip Code 84109-4036

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

Name of Employer Marc P Hyde, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 02 / 2014**

Transaction ID : C2821969

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1166.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Raymond Iannaccone
Full Name (Last, First, Middle Initial)
Mailing Address 25 Oakwood Rd
City Allendale State NJ Zip Code 07401-2100
FEC ID number of contributing federal political committee. **C**
Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 07 / 2014**
Transaction ID : C2771895
Amount of Each Receipt this Period **83.33**

B. Julian AJ Jakubowski
Full Name (Last, First, Middle Initial)
Mailing Address 667 Lewis Pointe Dr
City Vincent State OH Zip Code 45784-9114
FEC ID number of contributing federal political committee. **C**
Name of Employer Julian AJ Jakubowski, DO Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **675.00**

Date of Receipt **08 / 12 / 2014**
Transaction ID : C2800396
Amount of Each Receipt this Period **225.00**

C. William Paul Jaquis
Full Name (Last, First, Middle Initial)
Mailing Address 1216 S Bouldin St
City Baltimore State MD Zip Code 21224-5000
FEC ID number of contributing federal political committee. **C**
Name of Employer EmCare Incorporated Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **520.00**

Date of Receipt **08 / 08 / 2014**
Transaction ID : C2799963
Amount of Each Receipt this Period **90.00**

SUBTOTAL of Receipts This Page (optional)..... **398.33**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. William Paul Jaquis
Full Name (Last, First, Middle Initial)

Mailing Address 1216 S Bouldin St

City	State	Zip Code
Baltimore	MD	21224-5000

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

Name of Employer	Occupation
EmCare Incorporated	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : C2817677

Amount of Each Receipt this Period

90.00

B. William Paul Jaquis
Full Name (Last, First, Middle Initial)

Mailing Address 1216 S Bouldin St

City	State	Zip Code
Baltimore	MD	21224-5000

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

Name of Employer	Occupation
EmCare Incorporated	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : C2838216

Amount of Each Receipt this Period

90.00

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

Mailing Address 115 Cayuga Heights Rd

City	State	Zip Code
Ithaca	NY	14850-2102

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

Name of Employer	Occupation
Emergency Medicine Physician Managemen	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : C2788543

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional).....▶	263.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Andrew David Jenis
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Cayuga Heights Rd
 City Ithaca State NY Zip Code 14850-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : C2815000
 Amount of Each Receipt this Period
 83.33

B. Andrew David Jenis
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Cayuga Heights Rd
 City Ithaca State NY Zip Code 14850-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : C2835797
 Amount of Each Receipt this Period
 83.33

C. David Peter John
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Hartley St
 City North Haven State CT Zip Code 06473-4409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Emergency Medicine Specialis Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : C2794757
 Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 20 Hartley St

City North Haven State CT Zip Code 06473-4409

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

Name of Employer Northeast Emergency Medicine Specialis Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
08 / 30 / 2014

Transaction ID : C2816880

Amount of Each Receipt this Period
83.33

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

Mailing Address 20 Hartley St

City North Haven State CT Zip Code 06473-4409

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

Name of Employer Northeast Emergency Medicine Specialis Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
09 / 30 / 2014

Transaction ID : C2834611

Amount of Each Receipt this Period
83.33

C. Costas Andreas Kaiafas
Full Name (Last, First, Middle Initial)

Mailing Address 1913 Vermont Ave

City Toms River State NJ Zip Code 08755-1340

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
07 / 30 / 2014

Transaction ID : C2796864

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1166.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Amit S Kalaria
Full Name (Last, First, Middle Initial)

Mailing Address 17804 Cricket Hill Dr

City Germantown	State MD	Zip Code 20874-3475
--------------------	-------------	------------------------

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

Name of Employer Medical Emergency Professional LLC	Occupation Emergency Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2014

Transaction ID : C2807596

Amount of Each Receipt this Period

900.00

B. Amit S Kalaria
Full Name (Last, First, Middle Initial)

Mailing Address 17804 Cricket Hill Dr

City Germantown	State MD	Zip Code 20874-3475
--------------------	-------------	------------------------

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

Name of Employer Medical Emergency Professional LLC	Occupation Emergency Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2014

Transaction ID : C2822012

Amount of Each Receipt this Period

100.00

C. Amit S Kalaria
Full Name (Last, First, Middle Initial)

Mailing Address 17804 Cricket Hill Dr

City Germantown	State MD	Zip Code 20874-3475
--------------------	-------------	------------------------

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

Name of Employer Medical Emergency Professional LLC	Occupation Emergency Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

Transaction ID : C2838213

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	215.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Jay A Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Oak Ave
 City San Anselmo State CA Zip Code 94960-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CEP America Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : C2785114
 Amount of Each Receipt this Period
 250.00

B. Gary R Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7918 Wisteria Ct
 City Dublin State OH Zip Code 43016-8531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gary R Katz, MD, MBA, FACEP Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2014
Transaction ID : C2814761
 Amount of Each Receipt this Period
 250.00

C. Brian M Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Mellen Rd
 City New Bern State NC Zip Code 28562-8771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brian M Kelley, DO Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : C2788544
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	583.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 128 Mellen Rd

City State Zip Code
New Bern NC 28562-8771

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

Name of Employer Occupation
Brian M Kelley, DO Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt
08 / 22 / 2014

Transaction ID : C2815001

Amount of Each Receipt this Period
83.33

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

Mailing Address 128 Mellen Rd

City State Zip Code
New Bern NC 28562-8771

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

Name of Employer Occupation
Brian M Kelley, DO Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt
09 / 24 / 2014

Transaction ID : C2835798

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. James F Kenny

Mailing Address 96 Aspinwall St

City State Zip Code
Staten Island NY 10307-1627

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

Name of Employer Occupation
James F Kenny, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 05 / 2014

Transaction ID : C2779398

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **666.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Paul Daniel Kivela

Mailing Address 1370 Trancas St

City Napa	State CA	Zip Code 94558-2912
--------------	-------------	------------------------

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

Name of Employer Napa Valley Emergency Medical Group	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : C2785112

Amount of Each Receipt this Period

83.34

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

Mailing Address 1370 Trancas St

City Napa	State CA	Zip Code 94558-2912
--------------	-------------	------------------------

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

Name of Employer Napa Valley Emergency Medical Group	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2014

Transaction ID : C2806166

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)
C. Paul Daniel Kivela

Mailing Address 1370 Trancas St

City Napa	State CA	Zip Code 94558-2912
--------------	-------------	------------------------

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

Name of Employer Napa Valley Emergency Medical Group	Occupation Emergency Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

Transaction ID : C2825788

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 69 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4281 Glenmoor Rd NW

City State Zip Code
 Canton OH 44718-2255

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : C2767227

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Terry Kowalenko

Mailing Address 3601 W 13 Mile Rd

City State Zip Code
 Royal Oak MI 48073-6712

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

Name of Employer Occupation
 Terry Kowalenko, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : C2794292

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Terry Kowalenko

Mailing Address 3601 W 13 Mile Rd

City State Zip Code
 Royal Oak MI 48073-6712

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

Name of Employer Occupation
 Terry Kowalenko, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : C2815676

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 1166.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 32 Woodland Ave

City Mountain Lks State NJ Zip Code 07046-1421

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

Name of Employer Joseph J Kuchinski, DO Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : C2788545

Amount of Each Receipt this Period
 100.00

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

Mailing Address 32 Woodland Ave

City Mountain Lks State NJ Zip Code 07046-1421

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

Name of Employer Joseph J Kuchinski, DO Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014

Transaction ID : C2815002

Amount of Each Receipt this Period
 100.00

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

Mailing Address 32 Woodland Ave

City Mountain Lks State NJ Zip Code 07046-1421

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

Name of Employer Joseph J Kuchinski, DO Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : C2824815

Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph J Kuchinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Woodland Ave
 City Mountain Lks State NJ Zip Code 07046-1421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Joseph J Kuchinski, DO Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 24 / 2014
Transaction ID : C2835799
 Amount of Each Receipt this Period 100.00

B. Douglas F Kupas
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 Abbey Rd
 City Danville State PA Zip Code 17821-8422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Med Ctr Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 07 / 23 / 2014
Transaction ID : C2790022
 Amount of Each Receipt this Period 100.00

C. David Lancaster
 Full Name (Last, First, Middle Initial)
 Mailing Address 6633 Silver Fox Rd
 City Charlotte State NC Zip Code 28270-0683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David Lancaster, MD Occupation Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 749.97

Date of Receipt 07 / 18 / 2014
Transaction ID : C2788546
 Amount of Each Receipt this Period 83.33

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

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

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

FOR LINE NUMBER: PAGE 72 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David Lancaster
 Full Name (Last, First, Middle Initial)
 Mailing Address 6633 Silver Fox Rd
 City State Zip Code
 Charlotte NC 28270-0683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 David Lancaster, MD Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : C2815003
 Amount of Each Receipt this Period
 83.33

B. David Lancaster
 Full Name (Last, First, Middle Initial)
 Mailing Address 6633 Silver Fox Rd
 City State Zip Code
 Charlotte NC 28270-0683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 David Lancaster, MD Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : C2835800
 Amount of Each Receipt this Period
 83.33

C. Aisha T Liferidge
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 26th St NE
 City State Zip Code
 Washington DC 20018-2517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fremont Emergency Medical Group Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : C2824838
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.66
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 OF 177 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Richard J Limperos
Full Name (Last, First, Middle Initial)

Mailing Address 5087 Noor Park Cir

City Dublin	State OH	Zip Code 43016-7075
----------------	-------------	------------------------

