



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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.....	234108.13	
(c) Total Receipts (from Line 19) .....	90876.05	922937.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	324984.18	1429351.44
7. Total Disbursements (from Line 31).....	7359.34	1111726.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	317624.84	317624.84
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	30788.99	483198.26
(ii) Unitemized .....	60086.48	435726.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	90875.47	918924.41
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	90875.47	922924.41
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.58	12.61
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))..... ▶	90876.05	922937.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	90876.05	922937.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	1359.34	7644.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1359.34	7644.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	864332.00
24. Independent Expenditures (use Schedule E) .....	0.00	239750.00
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)) ..	7359.34	1111726.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7359.34	1111726.60

**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) .....	90875.47	922924.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	90875.47	922924.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1359.34	7644.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1359.34	7644.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 124
	<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. James B Aiken**  
Full Name (Last, First, Middle Initial)

Mailing Address 81 Yosemite Dr

City New Orleans State LA Zip Code 70131-8661

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

Name of Employer Van Meter & Associates Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.68**

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : 4461B76DA6A59B9A44A3**

Amount of Each Receipt this Period  
**83.34**

**B. Mark Austin Alderdice**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1198

City Inverness State CA Zip Code 94937-1198

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 ▼ **285.20**

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 20141219 CEP22**

Amount of Each Receipt this Period  
**99.00**

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

Mailing Address

City State Zip Code

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 ▼ **1000.00**

Date of Receipt  
12 / 17 / 2014  
**Transaction ID : 486F956170D723DB0862**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **282.34**

**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 7 OF 124
	<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. Katrina Barnett**  
Full Name (Last, First, Middle Initial)

Mailing Address 4182 Manuela Ave

City Palo Alto State CA Zip Code 94306-3702

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 ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219\_CEP36**

Amount of Each Receipt this Period **99.00**

**B. 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 ▼ **833.34**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : 40BC9D7385E0A562C7A2**

Amount of Each Receipt this Period **83.34**

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

Mailing Address 2824 E 25th St

City Tulsa State OK Zip Code 74114-3214

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt **11 / 26 / 2014**

**Transaction ID : 20141215\_26**

Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **265.67**

**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 8 OF 124
	<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. 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 ▼  
**999.96**

Date of Receipt  
**12 / 30 / 2014**

**Transaction ID : 20141230\_2**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**B. Jeffrey H Bass**

Mailing Address 17215 Oak Leaf Dr

City State Zip Code  
Morgan Hill CA 95037-6618

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

Name of Employer Occupation  
Jeffrey H Bass, MD Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**372.20**

Date of Receipt  
**12 / 19 / 2014**

**Transaction ID : 20141219\_CEP37**

Amount of Each Receipt this Period  
**99.00**

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

Mailing Address 2822 E Alden Pl

City State Zip Code  
Anaheim CA 92806-4403

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

Name of Employer Occupation  
Robert C Bassler, MD Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**585.20**

Date of Receipt  
**12 / 19 / 2014**

**Transaction ID : 20141219\_CEP38**

Amount of Each Receipt this Period  
**99.00**

**SUBTOTAL** of Receipts This Page (optional)..... **281.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 124
	<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. Jill Lynn Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Phacelia Way

City Cary	State NC	Zip Code 27518-8951
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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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2014

**Transaction ID : 20141215\_1**

Amount of Each Receipt this Period  

25.00
-------

**B. Jill Lynn Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Phacelia Way

City Cary	State NC	Zip Code 27518-8951
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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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2014

**Transaction ID : 20141230\_48**

Amount of Each Receipt this Period  

25.00
-------

**C. Peter C Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 155 Wilson Rd

City Alamo	State CA	Zip Code 94507-1243
---------------	-------------	------------------------

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

Name of Employer Peter C Benson, MD, FACEP	Occupation Emergency Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : 20141219\_CEP48**

Amount of Each Receipt this Period  

99.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>149.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 124
	<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. Jennifer Berman**

Mailing Address 1259 Danner St SE

City Atlanta State GA Zip Code 30316-3117

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

Name of Employer Jennifer Berman, MD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP49**

Amount of Each Receipt this Period  
**99.00**

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

Mailing Address 9846 NW 18th St

City Coral Springs State FL Zip Code 33071-5826

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **917.74**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 4449AAABAB9C6ADC65E1**

Amount of Each Receipt this Period  
**83.34**

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

Mailing Address 1470 Point Marion Rd

City Morgantown State WV Zip Code 26508-1454

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

Name of Employer West Virginia University Hospital Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1606.68**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 44D7B94F18B5EA3BE0C7**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **265.68**

**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 11 OF 124  
(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 A Bohrn**

Mailing Address 70 Timberline Dr

City Reading State PA Zip Code 19610-1970

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

Name of Employer Michael A Bohrn, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : 4675B5A9B380CC9F64D9**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 3475 Ridgeline Ct

City Ann Arbor State MI Zip Code 48105-2500

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : 471291B5614A6E268979**

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)  
**C. Rodney W Borger**

Mailing Address 22410 Starwood Dr

City Yorba Linda State CA Zip Code 92887-2719

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

Name of Employer California Emergency Physicians Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219\_CEP60**

Amount of Each Receipt this Period **99.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **282.34**

**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 12 OF 124
	<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. Jason D Bothwell**  
Full Name (Last, First, Middle Initial)

Mailing Address 3844 Long Lake Loop SE

City Lacey State WA Zip Code 98503-4063

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

Name of Employer Jason D Bothwell, 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  
 12 / 22 / 2014  
**Transaction ID : 20141231\_177**

Amount of Each Receipt this Period  
 100.00

**B. Scott L Bowen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1662 N Jasmine Ave

City Clovis State CA Zip Code 93619-4278

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

Name of Employer Scott L Bowen, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP61**

Amount of Each Receipt this Period  
 99.00

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

Mailing Address 249 S Franklin St

City Chagrin Falls State OH Zip Code 44022-3450

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_28**

Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	282.33
<b>TOTAL</b> 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 124
	<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. Jennifer H Bradstreet**  
Full Name (Last, First, Middle Initial)

Mailing Address 249 S Franklin St

City Chagrin Falls State OH Zip Code 44022-3450

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
12 / 30 / 2014  
**Transaction ID : 20141230\_3**

Amount of Each Receipt this Period  
83.33

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

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 ▼ 750.06

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : 4EF3AAE720A6F4A775F2**

Amount of Each Receipt this Period  
83.34

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

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 ▼ 999.96

Date of Receipt  
11 / 26 / 2014  
**Transaction ID : 20141215\_29**

Amount of Each Receipt this Period  
83.33

**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 14 OF 124
	<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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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. Eric D Brown**  
 Full Name (Last, First, Middle Initial)  
 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 **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_4**  
 Amount of Each Receipt this Period  
**83.33**

**B. Jay J Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 668 26th St  
 City Manhattan Bch State CA Zip Code 90266-2229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jay J Brown, MD Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP68**  
 Amount of Each Receipt this Period  
**99.00**

**C. Larry Brian Burbridge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Via Helecho  
 City San Clemente State CA Zip Code 92673-3746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer California Emergency Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP72**  
 Amount of Each Receipt this Period  
**99.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>281.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 124
	<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. Robert Buscho**

Mailing Address 23 Washington Ave

City San Rafael State CA Zip Code 94903-4115

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

Name of Employer Robert Buscho, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 20141219 CEP75**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**B. Daniel R Butterbach**

Mailing Address 68 Chestnut Ave

City Clarendon Hls State IL Zip Code 60514-1238

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

Name of Employer Daniel R Butterbach, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 20141219 CEP77**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**C. Joel E Buzy**

Mailing Address 10409 Snapdragon Pl

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 ▼ **1100.00**

Date of Receipt  
12 / 10 / 2014  
**Transaction ID : 4CF9BCAA8E604D59B1A7**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **298.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 124
	(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. 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 ▼ 282.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2014  
**Transaction ID : 20141209\_76**  
 Amount of Each Receipt this Period  
 8.00

**B. Gregory Cannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 Loch Pointe Dr  
 City Cary State NC Zip Code 27518-8418  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 20141215\_2**  
 Amount of Each Receipt this Period  
 25.00

**C. Gregory Cannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 Loch Pointe Dr  
 City Cary State NC Zip Code 27518-8418  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_49**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	58.00
<b>TOTAL</b> 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 124
	<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 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 ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_30**

Amount of Each Receipt this Period  
 85.00

**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 ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_5**

Amount of Each Receipt this Period  
 85.00

**c. Michael David Cawdry**  
Full Name (Last, First, Middle Initial)

Mailing Address 2755 Herndon Ave  
Clovis Community Medical CenterEme

City Clovis State CA Zip Code 93611-6800

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

Name of Employer Michael David Cawdry, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP82**

Amount of Each Receipt this Period  
 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 269.00

**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 18 OF 124
	<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. Elaine Jannine Chiu**

Mailing Address 1818 Blake St

City Berkeley State CA Zip Code 94703-1904

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 ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141219\_CEP90**

Amount of Each Receipt this Period  
**99.00**

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

Mailing Address 10220 N Orchard Ln

City Spokane State WA Zip Code 99208-5523

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

Name of Employer Mary Anna Chiu, MD Occupation 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  
**12 / 31 / 2014**

**Transaction ID : 9A7E392A481447A7979E**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Leslie D Cho**

Mailing Address 1610 Sacramento St Apt 6

City San Francisco State CA Zip Code 94109-0918

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 ▼ **235.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141219\_CEP91**

Amount of Each Receipt this Period  
**99.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>448.00</b>
<b>TOTAL</b> 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 19 OF 124
	(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) <b>A. Andrew Kah-Wai Chong</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141219 CEP93</b>
Mailing Address 115 MacDowell Ter			Amount of Each Receipt this Period 99.00
City Sunnyvale	State CA	Zip Code 94087-1468	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 210.20
Name of Employer MedAmerica		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>B. Jerfi David Cicin</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2014 <b>Transaction ID : 20141215 3</b>
Mailing Address 104 Corsica Ln			Amount of Each Receipt this Period 25.00
City Cary	State NC	Zip Code 27511-6476	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
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) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jerfi David Cicin</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 20141230 50</b>
Mailing Address 104 Corsica Ln			Amount of Each Receipt this Period 25.00
City Cary	State NC	Zip Code 27511-6476	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	149.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 124
	<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) <b>A. L Anthony Cirillo</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2014 <b>Transaction ID : 20141215 31</b>
Mailing Address 91 Woodridge Dr		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) <b>B. L Anthony Cirillo</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 20141230 6</b>
Mailing Address 91 Woodridge Dr		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) <b>C. R Carter Clements</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : 4E8F85801683014B74E3</b>
Mailing Address 5558 Taft Ave		Amount of Each Receipt this Period 83.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 124
<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) <b>A. Arthur C Cohn</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141219 CEP98</b>
Mailing Address PO Box 883		Amount of Each Receipt this Period 99.00
City Kentfield	State CA	Zip Code 94914-0883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 99.00
Name of Employer Arthur C Cohn, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.20	

