Image# 13961143012					PAGE 1 / 164			
	PORT OF R ND DISBURS Other Than An Author	EMENTS	<b>;</b>		- Oslu			
1. NAME OF TYP	E OR PRINT V	Example: If typing	a, type	Office Us	e Only			
COMMITTEE (in full)		over the lines.	LZF	E4M5				
National Emergency Medicine Political Action Committee								
ADDRESS (number and street)	125 Executive Circle							
Check if different	ving		TX	1 75038				
reported. (ACC)								
2. FEC IDENTIFICATION NUMB			STATE		ZIP CODE			
C C00140061	3. IS T REP		) OR X	AMENDED (A)				
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Mar 20		ay 20 (M5) In 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election			
April 15	Apr 20	(M4) Ju	Il 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)			
Quarterly Report (Q1)	(c) 12-Day PRE-Election	Primary (12P)	G	General (12G)	Runoff (12R)			
Quarterly Report (Q2) Cotober 15 Cotober 15	Report for the:	Convention (1)	2C) S	pecial (12S)				
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election o	n/		YY	in the State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	F	Runoff (30R)	Special (30S)			
Termination Report (TER)	Election o	n /	D D / Y Y	Y Y	in the State of			
5. Covering Period	01 / Y Y Y Y 01 2012	through	09 / D		2			
I certify that I have examined this Re	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer	Type or Print Name of Treasurer Phyllis Edans CPA, CAE							
Signature of Treasurer Phyllis Edans CPA, CAE [Electronically Filed] Date 03 1 1 2013								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.								
Office Use Only					FORM 3X ev. 12/2004			

#### 03/11/2013 17 : 52

DAGE 1 / 164

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	OF FEC Form 3X (Rev. 02/2003)	RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
٧	Write or Type Committee Name		
	National Emergency Medicine Politic	cal Action Committee	
F	Report Covering the Period: From: 07	/ D D / Y Y Y Y 01 2012 To:	09 30 / Y Y Y Y 2012
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		798835.64
	(b) Cash on Hand at Beginning of Reporting Period	734910.75	
	(c) Total Receipts (from Line 19)	174911.45	728547.04
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	909822.20	1527382.68
7.	Total Disbursements (from Line 31)	260500.38	878060.86
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	649321.82	649321.82
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

×

Image#	13961143014	
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#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### National Emergency Medicine Political Action Committee

Report Covering the Period:    From:    07    01    2012    To:    09    30    2012										
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date								
. Contributions (other than loans) From:										
(a) Individuals/Persons Other										
Than Political Committees	70040.47	326977.00								
(i) Itemized (use Schedule A)	72810.17	3209/7.00								
		201040 44								
(ii) Unitemized	101950.30	391246.11								
(iii) TOTAL (add	474700 47	718223.11								
Lines 11(a)(i) and (ii)▶	174760.47	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
(b) Political Party Committees	0.00	0.00								
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>										
(c) Other Political Committees (such as PACs)	0.00	5000.00								
(d) Total Contributions (add Lines	7 7									
11(a)(iii), (b), and (c)) (Carry										
Totals to Line 33, page 5)	174760.47	723223.11								
. Transfers From Affiliated/Other										
Party Committees	0.00	0.00								
,	7 7	7 7								
. All Loans Received	0.00	0.00								
. Loan Repayments Received	0.00	0.00								
. Offsets To Operating Expenditures		7 7 7								
(Refunds, Rebates, etc.)										
(Carry Totals to Line 37, page 5)	0.00	0.00								
. Refunds of Contributions Made	7 7									
to Federal Candidates and Other										
Political Committees	0.00	4500.00								
. Other Federal Receipts	7 7									
(Dividends, Interest, etc.)	150.98	823.93								
. Transfers from Non-Federal and Levin Funds	7 7	7 7								
(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								
. Total Receipts (add Lines 11(d),										
12, 13, 14, 15, 16, 17, and 18(c))▶	174911.45	728547.04								
-										
. Total Federal Receipts										
(subtract Line 18(c) from Line 19)▶	174911.45	728547.04								

FE6AN026

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	2000.00	2000.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	2000.00	2000.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	248000.00	, 858500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	, 0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	510.00	1165.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	510.00	1165.00
Other Disbursements	9990.38	16395.86
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
<ul> <li>(c) Total Federal Election Activity (add</li> <li>Lines 30(a)(i), 30(a)(ii) and 30(b)) ►</li> </ul>	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	260500.38	878060.80
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	260500.38	878060.86

L

#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Expenditures			
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	174760.47	723223.11	
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	510.00	1165.00	
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	174250.47	722058.11	
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	2000.00	2000.00	
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2000.00	2000.00	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summer / Dece		< 11a		11b	11c		12					
			Detailed Summary Page		13		14	15		16	17				
	y information copied from such Reports and S for commercial purposes, other than using the														
$\backslash$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine F	Political A	ction Committee												
Α.	Full Name (Last, First, Middle Initial) Kenneth Ahonen				Date of	f Re	eceipt								
	Mailing Address 60 Ocean Front Dr			07 24 2012											
	City	State	Zip Code	Transaction ID : C1796286											
	Key Largo	FL	33037-4240	_	Amoun	t of	Each F	Receipt t	nis F	'eriod					
	FEC ID number of contributing federal political committee.	С					7	9	_	250	.00				
	Name of Employer	Occupation													
	Mariners Hosp	Emergency	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		250.00												
— B	Full Name (Last, First, Middle Initial) James B Aiken				Date of	f Re	eceint								
	Mailing Address 81 Yosemite Dr				M M		D	) / Y	V	V	V				
					07 17 _2012										
	City	State	Zip Code		Trans	acti	on ID :	C17904							
	New Orleans	LA	70131-8661		Amoun	t of	Each F	Receipt t	his F	Period					
	FEC ID number of contributing federal political committee.	С					7	7	_	250.	00				
	Name of Employer	Occupation													
	Dr. James B Aiken	Emergency	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11.											
	Other (specify) <b>v</b>		, 750.00												
C.	Full Name (Last, First, Middle Initial) Thomas E Andres				Date of	f Re	eceipt								
	Mailing Address 4019 Doe Creek Dr				м м 07	/	D 06			ү 012	Y				
	City	State	Zip Code		Trans	sact	ion ID :	C17896	21						
	Floyds Knobs	IN	47119-9651	_	Amoun	t of	Each F	Receipt t	his F	Period					
	FEC ID number of contributing federal political committee.	С					7		_	100	.00				
	Name of Employer	Occupation		_											
	Univ of Louisville Phys	Emergency	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	33 - 3		11.											
	Other (specify)		300.00	4											
s	UBTOTAL of Receipts This Page (optional)			•			,		+	600.	00				
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PAGE 7 OF