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

Name of Employer Emergency Medicine Physicians of Frank	Occupation Emergency Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : C2788547

Amount of Each Receipt this Period

83.33

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

Mailing Address 5087 Noor Park Cir

City Dublin	State OH	Zip Code 43016-7075
----------------	-------------	------------------------

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

Name of Employer Emergency Medicine Physicians of Frank	Occupation Emergency Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : C2815005

Amount of Each Receipt this Period

83.33

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

Mailing Address 5087 Noor Park Cir

City Dublin	State OH	Zip Code 43016-7075
----------------	-------------	------------------------

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

Name of Employer Emergency Medicine Physicians of Frank	Occupation Emergency Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2014

Transaction ID : C2835801

Amount of Each Receipt this Period

83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher M Lloyd		Date of Receipt
Mailing Address 2286 Picket Post Ln		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	OH	43220-2918
FEC ID number of contributing federal political committee.		Transaction ID : C2788548
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Emergency Medicine Physicians of Frank	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="749.97"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christopher M Lloyd		Date of Receipt
Mailing Address 2286 Picket Post Ln		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	OH	43220-2918
FEC ID number of contributing federal political committee.		Transaction ID : C2815006
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Emergency Medicine Physicians of Frank	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="749.97"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Christopher M Lloyd		Date of Receipt
Mailing Address 2286 Picket Post Ln		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	OH	43220-2918
FEC ID number of contributing federal political committee.		Transaction ID : C2835802
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Emergency Medicine Physicians of Frank	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="749.97"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bruce M Lo
Full Name (Last, First, Middle Initial)

Mailing Address 249 W Freemason St

City Norfolk State VA Zip Code 23510-1353

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

Name of Employer: Emergency Physicians of Tidewater
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt: **07 / 16 / 2014**

Transaction ID : C2785109

Amount of Each Receipt this Period: **41.67**

B. Bruce M Lo
Full Name (Last, First, Middle Initial)

Mailing Address 249 W Freemason St

City Norfolk State VA Zip Code 23510-1353

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

Name of Employer: Emergency Physicians of Tidewater
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt: **08 / 16 / 2014**

Transaction ID : C2806165

Amount of Each Receipt this Period: **41.67**

C. Bruce M Lo
Full Name (Last, First, Middle Initial)

Mailing Address 249 W Freemason St

City Norfolk State VA Zip Code 23510-1353

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

Name of Employer: Emergency Physicians of Tidewater
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt: **09 / 16 / 2014**

Transaction ID : C2825787

Amount of Each Receipt this Period: **41.67**

SUBTOTAL of Receipts This Page (optional)..... **125.01**

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

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

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

FOR LINE NUMBER: PAGE 76 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Donald Lombino
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Connecticut Ave
 City State Zip Code
 Greenwich CT 06830-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : C2788549
 Amount of Each Receipt this Period
 83.33

B. Donald Lombino
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Connecticut Ave
 City State Zip Code
 Greenwich CT 06830-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : C2815007
 Amount of Each Receipt this Period
 83.33

C. Donald Lombino
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Connecticut Ave
 City State Zip Code
 Greenwich CT 06830-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : C2835803
 Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7 Willow Ln

City West Hartford State CT Zip Code 06107-1149

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

Name of Employer Fremont Emergency Medical Group Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : C2807602

Amount of Each Receipt this Period
250.00

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

Mailing Address 7 Willow Ln

City West Hartford State CT Zip Code 06107-1149

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

Name of Employer Fremont Emergency Medical Group Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2014

Transaction ID : C2815009

Amount of Each Receipt this Period
250.00

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

Mailing Address 7 Willow Ln

City West Hartford State CT Zip Code 06107-1149

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

Name of Employer Fremont Emergency Medical Group Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : C2835831

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Thomas W Lukens
Full Name (Last, First, Middle Initial)

Mailing Address 15503 Clifton Blvd.

City Lakewood State OH Zip Code 44107-2411

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

Name of Employer Metro Health Medical Center Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2014
Transaction ID : C2825010

Amount of Each Receipt this Period 1000.00

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

Mailing Address 332 Congress Park Dr Premier Hlth Care

City Dayton State OH Zip Code 45459-4133

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

Name of Employer Premier Physician Services Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C2779471

Amount of Each Receipt this Period 20.00

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

Mailing Address 332 Congress Park Dr Premier Hlth Care

City Dayton State OH Zip Code 45459-4133

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

Name of Employer Premier Physician Services Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C2779472

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶ 1040.00

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

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

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

FOR LINE NUMBER: PAGE 79 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John L Lyman

Mailing Address 332 Congress Park Dr
Premier Hlth Care

City Dayton State OH Zip Code 45459-4133

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

Name of Employer Premier Physician Services Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt
07 / 17 / 2014

Transaction ID : C2787498

Amount of Each Receipt this Period
50.00

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

Mailing Address 332 Congress Park Dr
Premier Hlth Care

City Dayton State OH Zip Code 45459-4133

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

Name of Employer Premier Physician Services Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt
08 / 17 / 2014

Transaction ID : C2806224

Amount of Each Receipt this Period
50.00

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

Mailing Address 332 Congress Park Dr
Premier Hlth Care

City Dayton State OH Zip Code 45459-4133

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

Name of Employer Premier Physician Services Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt
09 / 17 / 2014

Transaction ID : C2826187

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Merci G Madar
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Valderrama Way

City Lakewood Rch	State FL	Zip Code 34202-5651
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : C2788550

Amount of Each Receipt this Period

83.33

B. Merci G Madar
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Valderrama Way

City Lakewood Rch	State FL	Zip Code 34202-5651
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : C2815010

Amount of Each Receipt this Period

83.33

C. Merci G Madar
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Valderrama Way

City Lakewood Rch	State FL	Zip Code 34202-5651
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2014

Transaction ID : C2835804

Amount of Each Receipt this Period

83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gary Gerard March		Date of Receipt
Mailing Address 10643 Arbour Dr		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Brighton	MI	48114-9095
FEC ID number of contributing federal political committee.		Transaction ID : C2796800
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Independent Emergency Physicians PC	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kevin D Markowski		Date of Receipt
Mailing Address 572 White Tail Ridge Dr		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fairlawn	OH	44333-3288
FEC ID number of contributing federal political committee.		Transaction ID : C2815011
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Emergency Medicine Physician Managemen	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin D Markowski		Date of Receipt
Mailing Address 572 White Tail Ridge Dr		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fairlawn	OH	44333-3288
FEC ID number of contributing federal political committee.		Transaction ID : C2835805
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Emergency Medicine Physician Managemen	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.32"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 177
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1080 Pebblebrook Rd SE

City	State	Zip Code
Mableton	GA	30126-5612

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

Name of Employer	Occupation
Angela F Mattke, MD, FACEP	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : C2785133

Amount of Each Receipt this Period

75.00

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

Mailing Address 1080 Pebblebrook Rd SE

City	State	Zip Code
Mableton	GA	30126-5612

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

Name of Employer	Occupation
Angela F Mattke, MD, FACEP	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2014

Transaction ID : C2806183

Amount of Each Receipt this Period

75.00

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

Mailing Address 1080 Pebblebrook Rd SE

City	State	Zip Code
Mableton	GA	30126-5612

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

Name of Employer	Occupation
Angela F Mattke, MD, FACEP	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

Transaction ID : C2825804

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John McCourt		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : C2788552
Mailing Address 9436 Steeplehill Dr		Amount of Each Receipt this Period 83.33
City Las Vegas	State NV	Zip Code 89117-7270
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) B. John McCourt		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : C2815012
Mailing Address 9436 Steeplehill Dr		Amount of Each Receipt this Period 83.33
City Las Vegas	State NV	Zip Code 89117-7270
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) C. John McCourt		Date of Receipt MM / DD / YYYY 09 / 24 / 2014 Transaction ID : C2835806
Mailing Address 9436 Steeplehill Dr		Amount of Each Receipt this Period 83.33
City Las Vegas	State NV	Zip Code 89117-7270
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physicians	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2017 Lexington Dr

City	State	Zip Code
Perrysburg	OH	43551-5449

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

Name of Employer	Occupation
Premier Physician Services	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : C2785123

Amount of Each Receipt this Period

83.34

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

Mailing Address 2017 Lexington Dr

City	State	Zip Code
Perrysburg	OH	43551-5449

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

Name of Employer	Occupation
Premier Physician Services	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2014

Transaction ID : C2806174

Amount of Each Receipt this Period

83.34

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

Mailing Address 2017 Lexington Dr

City	State	Zip Code
Perrysburg	OH	43551-5449

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

Name of Employer	Occupation
Premier Physician Services	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

Transaction ID : C2825796

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Edward McCutcheon MHA		Date of Receipt
Mailing Address 605 McDonald Ave		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City State Zip Code Charlotte NC 28203-5323		Transaction ID : C2788553
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="749.97"/>	

Full Name (Last, First, Middle Initial) B. Edward McCutcheon MHA		Date of Receipt
Mailing Address 605 McDonald Ave		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City State Zip Code Charlotte NC 28203-5323		Transaction ID : C2815013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="749.97"/>	

Full Name (Last, First, Middle Initial) C. Edward McCutcheon MHA		Date of Receipt
Mailing Address 605 McDonald Ave		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City State Zip Code Charlotte NC 28203-5323		Transaction ID : C2835807
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="749.97"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 86 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
07 / 30 / 2014