Full Name (Last, First, Middle Initial) <b>B. Orion J Colfer</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2014 <b>Transaction ID : 20141215 32</b>
Mailing Address 2523 Hanover Ave		Amount of Each Receipt this Period 50.00
City Richmond	State VA	Zip Code 23220-4003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>c. Orion J Colfer</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 20141230 7</b>
Mailing Address 2523 Hanover Ave		Amount of Each Receipt this Period 50.00
City Richmond	State VA	Zip Code 23220-4003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	199.00
<b>TOTAL</b> 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 124
	<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) <b>A. Shauna Conry</b>		Date of Receipt
Mailing Address 85 El Viento		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pismo Beach	CA	93449-2862
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20141219 CEP100</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="99.00"/>
Name of Employer	Occupation	
CEP America	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey J Cook</b>		Date of Receipt
Mailing Address 2520 Umbria Ct		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Apex	NC	27502-9618
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20141215 4</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Wake Emergency Physicians PA	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey J Cook</b>		Date of Receipt
Mailing Address 2520 Umbria Ct		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Apex	NC	27502-9618
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20141230 51</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Wake Emergency Physicians PA	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="149.00"/>
<b>TOTAL</b> 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 23 OF 124
<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. Christopher Corbit**  
Full Name (Last, First, Middle Initial)  
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 ▼ 999.96

Date of Receipt 11 / 26 / 2014  
**Transaction ID : 20141215 33**  
Amount of Each Receipt this Period 83.33

**B. Christopher Corbit**  
Full Name (Last, First, Middle Initial)  
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 ▼ 999.96

Date of Receipt 12 / 30 / 2014  
**Transaction ID : 20141230 8**  
Amount of Each Receipt this Period 83.33

**C. Ronald V Cordova**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2641 Rockway Rd  
City Winston State OR Zip Code 97496  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ronald V Cordova, MD Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.20

Date of Receipt 12 / 19 / 2014  
**Transaction ID : 20141219 CEP102**  
Amount of Each Receipt this Period 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.66  
**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 24 OF 124
	<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. Melissa Wysong Costello**  
Full Name (Last, First, Middle Initial)

Mailing Address 3762 Oakwood Ln

City State Zip Code  
Mobile AL 36608-2009

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

Name of Employer Occupation  
Melissa Wysong Costello, MD, FACEP 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  
12 / 12 / 2014  
**Transaction ID : 4C66B357827A6FA05653**

Amount of Each Receipt this Period  
200.00

**B. Richard Cressey**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Summer St  
Apt 4

City State Zip Code  
Andover MA 01810-3687

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

Name of Employer Occupation  
Richard Cressey, MD 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  
12 / 29 / 2014  
**Transaction ID : 20141231 11**

Amount of Each Receipt this Period  
100.00

**C. Pascal G Crosley**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 S Caton Ave

City State Zip Code  
Baltimore MD 21229-5201

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

Name of Employer Occupation  
Pascal G Crosley, DO Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : 20141219 CEP104**

Amount of Each Receipt this Period  
99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 399.00

**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 25 OF 124
	<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 W Curtis Jr**

Mailing Address 612 Hidden Pond Ln

City Severna Park State MD Zip Code 21146-2610

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

Name of Employer St Agnes Healthcare Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141219 CEP108**

Amount of Each Receipt this Period  
**99.00**

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

Mailing Address 1077 Race St Apt 702

City Denver State CO Zip Code 80206-2832

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

Name of Employer James Michael Cusick, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2014**

**Transaction ID : 40A9864C025F7BAFEA8**

Amount of Each Receipt this Period  
**83.34**

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

Mailing Address 1077 Race St Apt 702

City Denver State CO Zip Code 80206-2832

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

Name of Employer James Michael Cusick, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.74**

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

**Transaction ID : 4F5CB824B1EB6F9ED080**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **265.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 124
	<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) <b>A. Jeffery W Davies</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141219 CEP112</b>
Mailing Address PO Box 3590		Amount of Each Receipt this Period 99.00
City Camarillo	State CA	Zip Code 93011-3590
FEC ID number of contributing federal political committee. C	Name of Employer Jeffery W Davies, DO	
Occupation Emergency Physician		Aggregate Year-to-Date 335.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rogelio Dawkins</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141219 CEP114</b>
Mailing Address 230 Central Ave Apt 21		Amount of Each Receipt this Period 99.00
City San Francisco	State CA	Zip Code 94117-2053
FEC ID number of contributing federal political committee. C	Name of Employer Rogelio Dawkins, MD, FACEP	
Occupation Emergency Physician		Aggregate Year-to-Date 285.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Brian C Dawson</b>		Date of Receipt 12 / 13 / 2014 <b>Transaction ID : 7D8638DAE190493A9A5C</b>
Mailing Address 359 Augusta Dr		Amount of Each Receipt this Period 125.00
City Abingdon	State VA	Zip Code 24211-3805
FEC ID number of contributing federal political committee. C	Name of Employer Johnston Memorial Hospital Emergency P	
Occupation Emergency Physician		Aggregate Year-to-Date 875.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	323.00
<b>TOTAL</b> 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 124
	<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 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 ▼ **999.96**

Date of Receipt  
**11 / 26 / 2014**  
Transaction ID : **20141215\_34**

Amount of Each Receipt this Period  
**83.33**

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

Mailing Address 19 Little Pine Ln

City Exeter State NH Zip Code 03833-3109

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
**12 / 30 / 2014**  
Transaction ID : **20141230\_9**

Amount of Each Receipt this Period  
**83.33**

**C. Pranav Jitendra Desai**  
Full Name (Last, First, Middle Initial)

Mailing Address 1477 Belfaire Lake Trl

City Dacula State GA Zip Code 30019-6785

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

Name of Employer ApolloMD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.20**

Date of Receipt  
**12 / 19 / 2014**  
Transaction ID : **20141219\_CEP123**

Amount of Each Receipt this Period  
**99.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **265.66**

**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 28 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David S Diamond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5224 Sun Meadow Dr  
 City Flower Mound State TX Zip Code 75022-5680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Service Partners Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : B310B8838DB743628943**  
 Amount of Each Receipt this Period  
 150.00

**B. Jeffrey W Dietz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Caribe Isle  
 City Novato State CA Zip Code 94949-5319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CEP America Partnership Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.20

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP125**  
 Amount of Each Receipt this Period  
 99.00

**C. Timothy Joseph Drazek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1030 Laurel Tree Dr  
 City Concord State CA Zip Code 94521-5448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Timothy Joseph Drazek, MD, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.20

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP132**  
 Amount of Each Receipt this Period  
 99.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	348.00
<b>TOTAL</b> 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 124
	<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. Reva Dubin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 547 Park Rd  
City Mays Landing State NJ Zip Code 08330-1917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Reva Dubin, MD, FACEP Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **325.00**

Date of Receipt **12 / 04 / 2014**  
**Transaction ID : 9EE2273CEA954C119BF0**  
Amount of Each Receipt this Period **75.00**

**B. Olly C Duckett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Meeting House Cir  
City Raleigh State NC Zip Code 27615-3133  
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 **300.00**

Date of Receipt **12 / 10 / 2014**  
**Transaction ID : 20141215 5**  
Amount of Each Receipt this Period **25.00**

**c. Olly C Duckett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Meeting House Cir  
City Raleigh State NC Zip Code 27615-3133  
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 **300.00**

Date of Receipt **12 / 30 / 2014**  
**Transaction ID : 20141230 52**  
Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**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 30 OF 124  
(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. William C Eidenmuller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 Vancouver Dr  
 City State Zip Code  
 Modesto CA 95355-9755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CEP America Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP135**  
 Amount of Each Receipt this Period  
 99.00

**B. Clifford Erickson**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215 35**  
 Amount of Each Receipt this Period  
 83.33

**C. Clifford Erickson**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_10**  
 Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.66  
**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 31 OF 124
	<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 Evans II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Emery Way  
 City Delanco State NJ Zip Code 08075-5233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nathaniel Evans, II, MD, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141231\_17**  
 Amount of Each Receipt this Period  
**100.00**

**B. Elizabeth L Fagan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Stinson Rd  
 City Allen State TX Zip Code 75002-7312  
 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 **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2014  
**Transaction ID : 20141202\_00063**  
 Amount of Each Receipt this Period  
**100.00**

**C. Jon D Falck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Carolyn Ct  
 City Owings Mills State MD Zip Code 21117-1653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Agnes Healthcare Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.20**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP140**  
 Amount of Each Receipt this Period  
**99.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>299.00</b>
<b>TOTAL</b> 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 32 OF 124  
(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. Ian Glen Ferguson**  
 Mailing Address 600 Toll House Gulch Rd  
 City Felton State CA Zip Code 95018-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ian Glen Ferguson, DO Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**  
**Transaction ID : 20141219 CEP145**  
 Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**B. David N Ferrand**  
 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 ▼ **1059.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 26 / 2014**  
**Transaction ID : 20141215 36**  
 Amount of Each Receipt this Period  
**88.33**

Full Name (Last, First, Middle Initial)  
**C. David N Ferrand**  
 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 ▼ **1059.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 30 / 2014**  
**Transaction ID : 20141230\_11**  
 Amount of Each Receipt this Period  
**88.33**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **275.66**  
**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 33 OF 124
	<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. 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 ▼ 1000.08

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : 48319C94608D48B22668**

Amount of Each Receipt this Period  
83.34

**B. Jason M Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 20480 Royal Stone Dr

City Malibu State CA Zip Code 90265-5346

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

Name of Employer Jason M Fisher, MD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.20

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 20141219 CEP147**

Amount of Each Receipt this Period  
99.00

**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 ▼ 800.00

Date of Receipt  
11 / 27 / 2014  
**Transaction ID : 20141203\_00003**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 282.34

**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:	PAGE 34 OF 124
	(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"/> 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. 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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2014  
**Transaction ID : 9E08D5B767014112A747**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **916.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 45C5BB5B6495AA1463A0**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**C. John Carl Flamma Jr.**

Mailing Address 623 Quincy Ct

City Glassboro State NJ Zip Code 08028-3010

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

Name of Employer John Carl Flamma, Jr., MD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2014  
**Transaction ID : 20141231\_119**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>208.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 124  
(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. Kelly Foley**

Mailing Address 1133 Pond Cypress Dr

City State Zip Code  
 Virginia Beach VA 23455-6859

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

Name of Employer Occupation  
 Emergency Physicians of Tidewater Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 916.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 4C068608EB6FEC4D2A1C**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**B. Larry W Foreman**

Mailing Address 1945 Corbett Highlands Pl

City State Zip Code  
 Arroyo Grande CA 93420-4933

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

Name of Employer Occupation  
 Larry W Foreman, DO, FACEP Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP150**

Amount of Each Receipt this Period  
 99.00

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

Mailing Address 55 Soby Dr

City State Zip Code  
 West Hartford CT 06107-1034

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_37**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.68

**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 36 OF 124
	<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) <b>A. Daniel Freess</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 20141230_12</b>
Mailing Address 55 Soby Dr		Amount of Each Receipt this Period 83.34
City West Hartford	State CT	Zip Code 06107-1034
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Daniel Freess, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1416.70	