т	EMIZED RECEIPTS		Use separate schedule(s)	(ch	(check only one)												
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Ar or	y information copied from such Reports and s for commercial purposes, other than using th	Statements ma e name and a	Ay not be sold or used by any p ddress of any political committee	erson e to s	13 for the plicit cor	purp	14 ose of itions f	15 soliciting rom sucl	d contrib	outio	17 ns						
	NAME OF COMMITTEE (In Full)																
	National Emergency Medicine	Political A	ction Committee														
<u>к</u>	Full Name (Last, First, Middle Initial) Robert David Argand				Date of	Rec	ceipt										
	Mailing Address 1645 Adobe Dr				M	/		/ Y	Y Y Y		1						
	City	State	Zip Code		08 Trans	actio	03 on ID :	C180421	2012 15	-							
	Pacifica	CA	94044-4048					eceipt th		d							
	FEC ID number of contributing federal political committee.	С					,	7	10	00.00	)						
	Name of Employer	Occupation															
	Dr. Robert David Argand	Emergency	Physician														
	Receipt For: Primary General	Aggregate	Year-to-Date ▼														
	Other (specify) ▼		, 300.00														
в.	Full Name (Last, First, Middle Initial) Brent Asplin				Date of	Rec	ceipt										
	Mailing Address 3150 Excelsior Blvd							M = M         /         D = D         /         Y = Y = Y = Y         Y           07         17         2012									
	City	State	Zip Code		Trans	actio	on ID :	C179052	29								
	Minneapolis	MN	55416-4626		Amount	of E	Each R	eceipt th	is Perio	d							
	FEC ID number of contributing federal political committee.	С			L		,		8	3.33	}						
	Name of Employer Mayo Clnc-Chair Dept of EM	Occupation Emergency															
	Receipt For:		Year-to-Date ▼														
	Primary General Other (specify)		750.01														
С.	Full Name (Last, First, Middle Initial) Brent Asplin				Date of	Rec	ceipt										
	Mailing Address 3150 Excelsior Blvd				м м 08	/	25	/ Y	2012	Y	1						
	City	State	Zip Code		Trans	actio	on ID :	C18145	32								
	Minneapolis	MN	55416-4626		Amount	of E	Each R	eceipt th	is Perio	d							
	FEC ID number of contributing federal political committee.	С					,		ε	33.3	3						
	Name of Employer	Occupation															
	Mayo Clnc-Chair Dept of EM Receipt For:	Emergency															
	Primary General	Aggregate	Year-to-Date ▼														
	Other (specify)	Lii	750.01														
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$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Brent Asplin				Date of	f Re	ceipt				
	Mailing Address 3150 Excelsior Blvd				м – м 09	1	D D 18	/ Y	2012		1
	City Minneapolis	State MN	Zip Code 55416-4626		Trans		on ID :	C182936 eceipt th	64		
	FEC ID number of contributing federal political committee.	С					7			83.3	7
	Name of Employer Mayo Clnc-Chair Dept of EM Receipt For:	Occupation Emergency									
	Primary General Other (specify)		750.01								
в.	Full Name (Last, First, Middle Initial) Bruce S Auerbach				Date of	f Re	ceipt				
	Mailing Address 211 Park St Sturdy Meml Hosp	Ctoto	Zin Code		м м 07	/	D D D 23	/ Y	2012		
	City Attleboro	State MA	Zip Code 02703-3143					C179415 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7			00.00	)
	Name of Employer Sturdy Mem Emer Phys	Occupation Emergency									
	Receipt For:		Year-to-Date ▼								
	Other (specify)		900.00								
c.	Full Name (Last, First, Middle Initial) Bruce S Auerbach				Date of	f Re	ceipt				
	Mailing Address 211 Park St Sturdy Meml Hosp				м м 08	/	25	/ Y	2012		
	City Attleboro	State MA	Zip Code 02703-3143					C181450 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					,			100.0	0
	Name of Employer	Occupation									
	Sturdy Mem Emer Phys	Emergency	Physician								
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 900.00								
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine F	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Bruce S Auerbach				Date o	f Re	eceipt							
	Mailing Address 211 Park St			M M	/	D	D	/ Y	Y	Y	Y			
	Sturdy Meml Hosp	State	Zip Code	4	09	١.,		8			012	_		
	City Attleboro	MA	02703-3143						C182934					
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	FEC ID number of contributing federal political committee.	С			100.00									
	Name of Employer	Occupation	1											
	Sturdy Mem Emer Phys	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary General		900.00											
	Other (specify)		300.00											
– R	Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt				Date o	f Re	ceint							
υ.	Mailing Address 68 Greenlawn Ave			-			D	D	/ V	V	Y	V		
	Sicenia Mir Ave				07 17 2012									
	City	State	Zip Code		Trans	acti	on ID	: C	179046					
	Newton Center	MA	02459-1714	/	Amoun	t of	Each	Re	eceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					7			_	83	.33		
	Name of Employer	Occupation												
	New England Med Ctr Emer Phys	Emergency												
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary General		666.64											
	Other (specify) <b>v</b>		, , , , , , , , , , , , , , , , , , , ,											
<u>с</u> .	Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt				Date o	f Re	ceipt							
	Mailing Address 68 Greenlawn Ave				м м 08	/	2	D 25	/ Y		)12	Y		
	City	State	Zip Code		Trans	sact	ion ID	) : C	C181456	64				
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	Name of Employer	Occupation	1	_										
	New England Med Ctr Emer Phys	Emergency	Physician											
	Receipt For:		Year-to-Date ▼											
	Primary General	33 - 3												
	Other (specify)		666.64											
s	UBTOTAL of Receipts This Page (optional)			.					-1	-	266.	66	]	
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	y information copied from such Reports and S for commercial purposes, other than using the												
$\backslash$	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine F	'olitical A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt				Date of	Re	ceipt						
	Mailing Address 68 Greenlawn Ave			09 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City Newton Center	State MA	Zip Code 02459-1714										
	FEC ID number of contributing federal political committee.	С					,	. ,		83	.33		
	Name of Employer	Occupation											
	New England Med Ctr Emer Phys	Emergency	Physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		666.64										
в.	Full Name (Last, First, Middle Initial) Robert L Baron				Date of	Re	ceipt						
	Mailing Address 4631 E Solano Dr				м м 07	1	09		Y Y	012	Y		
	City	State	Zip Code		Trans	acti	on ID :	C1786					
	Phoenix	AZ	85018-1280		Amount	t of	Each F	Receipt	this I	Period			
	FEC ID number of contributing federal political committee.	С					,			250	.00		
	Name of Employer Emer Pro Svcs PC	Occupation Emergency											
	Receipt For:		Year-to-Date ▼										
	Primary     General       Other (specify) ▼	Aggregate	250.00										
	Full Name (Last, First, Middle Initial) Dara Batki				Date of	Re	ceipt						
	Mailing Address 3341 Single Peak				м м 07	/	30			012	Y		
	City	State	Zip Code		Trans	act	ion ID :	C1799					
	San Antonio	TX	78261-1817		Amount	t of	Each F	Receipt	this I	Period			
	FEC ID number of contributing federal political committee.	С					,			250	.00		
	Name of Employer	Occupation											
	Fort Duncan Med Ctr	Emergency	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			• -		-	7	- 7		583.	33		

## SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_ \_

FOR LINE NUMBER:

PAGE 11 OF

ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the Vite Vite Vite Vite
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political Action Committee	
Full Name (Last, First, Middle Initial)         A.         Michael P Bellino         Mailing Address 714 Mawman Ave         City         Lake Bluff         FEC ID number of contributing federal political committee.         Name of Employer         N Chicago VA         Receipt For:         Primary	State       Zip       Code         IL       60044-2008         C       Occupation         Emergency       Physician         Aggregate       Year-to-Date	Date of Receipt
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	50	
B. Andrew I Bern Mailing Address 9846 NW 18th St City	State Zip Code	Date of Receipt
Coral Springs	FL 33071-5826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer Inphynet Team Hlth	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.01
Full Name (Last, First, Middle Initial) C. Andrew I Bern		Date of Receipt
Mailing Address 9846 NW 18th St		08 25 2012
City Coral Springs	State Zip Code FL 33071-5826	Transaction ID : C1814565           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer	Occupation	
Inphynet Team Hlth Receipt For:	Emergency Physician	
Primary General Other (specify)	Aggregate Year-to-Date ▼	50.01
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

FOR LINE NUMBER:

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IT.			Use separate schedule(s)	(che	eck only	on o	e)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c		12	
	ny information copied from such Reports and St for commercial purposes, other than using the								g cont		
$\overline{)}$	NAME OF COMMITTEE (In Full)										
]	National Emergency Medicine P	olitical A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Andrew I Bern				Date of	Re	ceipt				
	Mailing Address 9846 NW 18th St				M M	/		/ Y		Y 7	ſ
	City	State	Zip Code		09 Trans	acti	18 on ID : (	C182935	201 5 <b>0</b>	12	
	Coral Springs	FL	33071-5826					eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,			83.3	37
	Name of Employer	Occupation									
	Inphynet Team Hith	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify) ▼		750.01								
P	Full Name (Last, First, Middle Initial) Gregory J Bjerke				Data of	Pa	coint				
J.	Mailing Address 2973 Peterson Pkwy N				Date of	110		/ Y	Y	Y	
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	Name of Employer Sanford-Meritcare	Occupation									
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	Name of Employer	Occupation									
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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$\rangle$	National Emergency Medicine I	Political A	ction Committee														
Α.	Full Name (Last, First, Middle Initial) Frederick C Blum				Date of	Re	eceipt										
	Mailing Address 1470 Point Marion Rd				м м 07	1	17	) / Y	۲ 20	ү 12	Y						
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	Name of Employer	Occupation		_													
	WV Univ Hosps	Emergency	Physician														
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	NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Jason Bolden				Date of	Re	ceipt				
	Mailing Address 3011 Rock Springs Rd				м м 08	/	25	/ Y	2012		1
	City Charlotte	State NC	Zip Code 28226-7357					C181456 eceipt th	67		
	FEC ID number of contributing federal political committee.	С					7		2	50.0	0
	Name of Employer Jason Bolden, MD	Occupation Emergency									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) Keenan M Bora				Date of	Re	ceipt				
	Mailing Address 3475 Ridgeline Ct	01.1			м м 07	/	D D D 17	/ Y	2012		
	City Ann Arbor	StateZip CodeMI48105-2500					-	C179054 eceipt th	-	od	
	FEC ID number of contributing federal political committee.	С					,	,		50.00	D
	Name of Employer Wayne State Univ/Detroit Rec	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Shawn Martin Borich				Date of	Re	ceipt				
	Mailing Address 16007 Pine Vale Pl				м м 08	/	15	/ Y	2012		
	City Midlothian	State VA	Zip Code 23113-6392					C180814 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7	7	5	500.0	0
	Name of Employer	Occupation									
	Dr. Shawn Martin Borich Receipt For:	Emergency	Physician Year-to-Date ▼								
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NAME OF COMMITTEE (In Full)										
> National Emergency Medic	ine Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Jennifer H Bradstreet				ate of	Re	ceipt				
Mailing Address 3500 Arendell St			- E	M M	/	DD	/ Y	Y Y	Y	
Dept of Emergency Me City	dicine State	Zip Code		09 Trans	acti	11 ion ID :	C182441	2012 1 <b>7</b>		
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EMP	Emergency	Physician								
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Full Name (Last, First, Middle Initial) B. Sabina A Braithwaite				ate of	Re	ceipt				
Mailing Address PO Box 780809				м м 07	/	D D D 17	/ Y	у у 2012	Y	
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federal political committee.	C			_	_	7	1	8	3.33	
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	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine	Political A	ction Committee													
Α.	Full Name (Last, First, Middle Initial) Sabina A Braithwaite				Date of	Re	eceipt									
	Mailing Address PO Box 780809				м – м 09	/	18	) / Y		) 012	Y					
	City	State	Zip Code		Trans	act	ion ID :	C182936								
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в.	Full Name (Last, First, Middle Initial) Steven John Brunetti			Date of Receipt												
	Mailing Address 416 W Church St				M M	/	D D	/ Y	Y	Y	Y					
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	federal political committee.	С					7		_	250.	00					
	Name of Employer	Occupation	1													
	Johns Hopkins Hosp	Emergency	/ Physician													
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## SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_ \_