Transaction ID : C2794752

Amount of Each Receipt this Period
83.34

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

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
08 / 30 / 2014

Transaction ID : C2816876

Amount of Each Receipt this Period
83.34

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

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
09 / 30 / 2014

Transaction ID : C2834608

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... **250.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 OF 177
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Torree M McGowan

Mailing Address 5752 Weber Rd

City Vacaville State CA Zip Code 95687-9487

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

Name of Employer Torree M McGowan, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : C2835023

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. Adib M Mechrefe

Mailing Address 1150 Reservoir Ave
Garden City Treatment Ctr

City Cranston State RI Zip Code 02920-6068

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

Name of Employer Garden City Treatment Center Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : C2778916

Amount of Each Receipt this Period
300.00

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

Mailing Address 103 Hidden Hills Dr

City Greenville State NC Zip Code 27858-8635

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

Name of Employer East Carolina University Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2785107

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William Joel Meggs
Full Name (Last, First, Middle Initial)

Mailing Address 103 Hidden Hills Dr

City Greenville State NC Zip Code 27858-8635

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

Name of Employer East Carolina University Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2014

Transaction ID : C2806164

Amount of Each Receipt this Period
100.00

B. William Joel Meggs
Full Name (Last, First, Middle Initial)

Mailing Address 103 Hidden Hills Dr

City Greenville State NC Zip Code 27858-8635

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

Name of Employer East Carolina University Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : C2825786

Amount of Each Receipt this Period
100.00

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

Mailing Address 1231A Route 532

City Chatsworth State NJ Zip Code 08019-9711

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

Name of Employer Jersey Emergency Medical Specialists Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : C2825794

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Swarup Misra
Full Name (Last, First, Middle Initial)

Mailing Address 9667 Ashley Green Ct NW

City Concord State NC Zip Code 28027-7236

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

Name of Employer EMP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : C2796547

Amount of Each Receipt this Period
 250.00

B. Craig B Mittleman
Full Name (Last, First, Middle Initial)

Mailing Address 25 Equestrian Rdg

City Newtown State CT Zip Code 06470-1869

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

Name of Employer Medical Emergency Professional LLC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : C2796802

Amount of Each Receipt this Period
 90.00

C. Craig B Mittleman
Full Name (Last, First, Middle Initial)

Mailing Address 25 Equestrian Rdg

City Newtown State CT Zip Code 06470-1869

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

Name of Employer Medical Emergency Professional LLC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : C2822015

Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 430.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Craig B Mittleman
Full Name (Last, First, Middle Initial)

Mailing Address 25 Equestrian Rdg

City Newtown State CT Zip Code 06470-1869

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

Name of Employer Medical Emergency Professional LLC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2838217

Amount of Each Receipt this Period **90.00**

B. George W Molzen
Full Name (Last, First, Middle Initial)

Mailing Address 151 Ridgecrest Dr

City Rosenberg State OR Zip Code 97471

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

Name of Employer George W Molzen, MD, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1086.20**

Date of Receipt **07 / 01 / 2014**

Transaction ID : C2767518

Amount of Each Receipt this Period **1000.00**

C. Kevin Monfette
Full Name (Last, First, Middle Initial)

Mailing Address 2954 Island Point Dr

City Metamora State MI Zip Code 48455-9625

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

Name of Employer Kevin Monfette, MD, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 27 / 2014**

Transaction ID : C2814760

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1340.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 177
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Karolyn K Moody
Full Name (Last, First, Middle Initial)

Mailing Address 760 Boozy Creek Rd

City Blountville State TN Zip Code 37617-6609

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

Name of Employer ECI Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2014

Transaction ID : C2817959

Amount of Each Receipt this Period
100.00

B. Karolyn K Moody
Full Name (Last, First, Middle Initial)

Mailing Address 760 Boozy Creek Rd

City Blountville State TN Zip Code 37617-6609

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

Name of Employer ECI Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2014

Transaction ID : C2817970

Amount of Each Receipt this Period
100.00

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

Mailing Address 435 E 79th St

City New York State NY Zip Code 10075-1076

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

Name of Employer ECI Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : C2794755

Amount of Each Receipt this Period
83.33

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

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

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

FOR LINE NUMBER: PAGE 92 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 435 E 79th St

City State Zip Code
 New York NY 10075-1076

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

Name of Employer Occupation
 North Shore University Hospital Emerge Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2014

Transaction ID : C2816878

Amount of Each Receipt this Period
 83.33

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

Mailing Address 435 E 79th St

City State Zip Code
 New York NY 10075-1076

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

Name of Employer Occupation
 North Shore University Hospital Emerge Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : C2834610

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. James B Mullen III

Mailing Address 28 Foggs Point Rd

City State Zip Code
 Freeport ME 04032-6010

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

Name of Employer Occupation
 BlueWater Emergency Partners Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : C2787502

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. James B Mullen III
Full Name (Last, First, Middle Initial)

Mailing Address 28 Foggs Point Rd

City Freeport State ME Zip Code 04032-6010

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

Name of Employer BlueWater Emergency Partners Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt **08 / 17 / 2014**

Transaction ID : C2806227

Amount of Each Receipt this Period **83.34**

B. James B Mullen III
Full Name (Last, First, Middle Initial)

Mailing Address 28 Foggs Point Rd

City Freeport State ME Zip Code 04032-6010

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

Name of Employer BlueWater Emergency Partners Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt **09 / 17 / 2014**

Transaction ID : C2826190

Amount of Each Receipt this Period **83.34**

C. Andrew William Mulvey
Full Name (Last, First, Middle Initial)

Mailing Address 4445 N Pennsylvania St

City Indianapolis State IN Zip Code 46205-1779

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

Name of Employer Indiana Emergency Care PC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 11 / 2014**

Transaction ID : C2838307

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carla Elizabeth Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 1196 Preserve Cir

City Golden State CO Zip Code 80401-7045

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

Name of Employer: Emergency Service Physicians PC
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: **07 / 16 / 2014**

Transaction ID : C2785113

Amount of Each Receipt this Period: **83.33**

B. Carla Elizabeth Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 1196 Preserve Cir

City Golden State CO Zip Code 80401-7045

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

Name of Employer: Emergency Service Physicians PC
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: **08 / 16 / 2014**

Transaction ID : C2806167

Amount of Each Receipt this Period: **83.33**

C. Carla Elizabeth Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 1196 Preserve Cir

City Golden State CO Zip Code 80401-7045

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

Name of Employer: Emergency Service Physicians PC
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: **09 / 16 / 2014**

Transaction ID : C2825789

Amount of Each Receipt this Period: **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. J Brent Myers		Date of Receipt MM / DD / YYYY 07 / 14 / 2014 Transaction ID : C2788517
Mailing Address 2105 Glenwood Ave		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27608-1441
FEC ID number of contributing federal political committee. C	Name of Employer Wake Emergency Physicians PA	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. J Brent Myers		Date of Receipt MM / DD / YYYY 08 / 12 / 2014 Transaction ID : C2807610
Mailing Address 2105 Glenwood Ave		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27608-1441
FEC ID number of contributing federal political committee. C	Name of Employer Wake Emergency Physicians PA	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. J Brent Myers		Date of Receipt MM / DD / YYYY 09 / 24 / 2014 Transaction ID : C2835837
Mailing Address 2105 Glenwood Ave		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27608-1441
FEC ID number of contributing federal political committee. C	Name of Employer Wake Emergency Physicians PA	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 96 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 21256 Bridle Run

City State Zip Code
 Northville MI 48167-9608

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

Name of Employer Occupation
 Michael D Nauss, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2014

Transaction ID : C2806168

Amount of Each Receipt this Period
 41.68

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

Mailing Address 21256 Bridle Run

City State Zip Code
 Northville MI 48167-9608

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

Name of Employer Occupation
 Michael D Nauss, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : C2825790

Amount of Each Receipt this Period
 41.68

Full Name (Last, First, Middle Initial)
C. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City State Zip Code
 Angola IN 46703-8195

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

Name of Employer Occupation
 Professional Emergency Physicians Inco Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014

Transaction ID : C2774790

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **183.36**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey R Nickel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 N Black Oak Dr
 City State Zip Code
 Angola IN 46703-8195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Professional Emergency Physicians Inco Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : C2799792
 Amount of Each Receipt this Period
 100.00

B. Jeffrey R Nickel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 N Black Oak Dr
 City State Zip Code
 Angola IN 46703-8195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Professional Emergency Physicians Inco Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : C2819883
 Amount of Each Receipt this Period
 100.00

C. Ashley Booth Norse
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 W 8th St
 Shands Jacksonville Educ
 City State Zip Code
 Jacksonville FL 32209-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Florida Jacksonville Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : C2785119
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 5345 Norwood St

City Fairway State KS Zip Code 66205-2647

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

Name of Employer Physician Services of Kansas Universit Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 20 / 2014
Transaction ID : C2809239

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 908

City Half Moon Bay State CA Zip Code 94019

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

Name of Employer Mark Notash, MD Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1086.20

Date of Receipt
07 / 18 / 2014
Transaction ID : C2788563

Amount of Each Receipt this Period
1000.00

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

Mailing Address 200 Hawkins Dr
Univ of IA Hosp & Clinics

City Iowa City State IA Zip Code 52242-1009

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

Name of Employer Andrew Sean Nugent, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt
07 / 30 / 2014
Transaction ID : C2794753

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 1583.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 200 Hawkins Dr
Univ of IA Hosp & Clinics

City Iowa City State IA Zip Code 52242-1009

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

Name of Employer Andrew Sean Nugent, MD, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt **08 / 30 / 2014**