Full Name (Last, First, Middle Initial) <b>B. Anita Marie Gage</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2014 <b>Transaction ID : 20141215_38</b>
Mailing Address 2174 N Hametown Rd		Amount of Each Receipt this Period 83.33
City Akron	State OH	Zip Code 44333-1026
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 999.96	

Full Name (Last, First, Middle Initial) <b>C. Anita Marie Gage</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 20141230_13</b>
Mailing Address 2174 N Hametown Rd		Amount of Each Receipt this Period 83.33
City Akron	State OH	Zip Code 44333-1026
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 999.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 124
	<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) <b>A. William Stephen Gallea</b>		Date of Receipt
Mailing Address PO Box 6622		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Helena	MT	59604-6622
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 5106AAF962C2469AA738</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Lewis & Clark Emergency Physicians	Emergency Physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael David Garfinkel</b>		Date of Receipt
Mailing Address 659 Lorenwood Dr		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hermitage	PA	16148-8803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20141215_39</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Emergency Medicine Physician Managemen	Emergency Physician	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="999.96"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael David Garfinkel</b>		Date of Receipt
Mailing Address 659 Lorenwood Dr		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hermitage	PA	16148-8803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20141230_14</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Emergency Medicine Physician Managemen	Emergency Physician	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="999.96"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="416.66"/>
<b>TOTAL</b> 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 38 OF 124
	(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) <b>A. James E Garrett</b>		Date of Receipt
Mailing Address		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 44BF86A22521BC1DB4B9</b>
Name of Employer James E Garrett, MD, FACEP		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Tami Lei Gash-Kim</b>		Date of Receipt
Mailing Address 345 Vista Grande		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Greenbrae	CA	94904-1138
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141219 CEP162</b>
Name of Employer Tami Lei Gash-Kim, MD, FACEP		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="99.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="285.20"/>		

Full Name (Last, First, Middle Initial) <b>C. Daniel C Geary</b>		Date of Receipt
Mailing Address 142 Woodshire Rd		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pittsburgh	PA	15215-1714
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 0041BA14D599445EA10E</b>
Name of Employer Emergency Medicine Physician Managemen		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1083.29"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="482.33"/>
<b>TOTAL</b> 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 39 OF 124
	(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. 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 **1083.29**

Date of Receipt **12 / 30 / 2014**  
**Transaction ID : 20141230\_46**  
 Amount of Each Receipt this Period **83.33**

**B. Michael James Gillogley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 N Point Way  
 City Sacramento State CA Zip Code 95831-1063  
 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 **785.20**

Date of Receipt **12 / 19 / 2014**  
**Transaction ID : 20141219\_CEP166**  
 Amount of Each Receipt this Period **99.00**

**C. Bret E Ginther**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3611 Genista PI  
 City Fallbrook State CA Zip Code 92028-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bret E Ginther, MD, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **285.20**

Date of Receipt **12 / 19 / 2014**  
**Transaction ID : 20141219\_CEP167**  
 Amount of Each Receipt this Period **99.00**

**SUBTOTAL** of Receipts This Page (optional)..... **281.33**  
**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 40 OF 124
	(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. Alan H Gladman**

Mailing Address 1720 Middlefield Rd

City Palo Alto State CA Zip Code 94301-3821

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

Name of Employer Alan H Gladman, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP169**

Amount of Each Receipt this Period  
**99.00**

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

Mailing Address 52675 Timber Dr

City Bridgeport State OH Zip Code 43912-7724

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 885DA86FF5214A409E44**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Gay Gooden**

Mailing Address 124 Duncansby Ct

City Cary State NC Zip Code 27511-6404

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 20141215\_6**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **224.00**

**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 41 OF 124
	<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. Gay Gooden**

Mailing Address 124 Duncansby Ct

City	State	Zip Code
Cary	NC	27511-6404

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

Name of Employer	Occupation
Wake Emergency Physicians PA	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
12	/	30	/	2014

**Transaction ID : 20141230\_53**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**B. Jeremy E Graff**

Mailing Address 5165 Miller Ln

City	State	Zip Code
Lincoln	CA	95648-9700

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

Name of Employer	Occupation
MedAmerica	Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : 20141219 CEP173**

Amount of Each Receipt this Period  

99.00
-------

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 ▼ **916.74**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : 4BD9B5E62849F29394C6**

Amount of Each Receipt this Period  

83.34
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>207.34</b>
<b>TOTAL</b> 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 124
	<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. Thomas L Gray Jr**

Mailing Address 29962 Road 168

City Visalia State CA Zip Code 93292-9700

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 ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141219 CEP174**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**B. Amy Griffin**

Mailing Address 220 Midden Way

City Holly Springs State NC Zip Code 27540-6842

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2014**

**Transaction ID : 20141215 7**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Amy Griffin**

Mailing Address 220 Midden Way

City Holly Springs State NC Zip Code 27540-6842

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 30 / 2014**

**Transaction ID : 20141230\_54**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **149.00**

**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 43 OF 124
	(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. David L Griffith**  
Full Name (Last, First, Middle Initial)

Mailing Address 1737 Hopkins St

City Berkeley State CA Zip Code 94707-2714

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

Name of Employer David L Griffith, MD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 20141219 CEP178**

Amount of Each Receipt this Period  
**99.00**

**B. Gregory T Guldner**  
Full Name (Last, First, Middle Initial)

Mailing Address 4065 Old Waverly Cir

City Corona State CA Zip Code 92883-0749

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

Name of Employer Gregory T Guldner, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 20141219 CEP180**

Amount of Each Receipt this Period  
**99.00**

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

Mailing Address 17012 35th Ave NE

City Lake Forest Park State WA Zip Code 98155-5406

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

Name of Employer Alison Haddock, MD Occupation 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  
 12 / 17 / 2014

**Transaction ID : 73E1C735548442729E18**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1198.00</b>
<b>TOTAL</b> 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 124
<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) <b>A. Timothy James Hall</b>		Date of Receipt
Mailing Address 1380 Woodhurst Dr		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Rock Hill SC 29732-2082		<b>Transaction ID : 20141215_40</b>
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="999.96"/>	

Full Name (Last, First, Middle Initial) <b>B. Timothy James Hall</b>		Date of Receipt
Mailing Address 1380 Woodhurst Dr		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Rock Hill SC 29732-2082		<b>Transaction ID : 20141230_15</b>
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="999.96"/>	

Full Name (Last, First, Middle Initial) <b>C. Kathryn Louise Hall-Boyer</b>		Date of Receipt
Mailing Address 3537 E Orangeburg Ave		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code Modesto CA 95355-3671		<b>Transaction ID : 20141219_CEP183</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="99.00"/>
Name of Employer CEP America	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="285.20"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="265.66"/>
<b>TOTAL</b> 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 45 OF 124
	<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. PJ Hamilton-Gaertner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 580 Vista Del Lago Ln  
 City Wake Forest State NC Zip Code 27587-5342  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 20141215\_8**  
 Amount of Each Receipt this Period  
 25.00

**B. PJ Hamilton-Gaertner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 580 Vista Del Lago Ln  
 City Wake Forest State NC Zip Code 27587-5342  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_55**  
 Amount of Each Receipt this Period  
 25.00

**C. Jeremy Brent Hammel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2329 NW 194th Pl  
 City Shoreline State WA Zip Code 98177-2925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jeremy Brent Hammel, MD Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP184**  
 Amount of Each Receipt this Period  
 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 149.00  
**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 46 OF 124
	<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) <b>A. Allan V Hansen</b>		Date of Receipt
Mailing Address 820 Rushville St		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
La Jolla	CA	92037-5460
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20141219 CEP186</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Allan V Hansen, MD	Emergency Physician	<input type="text" value="99.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="285.20"/>	

Full Name (Last, First, Middle Initial) <b>B. Gisli E Haraldsson</b>		Date of Receipt
Mailing Address 6942 Suncrest Dr		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Saline	MI	48176-9103
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4AE7B6945816618982BE</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Gisli E Haraldsson, MD	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Russell H Harris</b>		Date of Receipt
Mailing Address 5829 Wissahickon Ave		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Philadelphia	PA	19144-4446
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 24565D8F682D423DB3E5</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
EmCare Incorporated	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="299.00"/>
<b>TOTAL</b> 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 47 OF 124
	<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) <b>A. Vernetta L Harris</b>		Date of Receipt
Mailing Address 2304 Ben Ali Ct		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Owensboro	KY	42301-4211
FEC ID number of contributing federal political committee.		Transaction ID : <b>20141219 CEP187</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="99.00"/>
Name of Employer	Occupation	
CEP America	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Douglas L Hayden</b>		Date of Receipt
Mailing Address 167 Gold Creek Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chehalis	WA	98532-9000
FEC ID number of contributing federal political committee.		Transaction ID : <b>20141231 229</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Douglas L Hayden, MD	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jonathan Heidt</b>		Date of Receipt
Mailing Address 5106 Sockeye Ct		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbia	MO	65203-6489
FEC ID number of contributing federal political committee.		Transaction ID : <b>DD30862F24DE4B56A03C</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Jonathan Heidt, MD	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1083.29"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="282.33"/>
<b>TOTAL</b> 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 48 OF 124
	<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. 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 ▼ 1000.00

Date of Receipt 12 / 13 / 2014  
**Transaction ID : A7E01954F40C4E8F8ADF**

Amount of Each Receipt this Period 250.00

**B. Edward H Heneveld**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2488  
589 Forest Glen Rd

City Olympic Vly State CA Zip Code 96146-2488

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

Name of Employer Edward H Heneveld, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.20

Date of Receipt 12 / 19 / 2014  
**Transaction ID : 20141219 CEP193**

Amount of Each Receipt this Period 99.00

**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 ▼ 999.96

Date of Receipt 11 / 26 / 2014  
**Transaction ID : 20141215\_41**

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 432.33

**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 49 OF 124
	<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 ▼ **999.96**

Date of Receipt **12 / 30 / 2014**

**Transaction ID : 20141230\_16**

Amount of Each Receipt this Period **83.33**

**B. John Ernest Hipskind**  
Full Name (Last, First, Middle Initial)

Mailing Address 4926 W Buena Vista Ave

City Visalia State CA Zip Code 93291-9018

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 ▼ **235.18**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP196**

Amount of Each Receipt this Period **99.00**

**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 ▼ **866.72**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : 49EEA839E073828B74EA**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **282.33**

**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 50 OF 124  
(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. Hans Roberts House**  
 Mailing Address 1 Lake Pointe Rd NE  
 City State Zip Code  
 Iowa City IA 52240-9105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hans Roberts House, 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  
 12 / 06 / 2014  
**Transaction ID : 5954AA868281411BB36**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Lisa Dianne Hrutkay**  
 Mailing Address 1464 Stoolfire Rd  
 City State Zip Code  
 Valley Grove WV 26060-7934  
 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 ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_42**  
 Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**C. Lisa Dianne Hrutkay**  
 Mailing Address 1464 Stoolfire Rd  
 City State Zip Code  
 Valley Grove WV 26060-7934  
 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 ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_17**  
 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: (check only one)	PAGE 51 OF 124
	<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. Peter V Hull**  
Full Name (Last, First, Middle Initial)