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ITEMIZED RECEIPTS       for each category of the Detailed Summary Page         Any information copied from such Reports and Statements may not be sold or used by any person for the purified formercial purposes, other than using the name and address of any political committee to solicit control         NAME OF COMMITTEE (In Full)       National Emergency Medicine Political Action Committee         National Emergency Medicine Political Action Committee       Date of F         Full Name (Last, First, Middle Initial)       A.         A. Austin William Burgess       Date of F         Mailing Address 236 Sea Trace Ln       09         City       State       Zip Code         Newport       NC 26570-6408       Amount of         FEC ID number of contributing federal political committee.       Occupation       Amount of         Receipt For:       Occupation       Emergency Physician       Amount of         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       07         Transact       C       07       Transact         Mailing Address 216 Rosa Ave       C       07         City       State       Zip Code       Amount of         Perimary       General       Occupation       C       07         Other (specify) ▼       C       07       Transact       Amount of			pose of	soliciting	g contr	ibutic	ons				
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A.	Austin William Burgess			C	ate o	of Re	eceipt				
	Mailing Address 236 Sea Trace Ln					1 /	11	) / Y	201:		
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	Name of Employer	Occupation									
	Eden Emer Med Grp	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00								
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$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Merrill A Chandler				Date of	Re	ceipt				
	Mailing Address 26 Oak Creek Rd				м м 08	/	04	/ Y	ү ү 2012	Y	
	City El Sobrante	State CA	Zip Code 94803-3506					C180421 eceipt th	<b>11</b> nis Perio	d	
	FEC ID number of contributing federal political committee.	С					,		10	0.00	
	Name of Employer Eden Emer Med Grp	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]							
в.	Full Name (Last, First, Middle Initial) Michael C Christopher				Date of	Re	ceipt				
	Mailing Address 6149 E Wilshire Dr				м м 07	/	D D D 17	/ Y	у у 2012	Y	
	City Scottsdale	State AZ	Zip Code 85257-1959				-	C179043 eceipt th	<b>39</b> nis Perio	d	
	FEC ID number of contributing federal political committee.	C					7		8	3.33	
	Name of Employer EMPower Emer Phys PC	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01								
с.	Full Name (Last, First, Middle Initial) Michael C Christopher				Date of	Re	ceipt				
	Mailing Address 6149 E Wilshire Dr	01-1-	7. 0.4		м м 08		25		үү 2012	Y	
	City Scottsdale	State AZ	Zip Code 85257-1959					C181456 eceipt th	69 nis Perio	d	
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	Name of Employer	Occupation									
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$\Big $	National Emergency Medicine I	Political A	ction Committee									
<b>A.</b>	Full Name (Last, First, Middle Initial) Michael C Christopher				Date of	Re	eceip	ot				
	Mailing Address 6149 E Wilshire Dr				м м 09	1		D 18	/ Y		у 012	Y
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	Full Name (Last, First, Middle Initial) L Anthony Cirillo				Date of	Re	eceip	t				
l	Mailing Address 91 Woodridge Dr				м – м 07	1		D 17	/ Y		)12	Y
0	City	State	Zip Code		Trans	acti	ion I	D : C	179050	)1		
-	Saunderstown	RI	02874-1943		Amount	t of	Eac	h Ree	ceipt th	is P	Period	
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	Primary General Other (specify) ▼		750.00									
	Full Name (Last, First, Middle Initial) Carol L Clark				Date of	Re	eceip	ot				
	Mailing Address 3601 W 13 Mile Rd William Beaumont Hosp ED				м м 07	/	D	D 17	/ Y		ү )12	Y
	City Royal Oak	State MI	Zip Code 48073-6712		Trans Amount				: <b>17904:</b> ceipt th		eriod	
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1	Name of Employer	Occupation	1	_								
	William Beaumont Hospital	Emergency	Physician									
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Α.	Full Name (Last, First, Middle Initial) Nathan J Cleveland Mailing Address 10458 Hope Mills Dr				Date of	f Rec	eipt 25	) / Y	y y 2012	Y				
	City Las Vegas FEC ID number of contributing	State NV	Zip Code 89135-2865					C181457 leceipt th						
	federal political committee.	Occupation					9	7	250	0.00				
	Denver Hlth Med Ctr Receipt For: Primary General Other (specify) ▼	Emergency												
в.	Full Name (Last, First, Middle Initial) Arthur C Cohn Mailing Address PO Box 883		Date of Receipt											
	City Kentfield FEC ID number of contributing federal political committee.	State CA	Zip Code 94914-0883					C181853	is Perioc	0.00				
	Name of Employer Marin Genl Hosp Receipt For:	Occupation Emergency				,	/	,						
	Other (specify) ▼		241.40											
C.	Full Name (Last, First, Middle Initial) Robert Raymond Cooney Mailing Address 210 Concord St				Date of		eipt	/ Y	YYY	Y				
	City Indiana					C181457 leceipt th								
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$\backslash$	NAME OF COMMITTEE (In Full)																
$\Big\rangle$	National Emergency Medicine F	Political A	ction Committee														
Α.	Full Name (Last, First, Middle Initial) Ronald V Cordova				Date of	Re	ceipt										
	Mailing Address 3175 Beau Pre Dr				м м 07	/	05		Y	y y 2012	Y						
	City	State	Zip Code		Trans	acti	on ID	: C17									
	McKinleyville	CA	95519-8040		Amount	t of	Each I	Recei	pt this	Period							
	FEC ID number of contributing federal political committee.	С					7		,	140	0.00						
	Name of Employer	Occupation	l														
	North Coast Emer Phys	Emergency	Physician														
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify)		231.40														
в.	Full Name (Last, First, Middle Initial) Robert J Cox			Date of Receipt													
	Mailing Address 817 Thomaston St			08 25 2012													
	City	State	Zip Code			acti	on ID :			.012							
	Barnesville	GA	30204-1729		Amount					Period							
	FEC ID number of contributing federal political committee.	С					,		<u></u>	250	.00						
	Name of Employer EmergiNet/Summit Med Svcs	Occupation Emergency															
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	Primary General	Ayyreyale															
	Other (specify) <b>v</b>		750.00	ų.,													
с.	Full Name (Last, First, Middle Initial) Patrick A Craddock				Date of	Re	ceipt										
	Mailing Address 2208 Trailside Dr				м м 08	1	D 10			y y 2012	Y						
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	Austin	ТХ	78704-1948		Amount	t of	Each I	Recei	pt this	Period							
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	Brackenridge Hosp	Emergency	Physician														
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General		500.00														
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<b>A</b> .	Full Name (Last, First, Middle Initial) Michael C Curtis Mailing Address 2216 Glen Canyon Rd				Date of	_	ceipt	D	/ Y	Y	Y	Ŷ					
	City	State CA	Zip Code		09 Trans	acti	28 on ID	3 : C18	831483	3	)12						
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	Name of Employer CA Emerg Phys	Occupation Emergency	Physician														
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Β.	Full Name (Last, First, Middle Initial) James Michael Cusick				Date of	Re	· .										
	Mailing Address 1077 Race St City	State	Zip Code	07 17 2012 Transaction ID : C1790173													
	Denver	СО	80206-2832		Amount						eriod						
	FEC ID number of contributing federal political committee.	С					5		7	,	83.	33	]				
	Name of Employer Natl Med Dir AMR	Occupation Emergency															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01														
с.	Full Name (Last, First, Middle Initial) James Michael Cusick				Date of	Re	ceipt										
	Mailing Address 1077 Race St				м м 08	/	D 25		/ Y		12	Y					
	City Denver	State CO	Zip Code 80206-2832		Trans Amount				81457 eipt this		eriod						
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	Name of Employer	Occupation															
	Natl Med Dir AMR	Emergency	Physician														
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Α.	Full Name (Last, First, Middle Initial) James Michael Cusick				Date of	f Re	ceipt								
	Mailing Address 1077 Race St				м м 09	/	18	) / Y		ү 012	Y				
	City	State	Zip Code		Trans	acti	on ID :	C18293							
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	Natl Med Dir AMR	Emergency	Physician												
	Receipt For:	Aggregate	Year-to-Date <b>V</b>												
	Primary   General     Other (specify)		750.01												
в.	Full Name (Last, First, Middle Initial) Mark J K Dalton				Date of	f Re	ceipt								
	Mailing Address 13 Madeline Ct		07 03 2012												
	City	State	Zip Code			acti		C17847		12					
	Farmingdale	NJ	07727-3882					Receipt th		eriod					
	FEC ID number of contributing federal political committee.	С					,			500.	.00				
	Name of Employer	Occupation	1	_											
	Jersey Emer Med Spec	Emergency	Physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00												
<u> </u>	Full Name (Last, First, Middle Initial) Robert James Davis				Date of	f Re	ceipt								
	Mailing Address 391 Boxberry Hill Rd				м м 07	/	17			)12	Y				
	City	State	Zip Code		Trans	acti	ion ID :	C17964							
	East Falmouth	MA	02536-4125		Amoun	t of	Each R	Receipt th	nis P	eriod					
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	Name of Employer	Occupation	1												
	Falmouth Hosp	Emergency	/ Physician												
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Brian C Dawson			[	Date o	f Re	ceipt				
	Mailing Address 359 Augusta Dr				м м 08	1	25	/ Y	2012		1
	City Abingdon	State VA	Zip Code 24211-3805					C181457 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					,		2	50.00	D
	Name of Employer	Occupation									
	Brody Schl of Med @ ECU ED	Emergency	Physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00								
В.	Full Name (Last, First, Middle Initial) Matthew Deibel				Date o	f Re	ceipt				
	Mailing Address 4090 Morningside Ln				м м			/ Y	2012		1
	City	State	Zip Code					C182452			
	Saginaw FEC ID number of contributing	MI	48603-1185	_ ^	Amoun	t of	Each R	eceipt th	is Perio	od	
	federal political committee.	С					7	1	50	00.00	)
	Name of Employer Covenant HIthCare	Occupation Emergency									
	Receipt For:		Year-to-Date ▼	_							
	Primary General Other (specify)		500.00								
С.	Full Name (Last, First, Middle Initial) Dennis DeJulius				Date o	f Re	ceipt				
	Mailing Address 2037 Old Forge Rd				м м 07	/	D D D	/ Y	2012		1
	City Kent	State OH	Zip Code 44240-6744					C17964 eceipt th		od	_
	FEC ID number of contributing federal political committee.	С			Anioun					00.00	D
	Name of Employer	Occupation		_							
	Akron City Hosp	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		300.00								
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ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the Vite Vite Vite Vite
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine		
Full Name (Last, First, Middle Initial)         A.         Michael Demelis         Mailing Address 10 Fairway Dr         City         Cumberland         FEC ID number of contributing federal political committee.         Name of Employer         Sturdy Mem Emer Phys         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         RI       02864-3488         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date       25	Date of Receipt Transaction ID : C1816662 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial)         B. Carrie DeMoor         Mailing Address 4701 Paxton Ln         City         Frisco         FEC ID number of contributing federal political committee.         Name of Employer         TX Tech Hlth Sci Ctr         Receipt For:         Primary       General         Other (specify)	State Zip Code TX 75034-2209 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt  Transaction ID : C1799244  Amount of Each Receipt this Period  80.00
Full Name (Last, First, Middle Initial) C. fred dennis MD, MBA, F Mailing Address 22287 mulholland hwy. #187 City calabasas FEC ID number of contributing federal political committee. Name of Employer EmCare Receipt For: Primary General Other (specify) ▼	State       Zip Code         C       91302         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       75	Date of Receipt 07 17 2012 Transaction ID : C1790175 Amount of Each Receipt this Period 83.33 50.01