Transaction ID : C2816877

Amount of Each Receipt this Period **83.34**

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

Mailing Address 200 Hawkins Dr
Univ of IA Hosp & Clinics

City Iowa City State IA Zip Code 52242-1009

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

Name of Employer Andrew Sean Nugent, MD, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2834609

Amount of Each Receipt this Period **83.34**

C. Robert E O'Connor
Full Name (Last, First, Middle Initial)

Mailing Address 515 Foxdale Ln

City Charlottesville State VA Zip Code 22903-9201

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

Name of Employer University of Virginia Physicians Grou Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 16 / 2014**

Transaction ID : C2785118

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.68**

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

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

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

FOR LINE NUMBER: PAGE 100 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Susan A O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Prospect Dr
 City State Zip Code
 Brentwood NY 11717-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : C2788554
 Amount of Each Receipt this Period
 83.33

B. Susan A O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Prospect Dr
 City State Zip Code
 Brentwood NY 11717-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : C2815014
 Amount of Each Receipt this Period
 83.33

C. Susan A O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Prospect Dr
 City State Zip Code
 Brentwood NY 11717-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : C2835808
 Amount of Each Receipt this Period
 83.33

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

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

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

FOR LINE NUMBER: PAGE 101 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 62 East Dr

City State Zip Code
 Hartville OH 44632-8890

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

Name of Employer Occupation
 Michael B Osmundson, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : C2788555

Amount of Each Receipt this Period
 83.33

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

Mailing Address 62 East Dr

City State Zip Code
 Hartville OH 44632-8890

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

Name of Employer Occupation
 Michael B Osmundson, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014

Transaction ID : C2815015

Amount of Each Receipt this Period
 83.33

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

Mailing Address 62 East Dr

City State Zip Code
 Hartville OH 44632-8890

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

Name of Employer Occupation
 Michael B Osmundson, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2014

Transaction ID : C2835809

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David C Packo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2014 Transaction ID : C2807566
Mailing Address 4535 Dressler Rd NW Emer Med Phys		Amount of Each Receipt this Period 1000.00
City Canton	State OH	Zip Code 44718-2545
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Arthur Martin Pancioli		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014 Transaction ID : C2796803
Mailing Address 231 Albert Sabin Way		Amount of Each Receipt this Period 250.00
City Cincinnati	State OH	Zip Code 45267-2827
FEC ID number of contributing federal political committee. C		
Name of Employer University Emergency Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Rebecca B Parker		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2014 Transaction ID : C2817680
Mailing Address 423 Engel Blvd		Amount of Each Receipt this Period 84.00
City Park Ridge	State IL	Zip Code 60068-4456
FEC ID number of contributing federal political committee. C		
Name of Employer Rebecca B Parker, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	1334.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Rebecca B Parker

Mailing Address 423 Engel Blvd

City Park Ridge State IL Zip Code 60068-4456

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

Name of Employer Rebecca B Parker, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : C2838223

Amount of Each Receipt this Period
84.00

Full Name (Last, First, Middle Initial)
B. Anar Patel

Mailing Address 255 Patroon Creek Blvd

City Albany State NY Zip Code 12206-5046

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

Name of Employer Albany Medical Center Emergency Physic Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : C2788556

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Charles F Pattavina

Mailing Address 360 Broadway
St Joseph Hosp

City Bangor State ME Zip Code 04401-3979

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

Name of Employer St Joseph Hospital Bangor Maine Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : C2787499

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **267.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Charles F Pattavina		Date of Receipt MM / DD / YYYY 08 / 17 / 2014 Transaction ID : C2806225
Mailing Address 360 Broadway St Joseph Hosp		Amount of Each Receipt this Period 100.00
City Bangor	State ME	Zip Code 04401-3979
FEC ID number of contributing federal political committee. C	Name of Employer St Joseph Hospital Bangor Maine	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Charles F Pattavina		Date of Receipt MM / DD / YYYY 09 / 17 / 2014 Transaction ID : C2826188
Mailing Address 360 Broadway St Joseph Hosp		Amount of Each Receipt this Period 100.00
City Bangor	State ME	Zip Code 04401-3979
FEC ID number of contributing federal political committee. C	Name of Employer St Joseph Hospital Bangor Maine	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Lee E Payne		Date of Receipt MM / DD / YYYY 07 / 09 / 2014 Transaction ID : C2776537
Mailing Address 6323 Wilmington Dr		Amount of Each Receipt this Period 83.33
City Burke	State VA	Zip Code 22015-4070
FEC ID number of contributing federal political committee. C	Name of Employer Lee E Payne, MD, FACEP	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.97	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 177		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Lee E Payne		Date of Receipt 08 / 09 / 2014 Transaction ID : C2800063
Mailing Address 6323 Wilmington Dr		Amount of Each Receipt this Period 83.33
City Burke	State VA	Zip Code 22015-4070
FEC ID number of contributing federal political committee. C		
Name of Employer Lee E Payne, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.97	

Full Name (Last, First, Middle Initial) B. Lee E Payne		Date of Receipt 09 / 09 / 2014 Transaction ID : C2821853
Mailing Address 6323 Wilmington Dr		Amount of Each Receipt this Period 83.33
City Burke	State VA	Zip Code 22015-4070
FEC ID number of contributing federal political committee. C		
Name of Employer Lee E Payne, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.97	

Full Name (Last, First, Middle Initial) C. Lee E Payne		Date of Receipt 09 / 27 / 2014 Transaction ID : C2838329
Mailing Address 1836 Yount Cir		Amount of Each Receipt this Period 2.00
City Jbsa Lackland	State TX	Zip Code 78236-1007
FEC ID number of contributing federal political committee. C		
Name of Employer Lee E Payne, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.97	

SUBTOTAL of Receipts This Page (optional).....▶	168.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dwight S Phelps		Date of Receipt MM / DD / YYYY 07 / 07 / 2014 Transaction ID : C2778917
Mailing Address PO Box 51070		Amount of Each Receipt this Period 350.00
City Fort Myers	State FL	Zip Code 33994-1070
FEC ID number of contributing federal political committee. C	Name of Employer Southwest Florida Emergency Physicians	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. David J Pillow Jr		Date of Receipt MM / DD / YYYY 09 / 09 / 2014 Transaction ID : C2824820
Mailing Address 5332 Wateka Dr		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75209-5512
FEC ID number of contributing federal political committee. C	Name of Employer David J Pillow, Jr, MD, FACEP	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Jayson Scott Podber		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : C2788567
Mailing Address 221 Weaver St		Amount of Each Receipt this Period 83.33
City Greenwich	State CT	Zip Code 06831-4254
FEC ID number of contributing federal political committee. C	Name of Employer Fairfield Emergency Physicians Incorpo	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

SUBTOTAL of Receipts This Page (optional).....▶	1433.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jayson Scott Podber		Date of Receipt MM / DD / YYYY 08 / 22 / 2014
Mailing Address 221 Weaver St		Transaction ID : C2815017
City Greenwich	State CT	Zip Code 06831-4254
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Fairfield Emergency Physicians Incorpo	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) B. Jayson Scott Podber		Date of Receipt MM / DD / YYYY 09 / 24 / 2014
Mailing Address 221 Weaver St		Transaction ID : C2835811
City Greenwich	State CT	Zip Code 06831-4254
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Fairfield Emergency Physicians Incorpo	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) C. Ericka Powell		Date of Receipt MM / DD / YYYY 07 / 16 / 2014
Mailing Address 384 Spring Haven Dr		Transaction ID : C2785128
City Lancaster	State PA	Zip Code 17601-5193
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ericka Powell, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	266.66
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 108 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ericka Powell

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

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

Name of Employer Ericka Powell, MD, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 16 / 2014**

Transaction ID : C2806177

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
B. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City Durham State NC Zip Code 27707-1649

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **07 / 14 / 2014**

Transaction ID : C2788520

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
C. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City Durham State NC Zip Code 27707-1649

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 12 / 2014**

Transaction ID : C2807613

Amount of Each Receipt this Period **50.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sanjay K Premakumar
Full Name (Last, First, Middle Initial)

Mailing Address 1406 Shepherd St

City Durham State NC Zip Code 27707-1649

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2835839

Amount of Each Receipt this Period **50.00**

B. Frank E Ramsey
Full Name (Last, First, Middle Initial)

Mailing Address 4001 Huntwood Rd

City N Chesterfld State VA Zip Code 23235-5954

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

Name of Employer Frank E Ramsey, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 25 / 2014**

Transaction ID : C2817599

Amount of Each Receipt this Period **100.00**

C. R Lynn Rea
Full Name (Last, First, Middle Initial)

Mailing Address 7618 Tanglecrest Dr

City Dallas State TX Zip Code 75254-8021

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

Name of Employer R Lynn Rea, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 30 / 2014**

Transaction ID : C2794754

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Franz P Reichsman
Full Name (Last, First, Middle Initial)

Mailing Address 63 Chestnut St

City Brattleboro State VT Zip Code 05301-6586

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

Name of Employer Cheshire Medical Center Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2014
Transaction ID : C2838324

Amount of Each Receipt this Period
250.00

B. Jessica Resnick
Full Name (Last, First, Middle Initial)

Mailing Address 21112 Byron Rd

City Shaker Hts State OH Zip Code 44122-2917

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

Name of Employer Jessica Resnick, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2014
Transaction ID : C2790000

Amount of Each Receipt this Period
100.00

c. Laura C Richey
Full Name (Last, First, Middle Initial)