Mailing Address 149 Lost Oak Ct

City Roseville State CA Zip Code 95661-4062

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

Name of Employer Peter V Hull, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.20**

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 20141219 CEP203**

Amount of Each Receipt this Period  
**99.00**

**B. 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 ▼ **749.99**

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : 482495F9D91ED8C842CB**

Amount of Each Receipt this Period  
**83.34**

**C. Juan Ambrose Insua**  
Full Name (Last, First, Middle Initial)

Mailing Address 1918 S Michigan Ave Apt 205

City Chicago State IL Zip Code 60616-1265

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

Name of Employer Juan Ambrose Insua, MD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.20**

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 20141219 CEP208**

Amount of Each Receipt this Period  
**99.00**

**SUBTOTAL** of Receipts This Page (optional)..... **281.34**

**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 52 OF 124
	<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) <b>A. Jerry I Jacobson</b>		Date of Receipt
Mailing Address 5137 Lakewood Dr		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Visalia	CA	93291-9016
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20141219_CEP211</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="99.00"/>
Name of Employer	Occupation	
Jerry I Jacobson, MD, FACEP	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William Paul Jaquis</b>		Date of Receipt
Mailing Address 1216 S Bouldin St		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Baltimore	MD	21224-5000
FEC ID number of contributing federal political committee.		<b>Transaction ID : 5D9C12BE97094D16955F</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="90.00"/>
Name of Employer	Occupation	
EmCare Incorporated	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Andrew David Jenis</b>		Date of Receipt
Mailing Address 115 Cayuga Heights Rd		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ithaca	NY	14850-2102
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20141215_43</b>
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 Physician Managemen	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="999.96"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="272.33"/>
<b>TOTAL</b> 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 53 OF 124  
(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 David Jenis**

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 ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_18**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**B. Douglas H Joe**

Mailing Address 706 Crawford Rd

City State Zip Code  
 Modesto CA 95356-9617

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

Name of Employer Occupation  
 California Emergency Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP216**

Amount of Each Receipt this Period  
 99.00

Full Name (Last, First, Middle Initial)  
**C. Suzanne E Johnson**

Mailing Address 24768 Ridge Top Ct

City State Zip Code  
 Auburn CA 95602-8949

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

Name of Employer Occupation  
 Suzanne E Johnson, DO, FACEP Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 272.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP220**

Amount of Each Receipt this Period  
 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 281.33

**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 54 OF 124
	(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"/> 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. Jon James Johnston**

Mailing Address 122 Pacific Ave

City Auburn State CA Zip Code 95603-5554

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

Name of Employer Jon James Johnston, DO, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP221**

Amount of Each Receipt this Period **99.00**

Full Name (Last, First, Middle Initial)  
**B. Kevin M Jones**

Mailing Address 909 Oak Ave

City Davis State CA Zip Code 95616-3632

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

Name of Employer Kevin M Jones, DO Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP223**

Amount of Each Receipt this Period **99.00**

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

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 ▼ **1100.00**

Date of Receipt **12 / 10 / 2014**

**Transaction ID : D7A39D505CFC4DC58129**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **298.00**

**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 55 OF 124
	<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. Julie K Kasarjian**  
Full Name (Last, First, Middle Initial)

Mailing Address 1619 Ford St

City Redlands State CA Zip Code 92373-7130

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 ▼ **285.20**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP232**

Amount of Each Receipt this Period  
**99.00**

**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 ▼ **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2014  
**Transaction ID : 49A2B8B12087B88E792A**

Amount of Each Receipt this Period  
**300.00**

**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 ▼ **999.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_44**

Amount of Each Receipt this Period  
**83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **482.33**

**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 56 OF 124
	<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) <b>A. Brian M Kelley</b>		Date of Receipt
Mailing Address 128 Mellen Rd		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
New Bern	NC	28562-8771
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20141230_19</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Brian M Kelley, DO	Emergency Physician	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="999.96"/>	

Full Name (Last, First, Middle Initial) <b>B. Eric S Kenley</b>		Date of Receipt
Mailing Address 3404 Fostoria Way Unit 213		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Danville	CA	94526-5555
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20141219_CEP234</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Eric S Kenley, MD	Emergency Physician	<input type="text" value="99.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="222.70"/>	

Full Name (Last, First, Middle Initial) <b>C. Gautam Khandelwal</b>		Date of Receipt
Mailing Address 3229 Corsham Dr		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Apex	NC	27539-5729
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20141215_9</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Wake Emergency Physicians PA	Emergency Physician	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="207.33"/>
<b>TOTAL</b> 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 57 OF 124
	<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. Gautam Khandelwal**  
Full Name (Last, First, Middle Initial)

Mailing Address 3229 Corsham Dr

City State Zip Code  
Apex NC 27539-5729

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

Name of Employer Occupation  
Wake Emergency Physicians PA 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  
12 / 30 / 2014  
**Transaction ID : 20141230\_56**

Amount of Each Receipt this Period  
25.00

**B. Zaki Khebzou**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Sterling Dr

City State Zip Code  
Galloway NJ 08205-9541

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

Name of Employer Occupation  
Zaki Khebzou, MD 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  
12 / 01 / 2014  
**Transaction ID : 20141209\_2**

Amount of Each Receipt this Period  
100.00

**C. Vincent H Knauf II**  
Full Name (Last, First, Middle Initial)

Mailing Address 4860 Louise Dr

City State Zip Code  
San Diego CA 92115-1921

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

Name of Employer Occupation  
Vincent H Knauf, II, MD, FACEP Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : 20141219\_CEP245**

Amount of Each Receipt this Period  
99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 224.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 124
	<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) <b>A. Robert D Knight</b>		Date of Receipt
Mailing Address 4318 Spring Bank Dr		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Owensboro State KY Zip Code 42303-7507		<b>Transaction ID : 20141231_186</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Emergency Physician Group Occupation Emergency Physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="285.20"/>

Full Name (Last, First, Middle Initial) <b>B. Terry Kowalenko</b>		Date of Receipt
Mailing Address 3601 W 13 Mile Rd		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Royal Oak State MI Zip Code 48073-6712		<b>Transaction ID : 7B461715F1E94835988B</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Terry Kowalenko, MD, FACEP Occupation Emergency Physician		<input type="text" value="84.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="918.72"/>

Full Name (Last, First, Middle Initial) <b>C. Joseph J Kuchinski</b>		Date of Receipt
Mailing Address 32 Woodland Ave		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Mountain Lks State NJ Zip Code 07046-1421		<b>Transaction ID : 20141215_45</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Joseph J Kuchinski, DO Occupation Emergency Physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1300.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="284.00"/>
<b>TOTAL</b> 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 59 OF 124
	(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) <b>A. Joseph J Kuchinski</b>		Date of Receipt
Mailing Address 32 Woodland Ave		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Mountain Lks NJ 07046-1421		<b>Transaction ID : 20141230_20</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Joseph J Kuchinski, DO	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="1300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Erik R Lacy</b>		Date of Receipt
Mailing Address 12231 Horseshoe Rd		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code Oakdale CA 95361-8876		<b>Transaction ID : 20141219_CEP252</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="99.00"/>
Name of Employer Erik R Lacy, MD, FACEP	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="285.20"/>	

Full Name (Last, First, Middle Initial) <b>C. David Lancaster</b>		Date of Receipt
Mailing Address 6633 Silver Fox Rd		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Charlotte NC 28270-0683		<b>Transaction ID : 20141215_46</b>
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 David Lancaster, MD	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="1099.96"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="282.33"/>
<b>TOTAL</b> 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: PAGE 60 OF 124  
(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 ▼  
 1099.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_21**  
 Amount of Each Receipt this Period  
 83.33

**B. Terry Bruce Lapid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Awatos Rd  
 City State Zip Code  
 Aptos CA 95003-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Terry Bruce Lapid, MD, FACEP Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP254**  
 Amount of Each Receipt this Period  
 99.00

**C. Richard Gray Lassiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1337 Fairview Rd NE  
 City State Zip Code  
 Atlanta GA 30306-4609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CEP America Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP256**  
 Amount of Each Receipt this Period  
 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 281.33  
**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 61 OF 124
<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. David L Leader Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1937 Partridge Berry Dr

City Raleigh State NC Zip Code 27606-9695

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 ▼ **300.00**

Date of Receipt **12 / 10 / 2014**

**Transaction ID : 20141215\_10**

Amount of Each Receipt this Period **25.00**

**B. David L Leader Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1937 Partridge Berry Dr

City Raleigh State NC Zip Code 27606-9695

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 ▼ **300.00**

Date of Receipt **12 / 30 / 2014**

**Transaction ID : 20141230\_57**

Amount of Each Receipt this Period **25.00**

**C. Max F Lebow**  
Full Name (Last, First, Middle Initial)

Mailing Address 1805 Pine Ave

City Manhattan Beach State CA Zip Code 90266-5012

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

Name of Employer Max F Lebow, MD, MPH, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 09 / 2014**

**Transaction ID : B6776B867A704CEE8D10**

Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> 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 62 OF 124
	(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. David Marshall Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 12489 Shropshire Ln

City San Diego State CA Zip Code 92128-1015

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

Name of Employer David Marshall Lee, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219\_CEP258**

Amount of Each Receipt this Period **99.00**

**B. Jeffery J Leinen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1754 Oro Valley Cir

City Walnut Creek State CA Zip Code 94596-6157

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

Name of Employer Jeffery J Leinen, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219\_CEP262**

Amount of Each Receipt this Period **99.00**

**C. Wilson Wong Lem**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Mason St

City San Francisco State CA Zip Code 94133-2712

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

Name of Employer Wilson Wong Lem, MD Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141231\_160**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **298.00**

**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 63 OF 124
	<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. Wilson Wong Lem**

Mailing Address 1901 Mason St

City San Francisco State CA Zip Code 94133-2712

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

Name of Employer Wilson Wong Lem, MD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141219 CEP263**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**B. Allison Levi**

Mailing Address 814 Cowper Dr

City Raleigh State NC Zip Code 27608-2312

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2014**

**Transaction ID : 20141215 11**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. Allison Levi**

Mailing Address 814 Cowper Dr

City Raleigh State NC Zip Code 27608-2312

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 30 / 2014**

**Transaction ID : 20141230 58**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **139.00**

**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 64 OF 124
	<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. Heather K Lewis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2001 Shingleback Dr  
City Wake Forest State NC Zip Code 27587-6554  
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 ▼ 300.00

Date of Receipt  
12 / 10 / 2014  
**Transaction ID : 20141215\_12**  
Amount of Each Receipt this Period 25.00

**B. Heather K Lewis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2001 Shingleback Dr  
City Wake Forest State NC Zip Code 27587-6554  
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 ▼ 300.00