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NAME OF COMMITTEE (In Full) National Emergency Medi	cine Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. fred dennis MD, MBA, F			[	Date of	Re	ceipt				
Mailing Address 22287 mulholland hw	у.			M – M	/	D I	) / Y	Y	Y	Y
#187	•			08		25		20	012	
City	State	Zip Code		Trans	acti	ion ID :	C18145	75		_
calabasas	CA	91302	A	Amount	of	Each F	Receipt tl	his P	eriod	
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Other (specify)		750.01	1							
Full Name (Last, First, Middle Initial) B. fred dennis MD, MBA, F				Date of	Re	ceipt				
Mailing Address 22287 mulholland hw #187	у.			м м 09	/	18			)12	Y
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EmCare	Emergency	Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	1							
Full Name (Last, First, Middle Initial) C. Laurence R DesRochers		, ,		Date of	Re	ceipt				
Mailing Address 640 Harbor Rd				м м 07	1	17			)12	Y
City Brick	State NJ	Zip Code 08724-4716		Trans		ion ID :	C17905 Receipt tl	28		
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Jersey Emer Med Spec	Emergency	Physician								
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	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) James R Dudley				Date o	f Re	eceipt				
	Mailing Address 618 Hospital Rd Riverside Tappahannock Hosp	)			м м 07	/	D [	) / Y	2012		]
	City Tappahannock	State VA	Zip Code 22560-5000					C17905 Receipt th		iod	
	FEC ID number of contributing federal political committee.	С					,			50.0	0
	Name of Employer	Occupation									
	Riverside Tappahannock Hosp Receipt For:	Emergency	· · ·	_							
	Primary General Other (specify) V	Aggregale	Year-to-Date ▼ 550.00								
в.	Full Name (Last, First, Middle Initial) James R Dudley				Date o	of Re	eceipt				
	Mailing Address 618 Hospital Rd Riverside Tappahannock Hosp		7.0.1		м м 08	/	D 10 25		2012	Y Y	
	City Tappahannock	State VA	Zip Code 22560-5000					C18145 Receipt th		iod	
	FEC ID number of contributing federal political committee.	С						1000.pt 1		50.0	0
	Name of Employer Riverside Tappahannock Hosp	Occupation Emergency									
	Receipt For:		Year-to-Date ▼								
	Other (specify)		550.00								
с.	Full Name (Last, First, Middle Initial) James R Dudley				Date o	of Re	eceipt				
	Mailing Address 618 Hospital Rd Riverside Tappahannock Hosp	)			м м 09	/	D 18		2012		1
	City Tappahannock	State VA	Zip Code 22560-5000					C18293 Receipt th		iod	
	FEC ID number of contributing federal political committee.	С					,			50.0	0
	Name of Employer	Occupation									
	Riverside Tappahannock Hosp	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Louis J Durkin			[	Date o	f Re	eceipt							
	Mailing Address 436 Pinewood Dr				м м 08	/	010	/ Y	2012		1			
	City Longmeadow	State MA	Zip Code 01106-1644	A			i <b>on ID :</b> Each Re		27		-			
	FEC ID number of contributing federal political committee.	С					,		2	200.0	D			
	Name of Employer	Occupation	1											
	Baystate Med Ctr	Emergency	Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
В.	Full Name (Last, First, Middle Initial) Louis J Durkin				Date o	of Re	eceipt							
	Mailing Address 436 Pinewood Dr				м м 09	/	D D 23	/ Y	2012		1			
	City Longmeadow	State MA	Zip Code 01106-1644	A			i <mark>on ID : (</mark> Each Re			od	_			
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	Name of Employer Baystate Med Ctr	Occupation Emergency												
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	Full Name (Last, First, Middle Initial) Mark R Dziedzic				Date o	f Re	reint							
0.	Mailing Address 101 Boulanger Ave				м – м 09		26	/ Y	2012		1			
	City West Hartford	State CT	Zip Code 06110-1178				ion ID : Each Re		-	od	-			
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	Name of Employer	Occupation												
	Northeast Emergency Medicine Specialis	Emergency	Physician											
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Mailing Address 111 N Sepulveda Blvd       09       18         Ste 210       State       Zip Code         City       State       Zip Code         Manhattan Beach       CA       90266-6849         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt th         Name of Employer       Occupation       Emergency Physician         Chino Valley Med Ctr       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       375.00	h committee.	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from succession of the political Action Committee       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)       Date of Receipt         A.       Irv E Edwards MD, FACEP       Date of Receipt         Mailing Address 111 N Sepulveda Blvd       State       Zip Code         Manhattan Beach       CA       90266-6849         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Chiro Valley Med Ctr       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       General         Other (specify) ▼       State         City       State         Mailing Address 807 Cedar Park Dr       TX         City       State       Zip Code         West Lake Hls       TX       78746-4517         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Dr. Oliver Fannin, III       Emergency Physician         Receipt For:       Occupation         Name of Employer <th>h committee.</th> <th></th>	h committee.	
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         A. Irv E Edwards MD, FACEP         Mailing Address 111 N Sepulveda Blvd         Ste 210         City         Ste 210         City         Manattan Beach         FEC ID number of contributing federal political committee.         Name of Employer         Occupation         Primary         General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         B. Oliver Fannin III         Mailing Address 807 Cedar Park Dr         City       State         Vest Lake His       TX         FEC ID number of contributing federal political committee.         Date of Receipt         Transaction ID : C18293         Amount of Each Receipt         Transaction ID : C18081:         Mailing Address 807 Cedar Park Dr         City       State         West Lake His       TX         TR receipt For:         Name of Employer       Occupation         Dr. Oliver Fannin, III       Emergency Physician         Receipt For:       Occupation         Name of Employer       Occupation	33 his Period	
Full Name (Last, First, Middle Initial)       A.       Irv E Edwards MD, FACEP         Mailing Address 111 N Sepulveda Bivd	33 his Period	
A.       Irv E Edwards MD, FACEP         Mailing Address 111 N Sepulveda Blvd	33 his Period	
Ste 210     09     18       City     State     Zip Code       Manhattan Beach     CA     90266-6849       FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation       Chino Valley Med Ctr     Emergency Physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     Tx       78746-4517       FEC ID number of contributing federal political committee.     Date of Receipt       Diver Fannin III     Tx     78746-4517       Mame of Employer     Occupation       City     State     Zip Code       West Lake HIs     TX     78746-4517       FEC ID number of contributing federal political committee.     Occupation       Date of Employer     Occupation       City     State     Zip Code       West Lake HIs     TX     78746-4517       FEC ID number of contributing federal political committee.     Occupation       Dr. Oliver Fannin, III     Emergency Physician       Receipt For:     Occupation       Primary     General       Aggregate Year-to-Date ▼	33 his Period	
City       State       Zip Code         Manhattan Beach       CA       90266-6849         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Chino Valley Med Ctr       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       375.00         Full Name (Last, First, Middle Initial)       B.         B.       Oliver Fannin III         Mailing Address 807 Cedar Park Dr       15         City       State       Zip Code         West Lake HIs       TX       78746-4517         FEC ID number of contributing federal political committee.       C       Image: Color of the color	33 his Period	
Manhattan Beach       CA       90266-6849         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt it C         Name of Employer       Occupation         Chino Valley Med Ctr       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       375.00         Full Name (Last, First, Middle Initial)       B.         Diver Fannin III       Date of Receipt         Mailing Address 807 Cedar Park Dr       15         City       State       Zip Code         Vest Lake HIs       TX       78746-4517         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt II         Name of Employer       Occupation       Amount of Each Receipt II         Name of Employer       Occupation       Amount of Each Receipt III         Receipt For:       Aggregate Year-to-Date ▼       Image: Aggregate Year-to-Date ▼         Primary       General       Aggregate Year-to-Date ▼       Image: Aggregate Year-to-Date ▼	his Period	
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Chino Valley Med Ctr       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       375.00         Full Name (Last, First, Middle Initial)       375.00         B. Oliver Fannin III       Date of Receipt         Mailing Address 807 Cedar Park Dr       Mailing Address 807 Cedar Park Dr         City       State       Zip Code         West Lake His       TX       78746-4517         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Dr. Oliver Fannin, III       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General		
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       375.00         B. Oliver Fannin III       Date of Receipt         Mailing Address 807 Cedar Park Dr       08 / 15         City       State       Zip Code         West Lake HIs       TX       78746-4517         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Dr. Oliver Fannin, III       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General		
Primary General   Other (specify) General   Full Name (Last, First, Middle Initial) B. Oliver Fannin III Mailing Address 807 Cedar Park Dr City State Zip Code West Lake HIs TX 78746-4517 FEC ID number of contributing federal political committee. Name of Employer Dr. Oliver Fannin, III Receipt For: Primary General Occupation Emergency Physician Aggregate Year-to-Date ▼		
Other (specify) ▼       375.00         Full Name (Last, First, Middle Initial)       Date of Receipt         B. Oliver Fannin III       Date of Receipt         Mailing Address 807 Cedar Park Dr       08 / 15 / 15         City       State       Zip Code         West Lake HIs       TX       78746-4517         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Dr. Oliver Fannin, III       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General		
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City       State       Zip Code       Transaction ID : C180813         West Lake HIs       TX       78746-4517       Amount of Each Receipt th         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt th         Name of Employer       Occupation       C       Image: Committee and the committee an		
West Lake HIs       TX       78746-4517       Amount of Each Receipt th         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt th         Name of Employer       Occupation       C         Dr. Oliver Fannin, III       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	2012	
FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation       Dr. Oliver Fannin, III     Emergency Physician       Receipt For:     Aggregate Year-to-Date ▼	37	
federal political committee.       Occupation         Name of Employer       Occupation         Dr. Oliver Fannin, III       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	nis Period	
Dr. Oliver Fannin, III     Emergency Physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	250.00	
Receipt For:     Aggregate Year-to-Date ▼		
Primary General General		
Full Name (Last, First, Middle Initial)       Date of Receipt         C. Claudine S Feliciano       Date of Receipt		
Mailing Address 639 Bobwhite Ln	2012	
City     State     Zip Code     Transaction ID : C18145       New Lenox     IL     60451-8595     Amount of Each Pageint the state of		
	nis Period	_
FEC ID number of contributing federal political committee.	250.00	
Name of Employer Occupation		
Henry Ford Macomb-Warren Hosp Emergency Physician		
Receipt For:     Aggregate Year-to-Date ▼       Primary     General		
Other (specify) ▼ 500.00		
SUBTOTAL of Receipts This Page (optional)	875.00	7