Mailing Address 1737 Chevelle Dr

City Baton Rouge State LA Zip Code 70806-8411

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

Name of Employer Louisiana Emergency & Trauma Speciali Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 27 / 2014
Transaction ID : C2814759

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Laura C Richey		Date of Receipt
Mailing Address 1737 Chevelle Dr		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Baton Rouge	LA	70806-8411
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Louisiana Emergency & Trauma Speciali	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : C2833720
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Julio E Rios		Date of Receipt
Mailing Address 3101 Marler Rd		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pike Road	AL	36064-3337
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Julio E Rios, MD, FACEP	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	
		Transaction ID : C2771443
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) C. Julio E Rios		Date of Receipt
Mailing Address 3101 Marler Rd		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pike Road	AL	36064-3337
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Julio E Rios, MD, FACEP	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	
		Transaction ID : C2796912
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 112 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Julio E Rios
 Full Name (Last, First, Middle Initial)
 Mailing Address 3101 Marler Rd
 City State Zip Code
 Pike Road AL 36064-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Julio E Rios, MD, FACEP Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : C2817390
 Amount of Each Receipt this Period
 100.00

B. Sam S Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 6300 La Calma Dr
 Emer Svc Partners LP
 City State Zip Code
 Austin TX 78752-3825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Service Partners Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : C2796879
 Amount of Each Receipt this Period
 500.00

C. Ross B Rodgers
 Full Name (Last, First, Middle Initial)
 Mailing Address 9208 E Desert Park Dr
 City State Zip Code
 Scottsdale AZ 85255-6215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scottsdale Emergency Associates Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : C2796806
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Todd A Rogers
Full Name (Last, First, Middle Initial)
Mailing Address 102 Craborchard PI
City Chapel Hill State NC Zip Code 27514-9553
FEC ID number of contributing federal political committee. **C**
Name of Employer Durham Emergency Physicians Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 23 / 2014**
Transaction ID : C2790036
Amount of Each Receipt this Period **250.00**

B. Alexander Max Rosenau
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 689 LVH-CC JDMCC # 214
City Allentown State PA Zip Code 18105-1556
FEC ID number of contributing federal political committee. **C**
Name of Employer Lehigh Valley Physicians Group Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 16 / 2014**
Transaction ID : C2785110
Amount of Each Receipt this Period **250.00**

C. David William Ross
Full Name (Last, First, Middle Initial)
Mailing Address 15340 Raton Rd
City Colorado Spgs State CO Zip Code 80921-2140
FEC ID number of contributing federal political committee. **C**
Name of Employer David William Ross, DO, FACEP Occupation Emergency Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 16 / 2014**
Transaction ID : C2785108
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Leisa M Rossello Deutsch		Date of Receipt
Mailing Address 318 Chautauqua Ave		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Portsmouth	VA	23707-1704
FEC ID number of contributing federal political committee.		Transaction ID : C2823723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Leisa M Rossello Deutsch, MD, MPH	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Francis Sabatino		Date of Receipt
Mailing Address 2 Richards Way		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Holmdel	NJ	07733-1739
FEC ID number of contributing federal political committee.		Transaction ID : C2770867
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="84.00"/>
Name of Employer	Occupation	
North Shore University Hospital Emerge	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="672.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Francis Sabatino		Date of Receipt
Mailing Address 2 Richards Way		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Holmdel	NJ	07733-1739
FEC ID number of contributing federal political committee.		Transaction ID : C2796745
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="84.00"/>
Name of Employer	Occupation	
North Shore University Hospital Emerge	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="672.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1168.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Francis Sabatino		Date of Receipt
Mailing Address 2 Richards Way		M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014
City	State	Zip Code
Holmdel	NJ	07733-1739
FEC ID number of contributing federal political committee. C		Transaction ID : C2817014
Name of Employer North Shore University Hospital Emerge		Amount of Each Receipt this Period
Occupation Emergency Physician		84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	672.00	

Full Name (Last, First, Middle Initial) B. Tracy G Sanson		Date of Receipt
Mailing Address 812 Lorena Rd		M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014
City	State	Zip Code
Lutz	FL	33548-4589
FEC ID number of contributing federal political committee. C		Transaction ID : C2789874
Name of Employer Team Health		Amount of Each Receipt this Period
Occupation Emergency Physician		84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	419.33	

Full Name (Last, First, Middle Initial) C. Tracy G Sanson		Date of Receipt
Mailing Address 812 Lorena Rd		M M M / D D D / Y Y Y Y Y Y 08 / 26 / 2014
City	State	Zip Code
Lutz	FL	33548-4589
FEC ID number of contributing federal political committee. C		Transaction ID : C2813033
Name of Employer Team Health		Amount of Each Receipt this Period
Occupation Emergency Physician		84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	419.33	

SUBTOTAL of Receipts This Page (optional).....▶	252.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 116 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tracy G Sanson

Mailing Address 812 Lorena Rd

City State Zip Code
 Lutz FL 33548-4589

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

Name of Employer Occupation
 Team Health Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 419.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : C2832406

Amount of Each Receipt this Period
 84.00

Full Name (Last, First, Middle Initial)
B. Jeffrey D Sarata

Mailing Address 8710 Boreas

City State Zip Code
 Universal City TX 78148-2816

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

Name of Employer Occupation
 USAF EP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : C2767218

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2807 W Decatur Ave

City State Zip Code
 Fresno CA 93711-0356

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

Name of Employer Occupation
 Emergency Medicine Physicians Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : C2788568

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 417.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lawrence J Satkowiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 2807 W Decatur Ave
 City Fresno State CA Zip Code 93711-0356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : C2815019
 Amount of Each Receipt this Period
 83.33

B. Lawrence J Satkowiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 2807 W Decatur Ave
 City Fresno State CA Zip Code 93711-0356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : C2835813
 Amount of Each Receipt this Period
 83.33

C. Robert W Schafermeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 Rock Springs Rd
 City Charlotte State NC Zip Code 28226-7350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert W Schafermeyer, MD, FACEP Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : C2823291
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.66
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Nathaniel R Schlicher		Date of Receipt MM / DD / YYYY 07 / 17 / 2014
Mailing Address 4615 77th Ave NW		Transaction ID : C287504
City Gig Harbor	State WA	Zip Code 98335-6532
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Nathaniel R Schlicher, MD, JD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

Full Name (Last, First, Middle Initial) B. Nathaniel R Schlicher		Date of Receipt MM / DD / YYYY 08 / 17 / 2014
Mailing Address 4615 77th Ave NW		Transaction ID : C2806228
City Gig Harbor	State WA	Zip Code 98335-6532
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Nathaniel R Schlicher, MD, JD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

Full Name (Last, First, Middle Initial) C. Nathaniel R Schlicher		Date of Receipt MM / DD / YYYY 09 / 17 / 2014
Mailing Address 4615 77th Ave NW		Transaction ID : C2826191
City Gig Harbor	State WA	Zip Code 98335-6532
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Nathaniel R Schlicher, MD, JD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 119 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Sandra M Schneider

Mailing Address 41B Sintsink Dr W

City State Zip Code
 Prt Washingtn NY 11050-2015

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

Name of Employer Occupation
 North Shore University Hospital Emerge Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2014

Transaction ID : C2816951

Amount of Each Receipt this Period
 85.00

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

Mailing Address 4733 N Ridge Dr

City State Zip Code
 Akron OH 44333-4703

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : C2788569

Amount of Each Receipt this Period
 83.33

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

Mailing Address 4733 N Ridge Dr

City State Zip Code
 Akron OH 44333-4703

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014

Transaction ID : C2815020

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 251.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4733 N Ridge Dr

City Akron State OH Zip Code 44333-4703

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2835814

Amount of Each Receipt this Period **83.33**

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

Mailing Address 960 E 3rd St
Univ TN Colg of Med-Deans Ofc

City Chattanooga State TN Zip Code 37403-2133

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

Name of Employer David Charles Seaberg, MD, CPE, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 14 / 2014**

Transaction ID : C2824955

Amount of Each Receipt this Period **250.00**

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

Mailing Address 204 Glenn Abby Dr

City Morehead City State NC Zip Code 28557-2578

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **07 / 18 / 2014**

Transaction ID : C2788562

Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **416.66**

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

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

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

FOR LINE NUMBER: PAGE 121 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 204 Glenn Abby Dr

City State Zip Code
 Morehead City NC 28557-2578

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014

Transaction ID : C2814999

Amount of Each Receipt this Period
 83.33

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

Mailing Address 204 Glenn Abby Dr

City State Zip Code
 Morehead City NC 28557-2578

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014

Transaction ID : C2835815

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Leslie Marie Sharpe

Mailing Address 217 Southern Cross rd

City State Zip Code
 Abilene TX 79606-1146

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

Name of Employer Occupation
 Leslie Marie Sharpe, MD Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : C2789973

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **416.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Stephen R Shea		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : C2788570
Mailing Address 1050 Linden Ave St Mary Med Ctr ER		Amount of Each Receipt this Period 1000.00
City Long Beach	State Zip Code CA 90813-3321	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Long Beach Emergency Medical Group	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Suzy Schneider Shukovsky		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : C2796883
Mailing Address 41 Old Hwy		Amount of Each Receipt this Period 100.00
City Wilton	State Zip Code CT 06897-3114	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 433.32
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Suzy Schneider Shukovsky		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : C2815023
Mailing Address 41 Old Hwy		Amount of Each Receipt this Period 83.33
City Wilton	State Zip Code CT 06897-3114	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 433.32
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1183.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Suzy Schneider Shukovsky		Date of Receipt MM / DD / YYYY 09 / 24 / 2014 Transaction ID : C2835816
Mailing Address 41 Old Hwy		Amount of Each Receipt this Period 83.33
City Wilton	State CT	Zip Code 06897-3114
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 433.32	