Date of Receipt  
12 / 30 / 2014  
**Transaction ID : 20141230\_59**  
Amount of Each Receipt this Period 25.00

**C. Gary Alan Li**  
Full Name (Last, First, Middle Initial)  
Mailing Address 215 Vista De Sierra  
City Los Gatos State CA Zip Code 95030-6320  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gary Alan Li, MD, FACEP Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.20

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : 20141231\_194**  
Amount of Each Receipt this Period 50.00

**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: (check only one)	PAGE 65 OF 124
	<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. 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 ▼ **999.96**

Date of Receipt: **11 / 26 / 2014**  
Transaction ID : **20141215\_47**

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 ▼ **999.96**

Date of Receipt: **12 / 30 / 2014**  
Transaction ID : **20141230\_22**

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

**C. Steven Lindsey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1338 Dekalb Ave NE

City Atlanta State GA Zip Code 30307-2027

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

Name of Employer: Carrollton Emergency Physicians PC  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.20**

Date of Receipt: **12 / 19 / 2014**  
Transaction ID : **20141219\_CEP267**

Amount of Each Receipt this Period: **99.00**

**SUBTOTAL** of Receipts This Page (optional)..... **265.66**

**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 66 OF 124
	<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
-----------------------------	-----------------------------	-----------------------------

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. Edward H Lipton**

Mailing Address 1540 Wedgewood Dr

City Hillsborough State CA Zip Code 94010-7344

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

Name of Employer Edward H Lipton, MD Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP268**

Amount of Each Receipt this Period **99.00**

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

Mailing Address 2286 Picket Post Ln

City Columbus State OH Zip Code 43220-2918

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

Name of Employer Emergency Medicine Physicians of Frank Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt **11 / 26 / 2014**

**Transaction ID : 20141215 48**

Amount of Each Receipt this Period **83.33**

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

Mailing Address 2286 Picket Post Ln

City Columbus State OH Zip Code 43220-2918

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

Name of Employer Emergency Medicine Physicians of Frank Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt **12 / 30 / 2014**

**Transaction ID : 20141230 24**

Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **265.66**

**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 124
	<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. Corey M Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 173 Guerrero St

City San Francisco State CA Zip Code 94103-1014

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 ▼ 285.20

Date of Receipt 12 / 19 / 2014  
**Transaction ID : 20141219 CEP272**

Amount of Each Receipt this Period 99.00

**B. Autumn M Loomis**  
Full Name (Last, First, Middle Initial)

Mailing Address 115 Peterborough St Apt 28

City Boston State MA Zip Code 02215-4206

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

Name of Employer California Emergency Physicians Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.20

Date of Receipt 12 / 19 / 2014  
**Transaction ID : 20141219 CEP273**

Amount of Each Receipt this Period 99.00

**C. John L Lyman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Ridgeway Rd

City Oakwood State OH Zip Code 45419-3008

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 ▼ 720.00

Date of Receipt 12 / 17 / 2014  
**Transaction ID : 6E17BFBF1CA540CEB0E6**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 248.00

**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 69 OF 124  
(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. Melissa Lynch**

Mailing Address 2327 Venndale Ave

City San Jose State CA Zip Code 95124-4930

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

Name of Employer Melissa Lynch, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
**12 / 19 / 2014**  
**Transaction ID : 20141219 CEP277**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**B. Merci G Madar**

Mailing Address 7805 Valderrama Way

City Lakewood Ranch State FL Zip Code 34202-5651

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
**11 / 26 / 2014**  
**Transaction ID : 20141215 50**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**C. Merci G Madar**

Mailing Address 7805 Valderrama Way

City Lakewood Ranch State FL Zip Code 34202-5651

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
**12 / 30 / 2014**  
**Transaction ID : 20141230 26**

Amount of Each Receipt this Period  
**83.33**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **265.66**

**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 70 OF 124
	<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. Courtney H Mann**  
Full Name (Last, First, Middle Initial)

Mailing Address 12317 Beestone Ln

City Raleigh State NC Zip Code 27614-8027

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 20141215\_13**

Amount of Each Receipt this Period  
 25.00

**B. Courtney H Mann**  
Full Name (Last, First, Middle Initial)

Mailing Address 12317 Beestone Ln

City Raleigh State NC Zip Code 27614-8027

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_60**

Amount of Each Receipt this Period  
 25.00

**C. Erik A Manning**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Birnamwood Rd

City Raleigh State NC Zip Code 27607-6702

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 20141215\_14**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 124
	<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. Erik A Manning**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Birnamwood Rd

City Raleigh State NC Zip Code 27607-6702

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_61**

Amount of Each Receipt this Period  
 25.00

**B. Kevin D Markowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 572 White Tail Ridge Dr

City Fairlawn State OH Zip Code 44333-3288

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_51**

Amount of Each Receipt this Period  
 83.33

**C. Kevin D Markowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 572 White Tail Ridge Dr

City Fairlawn State OH Zip Code 44333-3288

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_27**

Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 124
	<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) <b>A. Robert Martin</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141219 CEP289</b>
Mailing Address 4180 Pleasant Hill Rd		Amount of Each Receipt this Period 99.00
City Lincoln	State CA	
Zip Code 95648-9737		Aggregate Year-to-Date ▼ 285.20
FEC ID number of contributing federal political committee. C		
Name of Employer Robert Martin, 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>B. Vera Helena Masutti</b>		Date of Receipt 12 / 09 / 2014 <b>Transaction ID : 898B1BCD4A74B9BDFCA</b>
Mailing Address 2736 N Hampden Ct Apt 108		Amount of Each Receipt this Period 100.00
City Chicago	State IL	
Zip Code 60614-1645		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Vera Helena Masutti, DO	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>C. Angela F Mattke</b>		Date of Receipt 12 / 12 / 2014 <b>Transaction ID : 4A36892816B398D0EF29</b>
Mailing Address 1080 Pebblebrook Rd SE		Amount of Each Receipt this Period 83.34
City Mableton	State GA	
Zip Code 30126-5612		Aggregate Year-to-Date ▼ 941.68
FEC ID number of contributing federal political committee. C		
Name of Employer Angela F Mattke, MD, FACEP	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....	282.34
<b>TOTAL</b> 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 73 OF 124
	<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. Rodney L McCaskill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4124 Stansted Dr  
City Fuquay Varina State NC Zip Code 27526-6831  
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 ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2014  
**Transaction ID : 20141215\_15**  
Amount of Each Receipt this Period  
25.00

**B. Rodney L McCaskill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4124 Stansted Dr  
City Fuquay Varina State NC Zip Code 27526-6831  
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 ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2014  
**Transaction ID : 20141230\_62**  
Amount of Each Receipt this Period  
25.00

**C. John McCourt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9436 Steeplehill Dr  
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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014  
**Transaction ID : 20141215\_52**  
Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 133.33  
**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 74 OF 124
	(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. John McCourt**  
Full Name (Last, First, Middle Initial)

Mailing Address 9436 Steeplehill Dr

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_28**

Amount of Each Receipt this Period  
**83.33**

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

Mailing Address 2017 Lexington Dr

City Perrysburg State OH Zip Code 43551-5449

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 ▼ **916.74**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 44A397E934D1E8B0DC3A**

Amount of Each Receipt this Period  
**83.34**

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

Mailing Address 605 McDonald Ave

City Charlotte State NC Zip Code 28203-5323

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

Name of Employer Piedmont Emergency Medical Associates Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_53**

Amount of Each Receipt this Period  
**83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 124
	<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. Edward McCutcheon MHA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 605 McDonald Ave

City Charlotte	State NC	Zip Code 28203-5323
-------------------	-------------	------------------------

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

Name of Employer Piedmont Emergency Medical Associates	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	30	/	2014

**Transaction ID : 20141230\_29**

Amount of Each Receipt this Period  
83.33

**B. Cary Crane McDonald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 Juniper Pl

City Chapel Hill	State NC	Zip Code 27514-9576
---------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	10	/	2014

**Transaction ID : 20141215\_16**

Amount of Each Receipt this Period  
25.00

**C. Cary Crane McDonald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 Juniper Pl

City Chapel Hill	State NC	Zip Code 27514-9576
---------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	30	/	2014

**Transaction ID : 20141230\_63**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.33
<b>TOTAL</b> 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 76 OF 124
	<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. True L McMahan**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 Terra Cotta

City Irvine State CA Zip Code 92603-0605

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

Name of Employer True L McMahan, MD Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **217.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP298**

Amount of Each Receipt this Period **99.00**

**B. John D McNaughton**  
Full Name (Last, First, Middle Initial)

Mailing Address 1099 E Champlain Dr Ste A183

City Fresno State CA Zip Code 93720-5030

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 ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP299**

Amount of Each Receipt this Period **99.00**

**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 ▼ **600.00**

Date of Receipt **12 / 16 / 2014**

**Transaction ID : 69EED4C9877545EE9075**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **298.00**

**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 77 OF 124
	<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 Merritt**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Lindo Johnson Rd

City State Zip Code  
Pittsboro NC 27312-8028

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

Name of Employer Occupation  
Wake Emergency Physicians PA 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  
12 / 10 / 2014  
**Transaction ID : 20141215\_17**

Amount of Each Receipt this Period  
25.00

**B. James Merritt**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Lindo Johnson Rd

City State Zip Code  
Pittsboro NC 27312-8028

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

Name of Employer Occupation  
Wake Emergency Physicians PA 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  
12 / 30 / 2014  
**Transaction ID : 20141230\_64**

Amount of Each Receipt this Period  
25.00

**C. John Philip Mesmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 Wesley Ln

City State Zip Code  
Oak Ridge TN 37830-8652

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

Name of Employer Occupation  
John Philip Mesmer, MD 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  
12 / 09 / 2014  
**Transaction ID : 20141209\_31**

Amount of Each Receipt this Period  
100.00

**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 78 OF 124
	(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) <b>A. Erick R Miranda</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141219 CEP306</b>
Mailing Address 1280 Minnesota St Apt 303		Amount of Each Receipt this Period 99.00
City San Francisco	State CA	FEC ID number of contributing federal political committee. C
	Zip Code 94107-7444	
Name of Employer Erick R Miranda, MD	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 285.20		

Full Name (Last, First, Middle Initial) <b>B. MyPhuong N Mitarai</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141219 CEP307</b>
Mailing Address 12451 Paseo Cerro		Amount of Each Receipt this Period 99.00
City Saratoga	State CA	FEC ID number of contributing federal political committee. C
	Zip Code 95070-4136	
Name of Employer Fremont Emergency Medical Group	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 235.20		