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	EMIZED RECEIPTS		Detailed Summary Page		<b>1</b> 1a		11b	11c		12	
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$\backslash$	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine I	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) John T Finnell II				Date o	f Re	ceipt				
	Mailing Address 505 S 5th St				м м 07	/	D 17	У / Y		9 012	Y
	City	State	Zip Code		Trans	acti	ion ID :	C17905	22		
	Zionsville	IN	46077-1745	_	Amoun	t of	Each F	Receipt tl	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	<b>y</b>	_	83	.33
	Name of Employer	Occupation	1								
	Indiana Univ Schl of Med	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		750.01								
В.	Full Name (Last, First, Middle Initial) John T Finnell II				Date o	f Re	ceipt				
	Mailing Address 505 S 5th St				м м 08	/	25	) / Y		)12	Y
	City	State	Zip Code		Trans	acti		C18145			_
	Zionsville	IN	46077-1745		Amoun	t of	Each F	Receipt tl	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					,			83.	33
	Name of Employer Indiana Univ Schl of Med	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	]							
<u></u>	Full Name (Last, First, Middle Initial) John T Finnell II				Date o	f Re	ceipt				
	Mailing Address 505 S 5th St				м м 09	/	D 18			)12	Y
	City	State	Zip Code		Trans	sact	ion ID :	C18293	59		
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	Name of Employer	Occupation	1	-							
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	Primary General	33 - 3		11.							
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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ITEIMIZED RECEIPTS		Detailed Summary Page		11a		11b	Γ	11c		12	
		Detailed Summary Page		13		14		15		16	17
Any information copied from such Reports and a or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee			_		_				
Full Name (Last, First, Middle Initial) A. Diana L Fite			[	Date of	Re	ceipt	t				
Mailing Address 15806 Maple Falls Ct				м м 07	1		D 17	/ Y		) 12	Y
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Tomball	ТХ	77377-8762	/	Amount	t of	Each	n Re	eceipt th	nis P	eriod	
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Name of Employer	Occupation										
Meth Willowbrook Hosp ED	Emergency	Physician									
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Full Name (Last, First, Middle Initial) B. Diana L Fite				Date of	Re	ceipt	t				
Mailing Address 15806 Maple Falls Ct				м м 08	/	D	25	/ Y	20	Y 12	Y
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	y information copied from such Reports and S for commercial purposes, other than using the										
$\backslash$	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz				Date of	f Re	eceipt				
	Mailing Address 6003 84th St				м м 07	1	D 17			2012	Y
	City Lubbock	State TX	Zip Code 79424-3686	-				C1790			
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	Name of Employer	Occupation									
	Covenant Med Grp	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		800.01	4							
в.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz				Date of	f Re	eceipt				
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	City	State	Zip Code			acti		C1814		512	
	Lubbock	ТΧ	79424-3686					Receipt		Period	
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	Name of Employer Covenant Med Grp	Occupation Emergency									
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	Primary General Other (specify) ▼	Jiggiogalo	800.01								
<u>с</u> .	Full Name (Last, First, Middle Initial) Juan Francisco Fitz				Date of	f Re	eceipt				
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	City Lubbock	State TX	Zip Code 79424-3686					<b>C1829</b> Receipt		Period	
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	Name of Employer	Occupation		_							
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NAME OF COMMITTEE (In Full) National Emergency Medicin	e Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. T Sean Fitzpatrick				Date of	Re	ceipt				
Mailing Address 906 E 37th St				м – м 09	/	D D D 11	/ Y	y 201		Y
City	State TX	Zip Code		Trans	acti	on ID : (	C182451	13		
Austin		78705-1808	A	mount	of	Each Re	eceipt th	is Pe	riod	
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Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00								
Full Name (Last, First, Middle Initial) B. Kelly Foley				Date of	Re	ceipt				
Mailing Address 1133 Pond Cypress Dr				м м 07	/	17	/ Y	y 201	ү 2	Y
City	State	Zip Code		Transa	acti	on ID : C	179053	\$0		
Virginia Bch	VA	23455-6859	A	mount	of	Each Re	eceipt th	is Pe	riod	
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Full Name (Last, First, Middle Initial) C. Kelly Foley	I			Date of	Re	ceipt				
Mailing Address 1133 Pond Cypress Dr				м м 08	/	25	/ Y	201		Y
City	State	Zip Code		Trans	acti	ion ID : (	C181458	31		
Virginia Bch	VA	23455-6859	A	mount	of	Each Re	eceipt th	is Pe	riod	
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Name of Employer	Occupation	1								
Emer Phys of Tidewater	Emergency	/ Physician								
Receipt For:	Aggregate	Year-to-Date ▼								
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			Detailed Summary Page		11a		11b	11c	12	<u> </u>
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or	for commercial purposes, other than using the	e name and a	ddress of any political committe	e to so	licit coi	ntrib	utions f	rom such	commit	tee.
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/	National Emergency Medicine	Political A	ction Committee							
Α.	Full Name (Last, First, Middle Initial) Kelly Foley				Date of	f Re	ceipt			
	Mailing Address 1133 Pond Cypress Dr				м = м 09	/	18	/ Y	y y 2012	Y
	City	State	Zip Code			acti		C1829365		
	Virginia Bch	VA	23455-6859					leceipt this		
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	Name of Employer	Occupation								
	Emer Phys of Tidewater	Emergency	Physician							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		900.00							
в.	Full Name (Last, First, Middle Initial) Dennis M Ford				Date of	f Re	ceipt			
	Mailing Address 8033 Bayridge Ave				м м 08	/	D D 10	/ Y	y y 2012	Y
	City	State	Zip Code		Trans	acti	on ID :	C1807407	,	
	Gig Harbor	WA	98332-1875		Amount	t of	Each R	leceipt this	s Period	
	FEC ID number of contributing federal political committee.	С					,		250	.00
	Name of Employer	Occupation	1							
	St Johns Med Ctr	Emergency	Physician							
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	Primary General Other (specify) ▼		250.00	11						
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С.	Full Name (Last, First, Middle Initial) Marsha D Ford				Date of	f Re	ceipt			
	Mailing Address PO Box 32861 Carolinas Med Ctr ED				м м 07	/	D D 17	/ Y	у у 2012	Y
	City	State	Zip Code		Trans	sacti	ion ID :	C179016	Э	
	Charlotte	NC	28232-2861		Amount	t of	Each R	leceipt this	s Period	
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	Name of Employer	Occupation	1							
	Carolinas Med Ctr ED	Emergency	' Physician							
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	Other (specify)		350.00	11						
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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of			ontribut	tions
	NAME OF COMMITTEE (In Full)	name anu a		0 50			ulions			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	National Emergency Medicine P	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Anita Marie Gage				Date of	Re	ceipt				
	Mailing Address 2174 N Hametown Rd				м – м 09	/	11	/	Y Y 2	2012	Y
	City Akron	State OH	Zip Code 44333-1026				i <b>on ID :</b> Each F			Period	
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	Name of Employer EMP Ltd	Occupation Emergency									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		1100.00	]							
	Full Name (Last, First, Middle Initial) William Stephen Gallea				Date of	Re	ceipt				
	Mailing Address PO Box 6622				м м 07	1	. 17		Y Y 2	012	Y
	City	State	Zip Code			acti	on ID :				
	Helena	MT	59604-6622	/	Amount	t of	Each F	Receipt	this I	Period	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	]							
<u></u>	Full Name (Last, First, Middle Initial) Angela F Gardner				Date of	Re	ceipt				
	Mailing Address 1914 Fair Field Dr				м м 07	/	D 17			012	Y
	City Grapevine	State TX	Zip Code 76051-7100				ion ID : Each F			Period	
	FEC ID number of contributing federal political committee.	С					7			83	.33
	Name of Employer	Occupation									
	UTMB Univ of TX	Emergency	Physician								
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	Other (specify) ▼		416.65	]							
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			Detailed Summary Page		11a 13		11b 14		11c 15	$\square$	12 16	<b>1</b> 1	7		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f soli	iciting		ntribut	ions			
	NAME OF COMMITTEE (In Full)						Julionia	nom	30011						
	National Emergency Medicine P	olitical A	ction Committee												
Α.	Full Name (Last, First, Middle Initial) Angela F Gardner					Date of Receipt									
	Mailing Address 1914 Fair Field Dr					08 25 2012									
	City	State Zip Code TX 76051-7100				Transaction ID : C1814584									
	Grapevine FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 83.33										
	Name of Employer	Occupation		_	-										
	UTMB Univ of TX     Emergency Physician       Receipt For:     Aggregate Year-to-Date ▼														
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.65	]											
B.	Full Name (Last, First, Middle Initial) Angela F Gardner					Re	eceipt								
	Mailing Address 1914 Fair Field Dr					09 18 _2012 _									
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	Name of Employer UTMB Univ of TX	Occupation Emergency													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	]											
C.	Full Name (Last, First, Middle Initial) Brent F Gardner				Date of	Re	eceipt						_		
	Mailing Address 640 E Club Cir					07 17 2012									
	City Longwood	State FL	Zip Code 32779-2256		Transaction ID : C1789821 Amount of Each Receipt this Period										
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	Name of Employer	_													
	FL Emer Phys Kang & Assoc														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00												
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			Detailed Summary Page		11a 13		11b 14		11c 15	$\square$	12 16	17
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$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine P											
Α.	Full Name (Last, First, Middle Initial) Daniel C Geary Mailing Address 142 Woodshire Rd				Date of		eceipt	D	/ Y	Y	Y	Y
	City	State	Zip Code		07 Trans	act	17		178983 <sup>.</sup>		012	
	Pittsburgh	PA	15215-1714						eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					7	_	7		83.	33
	Name of Employer Geisinger Med Ctr	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	]								
в.	Full Name (Last, First, Middle Initial) Daniel C Geary				Date of	Re	eceipt					
	Mailing Address 142 Woodshire Rd				м м 08	1	2:		/ Y	ү 20	)12	Y
	City Pittsburgh	State PA	Zip Code 15215-1714						81458		eriod	
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			erson for th		rpose of		contribu	
NAME OF COMMITTEE (In Full)								
> National Emergency Medici	ne Political A	ction Committee						
Full Name (Last, First, Middle Initial)			Date	of R	eceipt			
Mailing Address 1209 Rutherford Rdg			M 08		15 D	/ Y	ү ү 2012	Y
City O Fallon	State IL	Zip Code 62269-7027	Tra	nsac	tion ID :			
FEC ID number of contributing federal political committee.	C				-	-	250	.00
Name of Employer Midwest Emer Dept Serv	Occupation Emergency							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]					
Full Name (Last, First, Middle Initial) B. Christopher Michael Gooch			Date	of R	eceipt			
Mailing Address 105 Church St			08		25	/ Y	y y 2012	Y
City Rayland	State OH	Zip Code 43943-9602			tion ID : (		<b>7</b> is Period	
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Name of Employer Ohio Valley Med Ctr	Occupation Emergency		_					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) C. Jeffrey Michael Goodloe			Date	of R	eceipt			
Mailing Address 3720 E 99th Pl			0	M		/ Y	y y 2012	Y
City Tulsa	State OK	Zip Code 74137-5231			tion ID : Each Re		<b>)2</b> is Period	
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Name of Employer	Occupation							
University of Oklahoma Receipt For: Primary General Other (specify)	Aggregate	Physician Year-to-Date ▼ 750.00	]					
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# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any part and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial)         A.         Mylissa Amy Graber         Mailing Address 7809 Trieste Place         City         Delray Beach         FEC ID number of contributing federal political committee.         Name of Employer         EMCARE	State Zip Code FL 33446-4403 C Occupation Executive Vice President	Date of Receipt
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)         B.       Louis G Graff         Mailing Address 130 Oakridge		Date of Receipt 07 01 2012
City Unionville FEC ID number of contributing federal political committee.	State Zip Code CT 06085-1480	Transaction ID : C1786313           Amount of Each Receipt this Period           100.00
Name of Employer New Britian General Hosp Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1100.00	
C. Full Name (Last, First, Middle Initial) Autumn Graham Mailing Address 1824 S St NW		Date of Receipt
City Washington FEC ID number of contributing	State Zip Code DC 20009-6137	Transaction ID : C1796449 Amount of Each Receipt this Period 100.00
federal political committee. Name of Employer Medstar Emerg Phys Receipt For: Primary General Other (apocify)	C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine P	olitical A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Autumn Graham				Date of	f Re	ceipt					
	Mailing Address 1824 S St NW				M M	/	D	D	/ Y	Y	Y	Y
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	City	State DC	Zip Code 20009-6137						C18024			
	Washington		20009-0137		Amount	t of	Each	Re	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7				150	.00
	Name of Employer	Occupation										
	Medstar Emerg Phys	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
<u> </u>	Full Name (Last, First, Middle Initial) Ronald Eugene Graham				Date of	f Re	ceipt					
	Mailing Address 2104 Pell St				M M	/	D	D	/ Y	Y	Y	Y
					07			9		20	)12	
	City	State	Zip Code		Trans	acti	on ID	: (	C17963	79		
	Scottsboro	AL	35769-3940	/	Amount	t of	Each	Re	eceipt th	nis F	Period	
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	Name of Employer	Occupation										
	Dr. Ronald Eugene Graham	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼ 1100.00									
 C.	Full Name (Last, First, Middle Initial) Stephen A D Grant		7 7 7 7		Date of	f Re	ceipt					
	Mailing Address 1 Cherry Hills Dr				м м 07	/	D	D 7	/ Y		)12	Y
	City	State	Zip Code		Trans	act	ion IC	):(	C17904			
	Aiken	SC	29803-5688		Amount	t of	Each	Re	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,		5		83	9.33
	Name of Employer	Occupation		_								
	Aiken Emer Med Phys	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
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			Detailed Summary Page		11a 13		11b 14		11c 15		12 16		17
	formation copied from such Reports and commercial purposes, other than using th				for the		pose o		liciting		ntribut	tions	17
NA	ME OF COMMITTEE (In Full) ational Emergency Medicine												
	l Name (Last, First, Middle Initial) ephen A D Grant				Date of	f Re	eceipt						
	iling Address 1 Cherry Hills Dr				м м 08	/	25		/ Y	Y 20	у 012	Y	
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	C ID number of contributing eral political committee.	С					7		7	_	83	.33	
	ne of Employer en Emer Med Phys	Occupation Emergency											
	ceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 750.01										
<b>B</b> . St	I Name (Last, First, Middle Initial) ephen A D Grant iling Address 1 Cherry Hills Dr				Date of	f Re	eceipt	D	/ •	Y	v	V	
City		State	Zip Code		09		18	8	00025		)12		
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	ne of Employer en Emer Med Phys	Occupation Emergency											
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	l Name (Last, First, Middle Initial) ndrea L Green	I			Date of	f Re	eceipt						
Mai	iling Address 22428 Springflower Dr				м м 07	/	D 17		/ Y		)12	Y	
City Go	/ Iden	State CO	Zip Code 80401-8033		Trans Amount				1 <b>79014</b> eipt thi		eriod		
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	Andrea L Green	Emergency	_										
	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1150.00										
	TOTAL of Receipts This Page (optional)						7	-	7		316.	70	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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Δ٢	ny information copied from such Reports and S	Statements ma	av not be sold or used by any pr	erson	13 for the		14 nose of	15 solicitin		16 Intribut	17 ions			
	for commercial purposes, other than using the													
$\setminus$	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine I	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) William James Green				Date of	Re	eceipt							
	Mailing Address 153 W Avenida De Las Flores	3			м м 07	/	09		2	012	Y			
	City	State	Zip Code		Trans	acti	ion ID :	C17869						
	Thousand Oaks	CA	91360-1802	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,	7		365	.00			
	Name of Employer	Occupation	1											
	Newport Emer Med Grp Inc	Emergency	Physician											
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	Other (specify)		365.00	]										
в.	Full Name (Last, First, Middle Initial) Robert D Greenberg				Date of	Re	eceipt							
	Mailing Address 2401 S 31st St Scott & White				м м 07	/	17		2(	y 012	Y			
	City	State	Zip Code		Trans	acti	on ID :	C17904	37					
	Temple	ТХ	76508-0001		Amount	t of	Each F	Receipt t	his F	'eriod				
	FEC ID number of contributing federal political committee.	С					7	7	_	250	00			
	Name of Employer	Occupation	1											
	Scott & White Healthcare	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		750.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Scott Gunderson				Date of	Re	eceipt							
	Mailing Address 6505 Olstad Dr				м м 09	1	06			) 12	Y			
	City	State	Zip Code		Trans	act	ion ID :	C18187	'53					
	Independence	MN	55359-6500		Amount	t of	Each F	Receipt t	his F	'eriod				
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$\backslash$	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Michael Gary Guttenberg			[	Date o	f Re	eceipt				
	Mailing Address 11 Glen Hill Ln				м м 07	/	D 17			ү 012	Y
	City	State	Zip Code		Trans	act	ion ID :	C17905	32		
	Tarrytown	NY	10591-5055	A	Amoun	t of	Each F	Receipt t	his F	'eriod	
	FEC ID number of contributing federal political committee.	С					,			250	.00
	Name of Employer	Occupation									
	St Josephs Med Ctr	Emergency	Physician	_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		850.00								
в.	Full Name (Last, First, Middle Initial) Alison Haddock				Date o	f Re	eceipt				
	Mailing Address 1800 11th Ave				M M	/	D	ר / ס	Y	Y	Y
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	City Seattle	State WA	Zip Code 98122-2421					C17905			
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	Name of Employer Univ of MI	Occupation									
		Emergency	Physician	_							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.01								
<u> </u>	Full Name (Last, First, Middle Initial) Alison Haddock				Date of	f Re	eceipt				
	Mailing Address 1800 11th Ave				м м 08	/	25			) 12	Y
	City	State	Zip Code		Trans	sact	ion ID :	: C18147	/32		
	Seattle	WA	98122-2421	A	Amoun	t of	Each F	Receipt t	his F	Period	
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	Name of Employer	Occupation		_							
	Univ of MI	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
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			Detailed Summary Page		11a 13		11b 14	11c		12	47
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of				
	NAME OF COMMITTEE (In Full) National Emergency Medicine F										
<b>A</b> .	Full Name (Last, First, Middle Initial) Alison Haddock Mailing Address 1800 11th Ave				Date of		eceipt		Y Y	Y	Y
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	Name of Employer Univ of MI Receipt For:	Occupation Emergency	Physician								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	1							
в.	Full Name (Last, First, Middle Initial) Lindsay M Harmon Mailing Address 6701 Shore Island Dr				Date of	f Re	D . [		Y Y	Y	Y
	City Indianapolis	State IN	Zip Code 46220-1185				17 i <b>on ID :</b> Each F	C1790	552	012 Period	
	FEC ID number of contributing federal political committee.	С					7			100.	.00
	Name of Employer Indiana Univ Sch of Med	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00								
C.	Full Name (Last, First, Middle Initial) Troy D Harris				Date of		eceipt				
	Mailing Address 106 Kennett Rd	State	Zip Code		08		17	11	20	012	Y
	Old Hickory	TN	37138-2113				ion ID : Each F			Period	
	FEC ID number of contributing federal political committee.	С					,	7		500	.00
	Name of Employer	Occupation									
	Troy D Harris, MD, FACEP	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7 I		-	683.	37