Full Name (Last, First, Middle Initial) B. Jeremy Wendell Simonsen		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : C2788572
Mailing Address 400 N Church St		Amount of Each Receipt this Period 84.00
City Charlotte	State NC	Zip Code 28202-2190
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00	

Full Name (Last, First, Middle Initial) C. Jeremy Wendell Simonsen		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : C2815024
Mailing Address 400 N Church St		Amount of Each Receipt this Period 84.00
City Charlotte	State NC	Zip Code 28202-2190
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00	

SUBTOTAL of Receipts This Page (optional).....▶	251.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeremy Wendell Simonsen
Full Name (Last, First, Middle Initial)

Mailing Address 400 N Church St

City Charlotte State NC Zip Code 28202-2190

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2835842

Amount of Each Receipt this Period **84.00**

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

Mailing Address 15 Smethwick Ct

City Pittsford State NY Zip Code 14534-9789

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

Name of Employer Deepika Singh, MD, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt **08 / 22 / 2014**

Transaction ID : C2815025

Amount of Each Receipt this Period **83.33**

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

Mailing Address 15 Smethwick Ct

City Pittsford State NY Zip Code 14534-9789

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

Name of Employer Deepika Singh, MD, FACEP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2835843

Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **250.66**

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 125 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4535 Dressler Rd NW

City State Zip Code
 Canton OH 44718-2545

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : C2788574

Amount of Each Receipt this Period
 83.33

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

Mailing Address 4535 Dressler Rd NW

City State Zip Code
 Canton OH 44718-2545

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014

Transaction ID : C2815026

Amount of Each Receipt this Period
 83.33

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

Mailing Address 4535 Dressler Rd NW

City State Zip Code
 Canton OH 44718-2545

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014

Transaction ID : C2835844

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joy Felicia Slade		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : C2787506
Mailing Address PO Box 14246		Amount of Each Receipt this Period 41.67
City Atlanta	State GA	Zip Code 30324-1246
FEC ID number of contributing federal political committee. C		
Name of Employer Joy Felicia Slade, MD	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) B. Todd Slesinger		Date of Receipt MM / DD / YYYY 07 / 16 / 2014 Transaction ID : C2785134
Mailing Address 427 Daub Ave		Amount of Each Receipt this Period 83.33
City Hewlett	State NY	Zip Code 11557-1136
FEC ID number of contributing federal political committee. C		
Name of Employer North Shore University Hospital Emerge	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) C. Todd Slesinger		Date of Receipt MM / DD / YYYY 08 / 16 / 2014 Transaction ID : C2806184
Mailing Address 427 Daub Ave		Amount of Each Receipt this Period 83.33
City Hewlett	State NY	Zip Code 11557-1136
FEC ID number of contributing federal political committee. C		
Name of Employer North Shore University Hospital Emerge	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

SUBTOTAL of Receipts This Page (optional).....▶	208.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

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

Name of Employer Occupation
North Shore University Hospital Emerge Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt
09 / 16 / 2014

Transaction ID : C2825805

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City State Zip Code
Geneva NY 14456-9768

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

Name of Employer Occupation
Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.72

Date of Receipt
07 / 10 / 2014

Transaction ID : C2776708

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City State Zip Code
Geneva NY 14456-9768

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

Name of Employer Occupation
Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.72

Date of Receipt
08 / 10 / 2014

Transaction ID : C2800094

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.01**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Virgil W Smaltz
Full Name (Last, First, Middle Initial)

Mailing Address 24 Bay View Ter

City Geneva State NY Zip Code 14456-9768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt: **09 / 10 / 2014**

Transaction ID : C2822057

Amount of Each Receipt this Period: **83.34**

B. James L Smith Jr
Full Name (Last, First, Middle Initial)

Mailing Address 3278 Whidby Rd

City Buford State GA Zip Code 30518-1450

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

Name of Employer: James L Smith, Jr, MD, FACEP
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.05**

Date of Receipt: **07 / 17 / 2014**

Transaction ID : C2787505

Amount of Each Receipt this Period: **83.34**

C. James L Smith Jr
Full Name (Last, First, Middle Initial)

Mailing Address 3278 Whidby Rd

City Buford State GA Zip Code 30518-1450

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

Name of Employer: James L Smith, Jr, MD, FACEP
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.05**

Date of Receipt: **08 / 17 / 2014**

Transaction ID : C2806229

Amount of Each Receipt this Period: **83.34**

SUBTOTAL of Receipts This Page (optional)..... **250.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James L Smith Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3278 Whidby Rd
 City Buford State GA Zip Code 30518-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James L Smith, Jr, MD, FACEP Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **775.05**

Date of Receipt **08 / 22 / 2014**
Transaction ID : C2817502
 Amount of Each Receipt this Period **8.33**

B. James L Smith Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3278 Whidby Rd
 City Buford State GA Zip Code 30518-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James L Smith, Jr, MD, FACEP Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **775.05**

Date of Receipt **09 / 17 / 2014**
Transaction ID : C2829417
 Amount of Each Receipt this Period **8.33**

C. James L Smith Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3278 Whidby Rd
 City Buford State GA Zip Code 30518-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James L Smith, Jr, MD, FACEP Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **775.05**

Date of Receipt **09 / 17 / 2014**
Transaction ID : C2826192
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 130 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1425 Browning Rd

City State Zip Code
 Pittsburgh PA 15206-1737

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : C2788575

Amount of Each Receipt this Period
 83.33

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

Mailing Address 1425 Browning Rd

City State Zip Code
 Pittsburgh PA 15206-1737

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014

Transaction ID : C2815027

Amount of Each Receipt this Period
 83.33

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

Mailing Address 1425 Browning Rd

City State Zip Code
 Pittsburgh PA 15206-1737

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014

Transaction ID : C2835845

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Jennifer L'Hommedieu Stankus
Full Name (Last, First, Middle Initial)
Mailing Address 3110 Judson St

City Gig Harbor	State WA	Zip Code 98335
--------------------	-------------	-------------------

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

Name of Employer Jennifer L'Hommedieu Stankus, MD, JD	Occupation Emergency Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : C2785117

Amount of Each Receipt this Period

83.33

B. Jennifer L'Hommedieu Stankus
Full Name (Last, First, Middle Initial)
Mailing Address 3110 Judson St

City Gig Harbor	State WA	Zip Code 98335
--------------------	-------------	-------------------

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

Name of Employer Jennifer L'Hommedieu Stankus, MD, JD	Occupation Emergency Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2014

Transaction ID : C2806170

Amount of Each Receipt this Period

83.33

C. Jennifer L'Hommedieu Stankus
Full Name (Last, First, Middle Initial)
Mailing Address 3110 Judson St

City Gig Harbor	State WA	Zip Code 98335
--------------------	-------------	-------------------

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

Name of Employer Jennifer L'Hommedieu Stankus, MD, JD	Occupation Emergency Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

Transaction ID : C2825792

Amount of Each Receipt this Period

83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Joshua Stanton

Mailing Address 703 Grove Rd
Greenville Health System

City Greenville State SC Zip Code 29605

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

Name of Employer Joshua Stanton, MD Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 24 / 2014
Transaction ID : C2831385

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Gary C Starr

Mailing Address 5012 Russell Ave S

City Minneapolis State MN Zip Code 55410-2209

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

Name of Employer Gary C Starr, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
07 / 27 / 2014
Transaction ID : C2789905

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
c. Gary C Starr

Mailing Address 5012 Russell Ave S

City Minneapolis State MN Zip Code 55410-2209

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

Name of Employer Gary C Starr, MD, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
08 / 27 / 2014
Transaction ID : C2814762

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gary C Starr		Date of Receipt MM / DD / YYYY 09 / 27 / 2014 Transaction ID : C2833721
Mailing Address 5012 Russell Ave S		Amount of Each Receipt this Period 83.34
City Minneapolis	State MN	Zip Code 55410-2209
FEC ID number of contributing federal political committee. C		
Name of Employer Gary C Starr, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

Full Name (Last, First, Middle Initial) B. John James Stroh Jr		Date of Receipt MM / DD / YYYY 08 / 27 / 2014 Transaction ID : C2817613
Mailing Address 2802 Cascade Springs Ct		Amount of Each Receipt this Period 100.00
City Manvel	State TX	Zip Code 77578-4885
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Emergency Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Richard Clark Stuntz Jr		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 Transaction ID : C2796789
Mailing Address 4 Courageous St		Amount of Each Receipt this Period 100.00
City Clover	State SC	Zip Code 29710-9281
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	283.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Andrew Sumner		Date of Receipt MM / DD / YYYY 07 / 29 / 2014
Mailing Address 9708 Kenmore Dr 9708 Kenmore Drive		Transaction ID : C2796805
City Kensington	State MD	Zip Code 20895
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer James Andrew Sumner, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Brian Sutton		Date of Receipt MM / DD / YYYY 08 / 04 / 2014
Mailing Address 47 Stephanie Ln		Transaction ID : C2796952
City Westfield	State MA	Zip Code 01085-1484
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Westfield Emergency Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Bryce Tiller		Date of Receipt MM / DD / YYYY 07 / 28 / 2014
Mailing Address 917 1st St N		Transaction ID : C2796886
City Jax Bch	State FL	Zip Code 32250-9106
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Bryce Tiller, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 135 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kevin James Torres
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Croft Ct
 City Pawcatuck State CT Zip Code 06379-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **07 / 18 / 2014**
Transaction ID : C2788576
 Amount of Each Receipt this Period **83.33**