Full Name (Last, First, Middle Initial) <b>C. Craig B Mittleman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2014 <b>Transaction ID : 9FBC269D927C4B12903E</b>
Mailing Address 25 Equestrian Rdg		Amount of Each Receipt this Period 90.00
City Newtown	State CT	FEC ID number of contributing federal political committee. C
	Zip Code 06470-1869	
Name of Employer Medical Emergency Professional LLC	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1080.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.00
<b>TOTAL</b> 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 124
	(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) <b>A. Kevin Monfette</b>		Date of Receipt
Mailing Address 2954 Island Point Dr		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Metamora	MI	48455-9625
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20141203_00007</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Kevin Monfette, MD, FACEP	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>B. Karolyn K Moody</b>		Date of Receipt
Mailing Address 760 Boozy Creek Rd		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Blountville	TN	37617-6609
FEC ID number of contributing federal political committee.		<b>Transaction ID : 435CBD2C47BACA21FBEA</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
ECI	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1166.68"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joshua B Moskovitz</b>		Date of Receipt
Mailing Address 435 E 79th St Apt 9T		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
New York	NY	10075-1076
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4A438986FBCCF6B36C23</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
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="916.65"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="416.68"/>
<b>TOTAL</b> 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 80 OF 124
	<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 ▼ **916.74**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	12	/	2014

**Transaction ID : 4648A9A609BC2A4B38E5**

Amount of Each Receipt this Period  

83.34
-------

**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 ▼ **916.65**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	12	/	2014

**Transaction ID : 4F82A8EAB9032A545F04**

Amount of Each Receipt this Period  

83.34
-------

**C. J Brent Myers**  
Full Name (Last, First, Middle Initial)

Mailing Address 2105 Glenwood Ave

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	10	/	2014

**Transaction ID : 20141215\_18**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>216.68</b>
<b>TOTAL</b> 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 124
	<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. J Brent Myers**  
Full Name (Last, First, Middle Initial)

Mailing Address 2105 Glenwood Ave

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 30 / 2014**

**Transaction ID : 20141230\_65**

Amount of Each Receipt this Period  
**50.00**

**B. John C Naftel**  
Full Name (Last, First, Middle Initial)

Mailing Address 23252 Palawan Cir

City Dana Point State CA Zip Code 92629-3627

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

Name of Employer John C Naftel, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141219\_CEP320**

Amount of Each Receipt this Period  
**99.00**

**C. Kenneth K Nakamoto**  
Full Name (Last, First, Middle Initial)

Mailing Address 345 W 6th St

City Claremont State CA Zip Code 91711-4355

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

Name of Employer Kenneth K Nakamoto, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141219\_CEP321**

Amount of Each Receipt this Period  
**99.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **248.00**

**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 82 OF 124  
(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. Elaine Nelson**

Mailing Address 1963 Fallen Leaf Ln

City Los Altos State CA Zip Code 94024-7207

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 ▼ **285.20**

Date of Receipt  
**12 / 19 / 2014**  
**Transaction ID : 20141219\_CEP328**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**B. Ira R Nemeth**

Mailing Address 2107 Station Cir Apt A

City Dedham State MA Zip Code 02026-4587

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

Name of Employer Steward Emergency Medicine Group Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**12 / 12 / 2014**  
**Transaction ID : 48BD8B41DEFA43B335C9**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**C. Timothy P Nesper**

Mailing Address 1222 Llano

City San Clemente State CA Zip Code 92673-4035

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

Name of Employer Timothy P Nesper, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.20**

Date of Receipt  
**12 / 19 / 2014**  
**Transaction ID : 20141219\_CEP329**

Amount of Each Receipt this Period  
**99.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **323.00**

**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 124
	<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) <b>A. Heidi T Nicholson</b>		Date of Receipt
Mailing Address 1340 Riverside Dr		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City State Zip Code Gainesville GA 30501-1832		<b>Transaction ID : 20141231_14</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Heidi T Nicholson, MD, FACEP	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="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey R Nickel</b>		Date of Receipt
Mailing Address 2300 N Black Oak Dr		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City State Zip Code Angola IN 46703-8195		<b>Transaction ID : C15893AF173B4C3CA379</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Professional Emergency Physicians Inco	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="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mark Notash</b>		Date of Receipt
Mailing Address PO Box 908		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code Half Moon Bay CA 94019-0908		<b>Transaction ID : 20141219_CEP335</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="99.00"/>
Name of Employer Mark Notash, MD	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="1185.20"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="299.00"/>
<b>TOTAL</b> 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: PAGE 84 OF 124  
(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 Sean Nugent**

Mailing Address 2261 Brown Deer Rd

City State Zip Code  
 Coralville IA 52241-3346

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

Name of Employer Occupation  
 Andrew Sean Nugent, MD, FACEP Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 4933AD31C38269522848**

Amount of Each Receipt this Period  
 100.00

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

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 ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215 54**

Amount of Each Receipt this Period  
 83.33

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

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 ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230 30**

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 85 OF 124
	<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. Joshua S Obak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2026 N Garden Ave  
 City Fresno State CA Zip Code 93703-2886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Joshua S Obak, MD, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP336**  
 Amount of Each Receipt this Period  
 99.00

**B. George Richard Oldham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 Alvarado Ave  
 City Burlingame State CA Zip Code 94010-5548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer George Richard Oldham, MD, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP340**  
 Amount of Each Receipt this Period  
 99.00

**C. Rolland S Olds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1850 Graham Clark Dr  
 City Hollister State MO Zip Code 65672-5168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baldwin Emergency Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : EF0856F3D1DD4740979F**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 298.00  
**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 86 OF 124
	(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. 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 ▼  
999.96

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014  
**Transaction ID : 20141215 55**

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 ▼  
999.96

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2014  
**Transaction ID : 20141230 31**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**c. Jorge E Otero**

Mailing Address 22 Turtle Bay Dr

City State Zip Code  
Branford CT 06405-4970

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

Name of Employer Occupation  
Jorge E Otero, MD, MSc, RDMS 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  
12 / 12 / 2014  
**Transaction ID : 4B52BB00B4E6663A29DA**

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 87 OF 124
	<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. Gregory P Ouligian**

Mailing Address 16294 Sharon Way

City Grass Valley State CA Zip Code 95949-6601

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

Name of Employer Gregory P Ouligian, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP346**

Amount of Each Receipt this Period **99.00**

Full Name (Last, First, Middle Initial)  
**B. Bing S Pao**

Mailing Address PO Box 5000 Private Mail Box 205

City Rcho Santa Fe State CA Zip Code 92067-5000

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

Name of Employer Bing S Pao, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **235.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP351**

Amount of Each Receipt this Period **99.00**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **504.00**

Date of Receipt **12 / 04 / 2014**

**Transaction ID : AC9F036C0748449885D2**

Amount of Each Receipt this Period **84.00**

**SUBTOTAL** of Receipts This Page (optional)..... **282.00**

**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 124
	<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) <b>A. Swapnesh M Patel</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2014 <b>Transaction ID : 20141215_19</b>
Mailing Address 314 Felspar Way		Amount of Each Receipt this Period 25.00
City Cary	State NC	Zip Code 27518-2201
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Swapnesh M Patel</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 20141230_66</b>
Mailing Address 314 Felspar Way		Amount of Each Receipt this Period 25.00
City Cary	State NC	Zip Code 27518-2201
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Charles F Pattavina</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : 43D6BAE1EAEF991C767E</b>
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. <b>C</b>		
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 ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 89 OF 124  
(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. Lee E Payne**  
 Mailing Address 1836 Yount Cir  
 City State Zip Code  
 Jbsa Lackland TX 78236-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lee E Payne, MD, FACEP Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1001.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 48F8BE02B092422BF986**  
 Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**B. Carmella Percy**  
 Mailing Address 6875 Stonebridge Ln  
 City State Zip Code  
 Clover SC 29710-9372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carmella Percy, DO 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  
 11 / 26 / 2014  
**Transaction ID : 20141215\_56**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Carmella Percy**  
 Mailing Address 6875 Stonebridge Ln  
 City State Zip Code  
 Clover SC 29710-9372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carmella Percy, DO 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  
 12 / 30 / 2014  
**Transaction ID : 20141230\_32**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 183.34  
**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 90 OF 124
	<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. Chi Lee Perloth**

Mailing Address 1015 Kirkcrest Ln

City Alamo State CA Zip Code 94507-2465

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

Name of Employer Chi Lee Perloth, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP356**

Amount of Each Receipt this Period **99.00**

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

Mailing Address 221 Weaver St Apt 19C

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt **11 / 26 / 2014**

**Transaction ID : 20141215 57**

Amount of Each Receipt this Period **83.33**

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

Mailing Address 221 Weaver St Apt 19C

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt **12 / 30 / 2014**

**Transaction ID : 20141230 33**

Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **265.66**

**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 91 OF 124  
(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 ▼ **966.68**

Date of Receipt **12 / 12 / 2014**  
**Transaction ID : 4EAC82DB8FBBC83540B9**

Amount of Each Receipt this Period **83.34**

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 ▼ **600.00**

Date of Receipt **12 / 10 / 2014**  
**Transaction ID : 20141215\_20**

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 ▼ **600.00**

Date of Receipt **12 / 30 / 2014**  
**Transaction ID : 20141230\_67**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **183.34**

**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 92 OF 124
	<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. Jennifer L Raley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5408 Amsterdam Pl

City Raleigh State NC Zip Code 27606-9708

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 ▼ **300.00**

Date of Receipt **12 / 10 / 2014**

**Transaction ID : 20141215\_21**

Amount of Each Receipt this Period **25.00**

**B. Jennifer L Raley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5408 Amsterdam Pl

City Raleigh State NC Zip Code 27606-9708

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 ▼ **300.00**

Date of Receipt **12 / 30 / 2014**

**Transaction ID : 20141230\_68**

Amount of Each Receipt this Period **25.00**

**C. Melanie Randall**  
Full Name (Last, First, Middle Initial)

Mailing Address 288 Kieswetter St

City Colton State CA Zip Code 92324-3604

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

Name of Employer Melanie Randall, MD Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219\_CEP361**

Amount of Each Receipt this Period **99.00**

**SUBTOTAL** of Receipts This Page (optional)..... **149.00**

**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 124
	<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. Kathy Diana Reschke**

Mailing Address PO Box 993744

City Redding State CA Zip Code 96099-3744

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

Name of Employer: Kathy Diana Reschke, MD Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141219\_CEP365**

Amount of Each Receipt this Period: **99.00**

Full Name (Last, First, Middle Initial)  
**B. Julio E Rios**

Mailing Address 3101 Marler Rd

City Pike Road State AL Zip Code 36064-3337

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

Name of Employer: Julio E Rios, MD, FACEP Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt: **12 / 03 / 2014**

**Transaction ID : 4CA63EFB98CD46AEBE37**

Amount of Each Receipt this Period: **100.00**

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

Mailing Address 204 Montag Cir NE

City Atlanta State GA Zip Code 30307-5504

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

Name of Employer: Megan Rishel, MD Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **11 / 26 / 2014**

**Transaction ID : 20141215\_58**

Amount of Each Receipt this Period: **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **219.00**

**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 94 OF 124
	<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. Megan Rishel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Montag Cir NE  
 City Atlanta State GA Zip Code 30307-5504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Megan Rishel, MD Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_34**  
 Amount of Each Receipt this Period  
**200.00**

**B. Kenneth L Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1341 Dewing Ln  
 City Walnut Creek State CA Zip Code 94595-1415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kenneth L Robinson, MD Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP370**  
 Amount of Each Receipt this Period  
**99.00**