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			for each category of the Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
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	E OF COMMITTEE (In Full) ional Emergency Medicine F	Political A	ction Committee		
	lame (Last, First, Middle Initial) son Leigh Harvey			Date of Receipt	
Mailin City	g Address 14 Medical Park Palmetto Health Richland ED	State	Zip Code	07 02 Transaction ID	
Colui	mbia	SC	29203		Receipt this Period
	ID number of contributing al political committee.	С			500.00
	e of Employer	Occupation			
	etto Hlth Richland	Emergency	-	_	
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00		
	lame (Last, First, Middle Initial) athan Heidt			Date of Receipt	
	g Address 660 S Euclid Ave Barnes Jewish Hosp			07 1	7 2012
City Saint	Louis	State MO	Zip Code 63110-1010	Transaction ID Amount of Each	: C1790550 Receipt this Period
	ID number of contributing al political committee.	С			41.67
	e of Employer is Jewish Hosp	Occupation Emergency			
Recei	pt For: Primary General Other (specify) <del>▼</del>	Aggregate	Year-to-Date ▼ 374.99		
	lame (Last, First, Middle Initial) hathan Heidt			Date of Receipt	
	g Address 660 S Euclid Ave Barnes Jewish Hosp			08 / D	5 / Y Y Y Y 2012
City Saint	t Louis	State MO	Zip Code 63110-1010	Transaction ID Amount of Each	: C1814733 Receipt this Period
	ID number of contributing al political committee.	С			41.67
Name	e of Employer	Occupation	I	-	
	es Jewish Hosp	Emergency	Physician		
Recei	pt For: Primary General	Aggregate	Year-to-Date ▼ 374.99		
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			Detailed Summary Page		4		11b		11c		12		
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	for commercial purposes, other than using the												
$\backslash$	NAME OF COMMITTEE (In Full)					_							
	National Emergency Medicine F	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Jonathan Heidt			[	Date of	f Re	eceipt						
	Mailing Address 660 S Euclid Ave				M M	/	D		/ Y	Y	Y	Y	
	Barnes Jewish Hosp	State	Zip Code	- 1	09 Trans	acti		8 •• <b>(</b>	2182937		012	_	
	Saint Louis	MO	63110-1010	A					ceipt th		'eriod		
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	Name of Employer	Occupation	1										
	Barnes Jewish Hosp	Emergency	Physician	_									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		374.99										
	Full Name (Last, First, Middle Initial) Gary Thomas Hemann				Date of	f Re	eceipt						
	Mailing Address 1650 S Sky Ridge Dr				M – M	/	D	D	/ Y	Y	Y	Y	
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	City Wdm	State IA	Zip Code 50266-3812						182524		Dariad		
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	federal political committee.	C					7		7	_	500.	00	I,
	Name of Employer Mercy Med Ctr	Occupation											
	Receipt For:	Emergency		_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		500.00										
<u> </u>	Full Name (Last, First, Middle Initial) Francis M Henderson				Date of	f Re	eceipt						
	Mailing Address 1817 S 27th Pl				м м 08	/	2	D 20	/ Y		) 12	Y	
	City	State AR	Zip Code						C18134				
	Rogers	AK	72758-1413	A	moun	t of	Each	Re	eceipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С			_		7		7	_	500	.00	
	Name of Employer	Occupation	1										
	Information Requested	Emergency											
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#### SCHEDULE A (FEC Form 3X) DEAEI