B. Kevin James Torres
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Croft Ct
 City Pawcatuck State CT Zip Code 06379-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **08 / 22 / 2014**
Transaction ID : C2815028
 Amount of Each Receipt this Period **83.33**

C. Kevin James Torres
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Croft Ct
 City Pawcatuck State CT Zip Code 06379-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **09 / 24 / 2014**
Transaction ID : C2835849
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph Adrian Tyndall		Date of Receipt MM / DD / YYYY 07 / 16 / 2014
Mailing Address PO Box 10186 Univ of FL - Dept of EM		Transaction ID : C2785130
City Gainesville	State FL	Zip Code 32610-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer UF Department of Emergency Medicine Gr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

Full Name (Last, First, Middle Initial) B. Joseph Adrian Tyndall		Date of Receipt MM / DD / YYYY 08 / 16 / 2014
Mailing Address PO Box 10186 Univ of FL - Dept of EM		Transaction ID : C2806180
City Gainesville	State FL	Zip Code 32610-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer UF Department of Emergency Medicine Gr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

Full Name (Last, First, Middle Initial) C. Joseph Adrian Tyndall		Date of Receipt MM / DD / YYYY 09 / 16 / 2014
Mailing Address PO Box 10186 Univ of FL - Dept of EM		Transaction ID : C2825801
City Gainesville	State FL	Zip Code 32610-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer UF Department of Emergency Medicine Gr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Travis Ulmer

Mailing Address 1210 Oakland Ave

City	State	Zip Code
Columbus	OH	43212-3317

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

Name of Employer	Occupation
Emergency Medicine Physician Managemen	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : C2788577

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)
B. Travis Ulmer

Mailing Address 1210 Oakland Ave

City	State	Zip Code
Columbus	OH	43212-3317

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

Name of Employer	Occupation
Emergency Medicine Physician Managemen	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : C2815029

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)
C. Travis Ulmer

Mailing Address 1210 Oakland Ave

City	State	Zip Code
Columbus	OH	43212-3317

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

Name of Employer	Occupation
Emergency Medicine Physician Managemen	Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2014

Transaction ID : C2835850

Amount of Each Receipt this Period

83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bradley J Uren
Full Name (Last, First, Middle Initial)

Mailing Address 8115 Pettysville Rd

City Pinckney State MI Zip Code 48169-8281

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

Name of Employer: Bradley J Uren, MD, FACEP
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt: **07 / 16 / 2014**
Transaction ID : **C2785140**

Amount of Each Receipt this Period: **83.33**

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

Mailing Address 8115 Pettysville Rd

City Pinckney State MI Zip Code 48169-8281

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

Name of Employer: Bradley J Uren, MD, FACEP
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt: **08 / 16 / 2014**
Transaction ID : **C2806187**

Amount of Each Receipt this Period: **83.33**

C. Bradley J Uren
Full Name (Last, First, Middle Initial)

Mailing Address 8115 Pettysville Rd

City Pinckney State MI Zip Code 48169-8281

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

Name of Employer: Bradley J Uren, MD, FACEP
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt: **09 / 16 / 2014**
Transaction ID : **C2825817**

Amount of Each Receipt this Period: **83.33**

SUBTOTAL of Receipts This Page (optional)..... **249.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Hemant H Vankawala		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : C2811972
Mailing Address 2609 Queen Margaret Dr		Amount of Each Receipt this Period 1000.00
City Lewisville	State TX	Zip Code 75056-5804
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Hemant H Vankawala, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Allin Cornelius Vesa		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : C2788578
Mailing Address 180 Greyfriars Rd		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7333
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 749.97
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Allin Cornelius Vesa		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : C2815030
Mailing Address 180 Greyfriars Rd		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7333
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 749.97
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1166.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Allin Cornelius Vesa
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Greyfriars Rd
 City Mooresville State NC Zip Code 28117-7333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Emergency Medical Associates Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **749.97**

Date of Receipt **09 / 24 / 2014**
Transaction ID : C2835851
 Amount of Each Receipt this Period **83.33**

B. Steve M Vets
 Full Name (Last, First, Middle Initial)
 Mailing Address 3471 NW Hayes Ave
 City Corvallis State OR Zip Code 97330-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Steve M Vets, DO Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 28 / 2014**
Transaction ID : C2838330
 Amount of Each Receipt this Period **50.00**

C. Richard C Walz III
 Full Name (Last, First, Middle Initial)
 Mailing Address 15240 Dunrobin Dr
 City Noblesville State IN Zip Code 46062-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Vincent Emergency Physicians Inc Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : C2779323
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **233.33**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bradley Alan Watling		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : C2788579
Mailing Address 109 Viewpoint Ln		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7558
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) B. Bradley Alan Watling		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : C2815032
Mailing Address 109 Viewpoint Ln		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7558
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) C. Bradley Alan Watling		Date of Receipt MM / DD / YYYY 09 / 24 / 2014 Transaction ID : C2835852
Mailing Address 109 Viewpoint Ln		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7558
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

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

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

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

FOR LINE NUMBER: PAGE 142 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 200 18th Ave N

City State Zip Code
 Saint Petersburg FL 33704-4426

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

Name of Employer Occupation
 David A Wein, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : C2779424

Amount of Each Receipt this Period
 500.00

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

Mailing Address 14714 Wilden Dr

City State Zip Code
 Urbandale IA 50323-2067

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

Name of Employer Occupation
 Thomas Michael Wernimont, MD, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : C2788155

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1 Highgate NE

City State Zip Code
 Ithaca NY 14850-1483

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

Name of Employer Occupation
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : C2788580

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **833.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1 Highgate NE

City Ithaca State NY Zip Code 14850-1483

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : C2815033

Amount of Each Receipt this Period
83.33

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

Mailing Address 1 Highgate NE

City Ithaca State NY Zip Code 14850-1483

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : C2835853

Amount of Each Receipt this Period
83.33

C. Thomas E Wyatt
Full Name (Last, First, Middle Initial)

Mailing Address 3925 Drew Ave S

City Minneapolis State MN Zip Code 55410-1049

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

Name of Employer Mercy Hospital Emergency Physicians Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2785135

Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 144 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Liam Yore

Mailing Address 15350 162nd Ave NE

City State Zip Code
 Woodinville WA 98072-8932

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

Name of Employer Occupation
 North Sound Emergency Medicine Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : C2817710

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Wesley Zeger

Mailing Address 290 Skyline Dr

City State Zip Code
 Elkhorn NE 68022-1788

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

Name of Employer Occupation
 Wesley Zeger, DO, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C2776538

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Wesley Zeger

Mailing Address 290 Skyline Dr

City State Zip Code
 Elkhorn NE 68022-1788

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

Name of Employer Occupation
 Wesley Zeger, DO, FACEP Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2014

Transaction ID : C2800064

Amount of Each Receipt this Period
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Wesley Zeger

Mailing Address 290 Skyline Dr

City Elkhorn State NE Zip Code 68022-1788

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

Name of Employer Wesley Zeger, DO, FACEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 09 / 2014

Transaction ID : C2821854

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City Minneapolis State MN Zip Code 55410-2117

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

Name of Employer Regions Medical Center Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : C2794756

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City Minneapolis State MN Zip Code 55410-2117

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

Name of Employer Regions Medical Center Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2014

Transaction ID : C2816879

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	266.68
TOTAL This Period (last page this line number only).....▶	68785.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement
BANK FEES JUL14

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D161880

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement
BANK FEES AUG14

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D161883

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement
BANK FEES SEPT14

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D161890

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Adrian Smith for Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361-4587

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Adrian M. Smith

Category/
Type

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : D161277

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alaskans for Begich

Mailing Address PO Box 240287

City State Zip Code
Anchorage AK 99524

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mark Peter Begich

Category/
Type

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : D160431

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Alaskans for Begich

Mailing Address PO Box 240287

City State Zip Code
Anchorage AK 99524

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mark Peter Begich

Category/
Type

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : D160947

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. America's Leadership PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

America's Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : D161278

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ameripac: the Fund for a Greater America

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Ameripac: the Fund for a Greater America

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160049

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ami Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Ameriash B. Bera

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160061

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anna Eshoo for Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Anna G. Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : D160054

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : D161483

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Benishek for Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Daniel J. Benishek

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : D161275

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for US Senate

Mailing Address PO Box 80505

City State Zip Code
Baton Rouge LA 70898

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

William Cassidy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff

State: LA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : D160430

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Blaine for Congress

Mailing Address PO Box 1025

City State Zip Code
Jefferson City MO 65102

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

W. Blaine Luetkemeyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : D160233

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Bonamici for Congress

Mailing Address 3321 SE 20th Ave

City State Zip Code
Portland OR 97202

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Suzanne Bonamici

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : D160051

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bonnie Watson Coleman for Congress

Mailing Address 180 Upland Avenue

City Ewing State NJ Zip Code 08638

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Bonnie Watson Coleman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	4

Transaction ID : D160661

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Capito for West Virginia

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Shelley Moore Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

Transaction ID : D160053

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Castor for Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Katherine Anne Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

Transaction ID : D161485

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	5	0	0	.	0	0
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5	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chesapeake PAC

Mailing Address 2470 Daniell's Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Chesapeake PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : D160433

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Chris Gibson for Congress

Mailing Address PO Box 255

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Christopher Patrick Gibson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160045

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Chris Gibson for Congress

Mailing Address PO Box 255

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Christopher Patrick Gibson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : D161274

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann for Congress Committee, Inc.