**C. Laura M Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67 Cache River Cir  
 City Sacramento State CA Zip Code 95831-3758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Laura M Robinson, MD Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **385.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP371**  
 Amount of Each Receipt this Period  
**99.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>218.00</b>
<b>TOTAL</b> 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 95 OF 124
	(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

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) <b>A. John J Rogers</b>		Date of Receipt
Mailing Address 10673 Estes Rd		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City State Zip Code Macon GA 31210-5135		<b>Transaction ID : 20141209_113</b>
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 John J Rogers, MD, FACEP	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="1083.33"/>	

Full Name (Last, First, Middle Initial) <b>B. David H Rosenbaum</b>		Date of Receipt
Mailing Address 2112 Fallon Oaks Ct		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code Raleigh NC 27608-1675		<b>Transaction ID : 20141215_22</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
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 ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. David H Rosenbaum</b>		Date of Receipt
Mailing Address 2112 Fallon Oaks Ct		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Raleigh NC 27608-1675		<b>Transaction ID : 20141230_69</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
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 ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="133.33"/>
<b>TOTAL</b> 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 96 OF 124
	(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

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. Rebecca Ruiz**

Mailing Address 13210 La Quinta St

City La Mirada State CA Zip Code 90638-3434

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

Name of Employer Rebecca Ruiz, MD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **435.20**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141219 CEP378**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**B. Tracy G Sanson**

Mailing Address 1125 Executive Circle

City Irving State TX Zip Code 75038

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

Name of Employer Team Health Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **671.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 26 / 2014**

**Transaction ID : 20141203 00006**

Amount of Each Receipt this Period  
**84.00**

Full Name (Last, First, Middle Initial)  
**C. Tracy G Sanson**

Mailing Address 812 Lorena Rd

City Lutz State FL Zip Code 33548-4589

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

Name of Employer Team Health Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **671.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 26 / 2014**

**Transaction ID : 1764256DE8F0400B9D4A**

Amount of Each Receipt this Period  
**84.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **267.00**

**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 97 OF 124
	<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 ▼ 999.96

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215 59**  
 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 ▼ 999.96

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230 35**  
 Amount of Each Receipt this Period  
 83.33

**C. Nathaniel R Schlicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4615 77th Ave NW  
 City Gig Harbor State WA Zip Code 98335-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nathaniel R Schlicher, MD, JD, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 4FE6958F847543561621**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 124
	<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 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 ▼ 999.96

Date of Receipt 11 / 26 / 2014  
**Transaction ID : 20141215 60**

Amount of Each Receipt this Period 83.33

**B. 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 ▼ 999.96

Date of Receipt 12 / 30 / 2014  
**Transaction ID : 20141230 36**

Amount of Each Receipt this Period 83.33

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

Mailing Address 9348 Royal Mountain Dr

City Chattanooga State TN Zip Code 37421-2067

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

Name of Employer David Charles Seaberg, MD, CPE, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 14 / 2014  
**Transaction ID : 82FFF41A9ED44089A09B**

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 99 OF 124
	<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. 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 ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_61**  
 Amount of Each Receipt this Period  
 83.33

**B. 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 ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_37**  
 Amount of Each Receipt this Period  
 83.33

**C. Tania M Shaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1130 NW Eloise Ln  
 City Portland State OR Zip Code 97229-6920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tania M Shaw, MD, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP393**  
 Amount of Each Receipt this Period  
 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.66  
**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 100 OF 124  
(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. Suzy Schneider Shukovsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Old Hwy  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 683.31

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_62**  
 Amount of Each Receipt this Period  
 83.33

**B. Suzy Schneider Shukovsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Old Hwy  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 683.31

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_38**  
 Amount of Each Receipt this Period  
 83.33

**C. Julia Shuleshko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6589 Springpath Ln  
 City San Jose State CA Zip Code 95120-4550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Julia Shuleshko, DO, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP396**  
 Amount of Each Receipt this Period  
 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.66  
**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 102 OF 124
	<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) <b>A. Deepika Singh</b>		Date of Receipt
Mailing Address 15 Smethwick Ct		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pittsford	NY	14534-9789
FEC ID number of contributing federal political committee.		Transaction ID : <b>20141230_40</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Deepika Singh, MD, FACEP	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="583.31"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mark Slabinski</b>		Date of Receipt
Mailing Address 3004 Edison St NW		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Uniontown	OH	44685-7212
FEC ID number of contributing federal political committee.		Transaction ID : <b>20141215_65</b>
<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="999.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mark Slabinski</b>		Date of Receipt
Mailing Address 3004 Edison St NW		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Uniontown	OH	44685-7212
FEC ID number of contributing federal political committee.		Transaction ID : <b>20141230_41</b>
<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="999.96"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
<b>TOTAL</b> 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 103 OF 124  
(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. 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 ▼  
 916.65

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

**Transaction ID : 4403B2E01943BB1B5DAF**

Amount of Each Receipt this Period  
 83.34

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 ▼  
 916.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014

**Transaction ID : 1192BFC391B947E39D7D**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**C. James L Smith Jr**

Mailing Address 3278 Whidby Rd

City State Zip Code  
 Buford GA 30518-1450

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

Name of Employer Occupation  
 James L Smith, Jr, MD, FACEP Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014

**Transaction ID : 20141231\_90**

Amount of Each Receipt this Period  
 8.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.01

**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 104 OF 124
	<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. Vernell A Smith**

Mailing Address 1555 Montebello Oaks Ct

City	State	Zip Code
Los Altos	CA	94024-6162

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

Name of Employer	Occupation
CEP America	Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.20**

Date of Receipt  
**12 / 19 / 2014**  
**Transaction ID : 20141219\_CEP405**

Amount of Each Receipt this Period  
**99.00**

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 ▼ **1083.29**

Date of Receipt  
**11 / 26 / 2014**  
**Transaction ID : 8C0E76A816544FEFAEDB**

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 ▼ **1083.29**

Date of Receipt  
**12 / 30 / 2014**  
**Transaction ID : 20141230\_47**

Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>265.66</b>
<b>TOTAL</b> 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 124
	<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. Donald L Snyder**

Mailing Address 6124 Sandy Way

City Browns Valley State CA Zip Code 95918-9719

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

Name of Employer Donald L Snyder, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219\_CEP406**

Amount of Each Receipt this Period **99.00**

Full Name (Last, First, Middle Initial)  
**B. Graham Edwin Snyder**

Mailing Address 2520 Kenmore Dr

City Raleigh State NC Zip Code 27608-1420

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 ▼ **300.00**

Date of Receipt **12 / 10 / 2014**

**Transaction ID : 20141215\_23**

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)  
**C. Graham Edwin Snyder**

Mailing Address 2520 Kenmore Dr

City Raleigh State NC Zip Code 27608-1420

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 ▼ **300.00**

Date of Receipt **12 / 30 / 2014**

**Transaction ID : 20141230\_70**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **149.00**

**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 106 OF 124
	<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. Robert C Solomon**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Saddle Ridge Dr

City Oakdale State PA Zip Code 15071-3726

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

Name of Employer Robert C Solomon, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : 483DA4FC21AC72918586**

Amount of Each Receipt this Period **83.34**

**B. Phiraphan P Soontharothai**  
Full Name (Last, First, Middle Initial)

Mailing Address 962 Hunt Dr

City Yardley State PA Zip Code 19067-4244

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 18 / 2014**

**Transaction ID : 20141231 8**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 400 E Washington St 16

City Greenville State SC Zip Code 29601-2932

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 ▼ **300.00**

Date of Receipt **12 / 24 / 2014**

**Transaction ID : 590C7C8FBDDC47C8AA2B**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **208.34**

**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 107 OF 124
	<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. Ryan Stanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 Deerfield Cir  
City State Zip Code  
Nicholasville KY 40356-8038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Ryan Stanton, MD, FACEP Emergency Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**275.04**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2014**  
**Transaction ID : 454C80E9C4A9B62B1DDC**  
Amount of Each Receipt this Period  
**83.34**

**B. Gary C Starr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1125 Executive Circle  
City State Zip Code  
Irving TX 75038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Gary C Starr, MD, FACEP Emergency Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1000.08**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 27 / 2014**  
**Transaction ID : 20141203 00002**  
Amount of Each Receipt this Period  
**83.34**

**C. Gary C Starr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5012 Russell Ave S  
City State Zip Code  
Minneapolis MN 55410-2209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Gary C Starr, MD, FACEP Emergency Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1000.08**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2014**  
**Transaction ID : 2C3DFCB346BD41FCA9A5**  
Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.02</b>
<b>TOTAL</b> 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 108 OF 124
	<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. Sandra L Steffenson**

Mailing Address 4 Valley High

City Lafayette State CA Zip Code 94549-2418

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

Name of Employer Sandra L Steffenson, MD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP417**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**B. Eric R Stendell**

Mailing Address 832 Willow St

City Reno State NV Zip Code 89502-1304

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

Name of Employer Northern Nevada Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **272.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP418**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**C. Joel B Stern**

Mailing Address 1125 Executive Circle

City Irving State TX Zip Code 75038

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

Name of Employer Joel B Stern, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141203\_00005**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **281.34**

**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: PAGE 109 OF 124  
(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. Joel B Stern**

Mailing Address 4221 W Spruce St  
 Apt 1311

City Tampa State FL Zip Code 33607-7239

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

Name of Employer Joel B Stern, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : 9BBBA422EDD64E50826B**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**B. Scott Robert Strumpler**

Mailing Address 10 Whispering Woods Dr  
 St Francis Hosp

City Smithtown State NY Zip Code 11787-1665

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

Name of Employer Nassau Emergency Medical PC 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  
 12 / 31 / 2014  
**Transaction ID : 20141231 234**

Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**C. Pamela J Stuart**

Mailing Address 1125 Vintage Ct

City San Martin State CA Zip Code 95046-9480

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

Name of Employer Pamela J Stuart, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 235.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP423**

Amount of Each Receipt this Period  
 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 332.34

**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 110 OF 124
	<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. Geeta Subramaniam**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 Lendl Ct  
City Cary State NC Zip Code 27511-6694  
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 **300.00**

Date of Receipt **12 / 10 / 2014**  
**Transaction ID : 20141215\_24**  
Amount of Each Receipt this Period **25.00**

**B. Geeta Subramaniam**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 Lendl Ct  
City Cary State NC Zip Code 27511-6694  
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 **300.00**

Date of Receipt **12 / 30 / 2014**  
**Transaction ID : 20141230\_71**  
Amount of Each Receipt this Period **25.00**

**C. Thomas Jerome Sugarman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1115 Miller Ave  
City Berkeley State CA Zip Code 94708-1726  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Thomas Jerome Sugarman, MD, FACEP Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1185.20**

Date of Receipt **12 / 19 / 2014**  
**Transaction ID : 20141219\_CEP424**  
Amount of Each Receipt this Period **99.00**

**SUBTOTAL** of Receipts This Page (optional)..... **149.00**  
**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 111 OF 124  
(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. Brian Sutton**