Mailing Address PO Box 11091

City State Zip Code
Chattanooga TN 37401

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Charles J. Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : D160234

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Chuck Fleischmann for Congress Committee, Inc.

Mailing Address PO Box 11091

City State Zip Code
Chattanooga TN 37401

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Charles J. Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : D160705

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Cochran

Mailing Address PO Box 7183

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

William Thad Cochran

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : D160959

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Rick Larsen

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160055

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Coffman for Congress

Mailing Address 9249 South Broadway
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : D160665

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Cory Booker for Senate

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Cory A. Booker

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : D160960

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

David Albert Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	4

Transaction ID : D159880

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Democrats Win Seats (DWS PAC)

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Democrats Win Seats (DWS PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	4

Transaction ID : D160658

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Donald Norcross for Congress

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Donald W. Norcross

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

Transaction ID : D161267

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Brian Babin for Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Brian Babin

Office Sought: House
 Senate
 President
State: TX District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160060

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dr Brian Babin for Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Brian Babin

Office Sought: House
 Senate
 President
State: TX District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : D161266

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dr Monica Wehby for US Senate

Mailing Address PO Box 3375

City Portland State OR Zip Code 97208

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Monica Wehby

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : D160662

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Families for James Lankford

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

James Lankford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District:

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : D161272

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Fitzpatrick for Congress

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Michael G. Fitzpatrick

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : D160436

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. French Hill for Arkansas

Mailing Address PO Box 7841

City Little Rock State AR Zip Code 72217

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

J. French Hill

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : D161264

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Daniel Benjamin Maffei

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

Transaction ID : D161482

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

David P. Joyce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : D160944

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends of Dennis Ross

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Dennis A. Ross

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

Transaction ID : D160063

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Elizabeth Esty

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

Transaction ID : D160058

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Erik Paulsen

Mailing Address PO Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Erik Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : D160429

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

Transaction ID : D161480

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	5	0	0	0	0
---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

5	5	0	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Michelle

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Michelle Lujan Grisham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : D160953

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Nan Hayworth

Mailing Address PO Box 511

City Chester State NY Zip Code 10918

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Nan Alison Sutter Hayworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : D160951

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Raymond Eugene Green

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2014

Transaction ID : D159883

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gene PAC

Mailing Address 256 N Sam Houston Pkwy E
Suite 278

City Houston State TX Zip Code 77060

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name
Gene PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014

Transaction ID : D161268

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. George Holding for Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
George E. B. Holding

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: NC District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : D160047

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Mailing Address 6065 Roswell Road

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Johnny Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: GA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : D160659

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregg Harper for Congress

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Gregory Harper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : D161276

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Huffman for Congress 2012 Exploratory Committee

Mailing Address PO Box 151563

City San Rafael State CA Zip Code 94915-1563

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Jared William Huffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : D160667

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jackie Speier for Congress

Mailing Address PO Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

K. Jacqueline Speier

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : D160432

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jenkins for Congress

Mailing Address PO Box 727

City: Huntington State: WV Zip Code: 25711

Purpose of Disbursement: Contributions for Federal Candidates

Candidate Name

Evan H. Jenkins

Office Sought: House Senate President
State: WV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : D160666

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Julia Brownley for Congress

Mailing Address PO Box 2018

City: Thousand Oaks State: CA Zip Code: 91358

Purpose of Disbursement: Contributions for Federal Candidates

Candidate Name

Julia Brownley

Office Sought: House Senate President
State: CA District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : D160435

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Julia Brownley for Congress

Mailing Address PO Box 2018

City: Thousand Oaks State: CA Zip Code: 91358

Purpose of Disbursement: Contributions for Federal Candidates

Candidate Name

Julia Brownley

Office Sought: House Senate President
State: CA District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : D160664

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kaine for Virginia

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Timothy Michael Kaine

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: VA District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160056

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kathleen Rice for Congress

Mailing Address 410 Jericho Turnpike Suite 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Kathleen Rice

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 04

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : D160660

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kirkpatrick for Arizona

Mailing Address PO Box 12011

City Casa Grande State AZ Zip Code 85130

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Ann Kirkpatrick

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : D161263

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : D161273

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Legpac

Mailing Address 38 Ivy St., SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Legpac

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : D161307

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lobo PAC

Mailing Address PO Box 492

City State Zip Code
Albuquerque NM 87103

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Lobo PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : D160945

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2014

Transaction ID : D159881

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mark Takano for Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mark Allan Takano

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160046

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Markey Committee; the

Mailing Address PO Box 290782

City Charlestown State MA Zip Code 02129

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Edward John Markey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160065

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. McHenry for Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603-1406

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Patrick Timothy McHenry

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: NC District: 10

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160059

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McKinley for Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
David B. McKinley

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: WV District: 01

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : D160943

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Moran for Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name
Jerry Moran

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: KS District:

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2014

Transaction ID : D159882

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. More Conservatives PAC

Mailing Address 675 N Washington Street
Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

More Conservatives PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : D160958

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Murphpac

Mailing Address 410 1st St SE, Fl 3

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Murphpac

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : D160668

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. New Democrats

Mailing Address 348 Park Street Suite 206 West

City North Reading State MA Zip Code 01864

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

New Democrats

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D160064

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ocean State Political Action Committee (OSPAC)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

Mailing Address 26 Hilton Road

Transaction ID : D161265

City Warwick State RI Zip Code 02889-2930

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement Contributions for Federal PACs/Committees

0	1	1
---	---	---

Category/Type

Candidate Name

Ocean State Political Action Committee (OSPAC)

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Olson for Congress Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

Mailing Address PO Box 16381

Transaction ID : D160057

City Sugar Land State TX Zip Code 77496-6381

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement Contributions for Federal Candidates

0	1	1
---	---	---

Category/Type

Candidate Name

Peter Graham Olson

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: TX District: 22

Full Name (Last, First, Middle Initial)

C. Pat Roberts for U.S. Senate, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Mailing Address PO Box 433

Transaction ID : D160948

City Great Bend State KS Zip Code 67530

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement Contributions for Federal Candidates

0	1	1
---	---	---

Category/Type

Candidate Name

Pat Roberts

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: KS District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pompeo for Congress, Inc.

Mailing Address PO Box 780146

City State Zip Code
Wichita KS 67278-0146

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Michael Richard Pompeo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

Transaction ID : D160044

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Randy Hultgren for Congress

Mailing Address PO Box 717

City State Zip Code
St Charles IL 60174-0717

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Randall M. Hultgren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

Transaction ID : D161269

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard Hanna for Congress Committee

Mailing Address PO Box 118

City State Zip Code
Utica NY 13503-0118

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Richard L. Hanna

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

Transaction ID : D160954

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rob Woodall for Congress

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046-1871

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Robert Woodall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : D160950

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ron Barber for Congress

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Ron Barber

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

Transaction ID : D161262

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Peter J. Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

Transaction ID : D161484

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

6	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan Costello for Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Ryan A. Costello

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : D160949

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Steve Daines for Montana

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Steve Daines

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

Transaction ID : D161271

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Steve Israel for Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : D160957

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Committee for the Preservation of Capitalism

Mailing Address PO Box 65314

City Washington State DC Zip Code 20035-5314

Purpose of Disbursement Contributions for Federal PACs/Committees

011

Candidate Name

The Committee for the Preservation of Capitalism

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : D161487

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. The Eye of the Tiger Political Action Committee

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement Contributions for Federal PACs/Committees

011

Candidate Name

The Eye of the Tiger Political Action Committee

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : D160956

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tim Bishop for Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement Contributions for Federal Candidates

011

Candidate Name

Timothy H. Bishop

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : D161486

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Murphy for Congress

Mailing Address PO Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Timothy F. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

Transaction ID : D161479

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City State Zip Code
Charleston SC 29407

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Timothy Eugene Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

Transaction ID : D160062

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Tisei Congressional Committee

Mailing Address 26 Main Street

City State Zip Code
Lynnfield MA 01940

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Richard R. Tisei

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	4

Transaction ID : D160663

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Udall for Colorado

Mailing Address PO Box 40158

City State Zip Code
Denver CO 80204

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mark E. Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

Transaction ID : D160946

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Van Hollen for Congress

Mailing Address 10537 St. Paul St.

City State Zip Code
Kensington MD 20895

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Christopher Van Hollen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

Transaction ID : D160952

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Walberg for Congress

Mailing Address PO Box 1362

City State Zip Code
Jackson MI 49204-1362

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Timothy L. Walberg

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

Transaction ID : D160232

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee		FEC IDENTIFICATION NUMBER C C00140061
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Let's Get to Work Productions, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014
Mailing Address 4603 Eaton Place		Amount 7750.00
City Alexandria	State VA	Zip Code 22310
Purpose of Expenditure Creative Fee and Production of Independent Expenditure	Category/Type	Transaction ID : VD160972 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Rep. Joseph Heck Jr.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought	99750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Let's Get to Work Productions, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014
Mailing Address 4603 Eaton Place		Amount 92000.00
City Alexandria	State VA	Zip Code 22310
Purpose of Expenditure Media Buy for Independent Expenditure	Category/Type	Transaction ID : VD161306 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Rep. Joseph Heck Jr.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought	99750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99750.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	99750.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Sam Cheng
Signature

[Electronically Filed]

Date **11 / 21 / 2014**