Mailing Address 47 Stephanie Ln

City State Zip Code  
 Westfield MA 01085-1484

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

Name of Employer Occupation  
 Westfield Emergency Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 4B7C8DBB00289B5A8FBB**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Terence J Sweeney**

Mailing Address 925 Carolyn Ave

City State Zip Code  
 Modesto CA 95350-5209

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

Name of Employer Occupation  
 CEP America Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 310.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP429**

Amount of Each Receipt this Period  
 99.00

Full Name (Last, First, Middle Initial)  
**C. Paul Swiersz**

Mailing Address 807 Landuff Ct

City State Zip Code  
 Cary NC 27519-8837

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

Name of Employer Occupation  
 Wake Emergency Physicians PA 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  
 12 / 10 / 2014  
**Transaction ID : 20141215\_25**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 224.00

**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 112 OF 124
	<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. Paul Swiersz**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 Landuff Ct

City Cary State NC Zip Code 27519-8837

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 20141230\_72**

Amount of Each Receipt this Period  
**25.00**

**B. Joshua Howland Tamayo-Sarver**  
Full Name (Last, First, Middle Initial)

Mailing Address 19115 Green Forest Rd

City Los Gatos State CA Zip Code 95033-7807

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

Name of Employer Joshua Howland Tamayo-Sarver, MD, FACE Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP430**

Amount of Each Receipt this Period  
**99.00**

**C. Kevin Tao**  
Full Name (Last, First, Middle Initial)

Mailing Address 860 W Blackhawk St Unit 902

City Chicago State IL Zip Code 60642-2534

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

Name of Employer Kevin Tao, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP431**

Amount of Each Receipt this Period  
**99.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **223.00**

**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 113 OF 124  
(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. Stefan Teitge**

Mailing Address 1391 San Marcos Ct

City State Zip Code  
 Sn Luis Obispo CA 93401-5336

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

Name of Employer Occupation  
 Stefan Teitge, MD, FACEP Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP436**

Amount of Each Receipt this Period  
**99.00**

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

Mailing Address 2706 Highland Hills Dr

City State Zip Code  
 El Dorado Hls CA 95762-5604

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

Name of Employer Occupation  
 Seth Thomas, MD, FACEP Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP439**

Amount of Each Receipt this Period  
**99.00**

Full Name (Last, First, Middle Initial)  
**c. Thomas V Tighe**

Mailing Address 1 Hardy Ct

City State Zip Code  
 Danville CA 94526-4142

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

Name of Employer Occupation  
 Thomas V Tighe, DO, FACEP Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP440**

Amount of Each Receipt this Period  
**99.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **297.00**

**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 124
	<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) <b>A. Kevin James Torres</b>		Date of Receipt
Mailing Address 20 Croft Ct		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Pawcatuck	State CT	Zip Code 06379-1233
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141215_66</b>
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 ▼ <input type="text" value="999.96"/>	
		Amount of Each Receipt this Period <input type="text" value="83.33"/>

Full Name (Last, First, Middle Initial) <b>B. Kevin James Torres</b>		Date of Receipt
Mailing Address 20 Croft Ct		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Pawcatuck	State CT	Zip Code 06379-1233
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141230_42</b>
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 ▼ <input type="text" value="999.96"/>	
		Amount of Each Receipt this Period <input type="text" value="83.33"/>

Full Name (Last, First, Middle Initial) <b>C. Gary A Triebswetter</b>		Date of Receipt
Mailing Address 4941 Malibu Dr		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Paradise	State CA	Zip Code 95969-7100
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141219_CEP446</b>
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 ▼ <input type="text" value="285.20"/>	
		Amount of Each Receipt this Period <input type="text" value="99.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="265.66"/>
<b>TOTAL</b> 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 115 OF 124
	<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 Adrian Tyndall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7962 SW 85th Ter  
 City Gainesville State FL Zip Code 32608-5792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UF Department of Emergency Medicine Gr Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**916.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 4DCD914ECE96681C765**  
 Amount of Each Receipt this Period  
**83.34**

**B. John A Uhl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17201 Crescent Dr  
 City Los Gatos State CA Zip Code 95030-7521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 John A Uhl, MD, FACEP Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP449**  
 Amount of Each Receipt this Period  
**99.00**

**C. Travis Ulmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 Oakland Ave  
 City Columbus State OH Zip Code 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 ▼  
**999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 20141215\_67**  
 Amount of Each Receipt this Period  
**83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **265.67**  
**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 116 OF 124
	<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) <b>A. Travis Ulmer</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 20141230_43</b>
Mailing Address 1210 Oakland Ave		Amount of Each Receipt this Period 83.33
City Columbus	State OH	Zip Code 43212-3317
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 ▼ 999.96	

Full Name (Last, First, Middle Initial) <b>B. Matthew Brent Underwood</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141219 CEP452</b>
Mailing Address 9799 Diamond St		Amount of Each Receipt this Period 99.00
City Yucaipa	State CA	Zip Code 92399-2943
FEC ID number of contributing federal political committee. C		
Name of Employer CEP America	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.20	

Full Name (Last, First, Middle Initial) <b>C. Bradley J Uren</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : 4D728E54E5231C4ABA14</b>
Mailing Address 8115 Pettysville Rd		Amount of Each Receipt this Period 83.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	265.67
<b>TOTAL</b> 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 124
	<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. Peter C Valko**  
Full Name (Last, First, Middle Initial)

Mailing Address 137 Lake Ave

City State Zip Code  
Fair Haven NJ 07704-3106

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

Name of Employer Occupation  
Emergency Medical Associates New Jerse Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2014  
**Transaction ID : 20141209\_3**

Amount of Each Receipt this Period  
100.00

**B. Craig A Walls**  
Full Name (Last, First, Middle Initial)

Mailing Address 334 Larkin Vista Ln

City State Zip Code  
Watsonville CA 95076-8308

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

Name of Employer Occupation  
California Emergency Physicians Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : 20141219\_CEP462**

Amount of Each Receipt this Period  
99.00

**C. David Todd Walters**  
Full Name (Last, First, Middle Initial)

Mailing Address 3407 Oyster Bay Ave

City State Zip Code  
Davis CA 95616-5603

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 ▼  
285.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : 20141219\_CEP464**

Amount of Each Receipt this Period  
99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 298.00

**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 118 OF 124
	<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 Alan Watling**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Viewpoint Ln

City State Zip Code  
Mooresville NC 28117-7558

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

Name of Employer Occupation  
Piedmont Emergency Medical Associates Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 26 / 2014  
**Transaction ID : 20141215 68**

Amount of Each Receipt this Period  
83.33

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

Mailing Address 109 Viewpoint Ln

City State Zip Code  
Mooresville NC 28117-7558

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

Name of Employer Occupation  
Piedmont Emergency Medical Associates Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2014  
**Transaction ID : 20141230 44**

Amount of Each Receipt this Period  
83.33

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

Mailing Address 32 Tierra Verde Ct

City State Zip Code  
Walnut Creek CA 94598-4857

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

Name of Employer Occupation  
David Wei, MD Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : 20141219 CEP471**

Amount of Each Receipt this Period  
99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.66

**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 119 OF 124
	<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 Weitzman**  
Full Name (Last, First, Middle Initial)

Mailing Address 146 Hawthorne Ave

City Larkspur State CA Zip Code 94939-1306

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

Name of Employer Jeffrey Weitzman, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP473**

Amount of Each Receipt this Period **99.00**

**B. Paul Terrance Wesley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3260 Ashbourne Cir

City San Ramon State CA Zip Code 94583-9116

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

Name of Employer California Emergency Physicians Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **372.20**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : 20141219 CEP477**

Amount of Each Receipt this Period **99.00**

**C. 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 ▼ **999.96**

Date of Receipt **11 / 26 / 2014**

**Transaction ID : 20141215\_69**

Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **281.33**

**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 120 OF 124
	<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 ▼ 999.96

Date of Receipt 12 / 30 / 2014  
**Transaction ID : 20141230\_45**

Amount of Each Receipt this Period 83.33

**B. Peter J Witucki**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 Catspaw Cpe

City Coronado State CA Zip Code 92118-3221

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

Name of Employer Peter J Witucki, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.20

Date of Receipt 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP484**

Amount of Each Receipt this Period 99.00

**C. Susan Woodmansee**  
Full Name (Last, First, Middle Initial)

Mailing Address 640 Robinson Way

City Benicia State CA Zip Code 94510-3947

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

Name of Employer Susan Woodmansee, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.20

Date of Receipt 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP486**

Amount of Each Receipt this Period 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 281.33

**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 121 OF 124  
(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. Thomas E Wyatt**

Mailing Address 3925 Drew Ave S

City State Zip Code  
 Minneapolis MN 55410-1049

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

Name of Employer Occupation  
 Mercy Hospital Emergency Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 916.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 42CA87B2E38F4DC8A11D**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**B. Diana Yandell**

Mailing Address 2601 Lucas St

City State Zip Code  
 Eureka CA 95501-1486

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

Name of Employer Occupation  
 CEP America Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP488**

Amount of Each Receipt this Period  
 99.00

Full Name (Last, First, Middle Initial)  
**C. Chao Annie Yuan**

Mailing Address 1 Federal St  
 Apt 4

City State Zip Code  
 San Francisco CA 94107-1482

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

Name of Employer Occupation  
 Chao Annie Yuan, MD Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 205.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219 CEP494**

Amount of Each Receipt this Period  
 99.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 281.34

**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 122 OF 124
	<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. Wesley Zeger**  
Full Name (Last, First, Middle Initial)

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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2014  
**Transaction ID : 9040EDC1334F464AA057**

Amount of Each Receipt this Period  
**100.00**

**B. Andrew R Zinkel**  
Full Name (Last, First, Middle Initial)

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 ▼ **833.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 4708A6B37B986E2BC721**

Amount of Each Receipt this Period  
**83.34**

**C. Alexander M Zlidenny**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Boston St

City Altadena State CA Zip Code 91001-3124

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

Name of Employer Alexander M Zlidenny, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141219\_CEP497**

Amount of Each Receipt this Period  
**99.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>282.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>30788.99</b>

**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  
NOV14 BANK FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2014

**Transaction ID : 349DF64D51E84AE30EA**

Amount of Each Disbursement this Period

700.21

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  
DEC14 BANK FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2014

**Transaction ID : 96CEB66BC8DFC81869B**

Amount of Each Disbursement this Period

659.13

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1359.34

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

1359.34

**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 for Boyle**

Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement  
2014 Primary Debt Relief

011

Category/  
Type

Candidate Name

**Brendan F. Boyle**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2014

Transaction ID : E13CC1CF8D3880FE048

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Motor City PAC**

Mailing Address 600 Pennsylvania Ave SE  
Ste 210

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Motor City PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2014

Transaction ID : 93388322A5ED79E0A42

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. People for Enterprise Trade and Economic Growth (PETE PAC)**

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306-2754

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**People for Enterprise Trade and Economic Growth (PETE PAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2014

Transaction ID : 25ADA9894712376C981

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)..... ▶

6000.00