FOR LINE NUMBER:

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or	or commercial purposes, other than using the	name and a	ddress of any political committee	e to so	olicit co	ntrib	outions f	rom suc	h com	nmitte	e.
	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine F	Political A	ction Committee								
	Full Name (Last, First, Middle Initial) Charles W Henrichs III				Date of	f Re	ceipt				
	Mailing Address 800 N Justice St				M M		D D	/ Y	Y	Y	Y
	Margaret R Pardee Meml Hosp	)			08		25		201	12	
	City	State	Zip Code		Trans	act	ion ID :	C18147	35		
	Hendersonvlle	NC	28791-3410		Amount	t of	Each R	eceipt th	nis Pe	riod	
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	federal political committee.	U			_	-	7				
	Name of Employer	Occupation									
	Hendersonville Emer Consultant	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary General		750.00	11.							
	Other (specify)		1 1 1	41.							
	Full Name (Last, First, Middle Initial)										
	Hugh F Hill III				Date of	f Re	eceipt				
	Mailing Address 6915 Radnor Rd				M M	/	D D	/ Y	Y	Y	Y
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	City	State	Zip Code		Trans	acti	on ID :	C18145	50		
-	Bethesda	MD	20817-6328		Amount	t of	Each R	eceipt th	nis Pe	riod	
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	Name of Employer	Occupation									
	Johns Hopkins	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary     General       Other (specify) ▼		2400.00	]							
	Full Name (Last, First, Middle Initial) Hugh F Hill III				Date of	f Re	ceipt				
	Mailing Address 6915 Radnor Rd				M M		D	/ Y	Y	Y	Y
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	City	State	Zip Code		Trans	sact	ion ID :	C18310	16		
-	Bethesda	MD	20817-6328		Amount	t of	Each R	eceipt th	nis Pe	riod	
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# SCHEDULE A (FEC Form 3X)

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	y information copied from such Reports and s for commercial purposes, other than using the							soliciting	g contrib	utions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee								
<b>A</b> .	Full Name (Last, First, Middle Initial) Larry Allen Hobbs			C	Date of	f Re	eceipt				
	Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med	l Ctr			м м 07	/	17	/ Y	ү ү 2012	Y	
	City	State	Zip Code			acti		C17898			
	Fort Myers	FL	33908-1809	A	mount	t of	Each R	eceipt th	nis Perio	d	
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	Name of Employer	Occupation	l								
	Southwest FL Emer Phys	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.34								
— B	Full Name (Last, First, Middle Initial) Larry Allen Hobbs				Date of	f Re	eceipt				
	Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med	d Ctr			M M 08	/	25	/ Y	2012	Y	
	City	State	Zip Code		Trans	acti	ion ID : (	C181473	30		
	Fort Myers	FL	33908-1809	A	mount	t of	Each R	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				_	,	7	8	3.33	
	Name of Employer Southwest FL Emer Phys	Occupation Emergency									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		, 833.34	]							
<u> </u>	Full Name (Last, First, Middle Initial) Larry Allen Hobbs				Date of	f Re	eceipt				
	Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Me	d Ctr			м м	/	D D 18	/ Y	y y 2012	Y	
	City Fort Myers	State FL	Zip Code 33908-1809	A			-	C18293	<b>37</b> nis Perio	d	
	FEC ID number of contributing federal political committee.	С					7	, j		33.33	]
	Name of Employer	Occupation	1								
	Southwest FL Emer Phys	Emergency	<sup>y</sup> Physician								
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$\setminus$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine	Political A	ction Committee												
Α.	Full Name (Last, First, Middle Initial) Timothy Hodge				Date of	Re	ceipt								
	Mailing Address 3105 Dobie Rd				м м 07	/	D 17		/ Y	ү 20	)12	Y			
	City	State	Zip Code		Trans	acti	on ID	: C1	78982	8					
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	Emer Med Assoc MI	Emergency	Physician												
	Receipt For:	Aggregate	Year-to-Date <b>V</b>												
	Primary General Other (specify) ▼		825.00												
	Full Name (Last, First, Middle Initial) Timothy Hodge				Date of	Re	ceipt								
	Mailing Address 3105 Dobie Rd				м м 08	1	2		/ Y	ү 20	12	Y			
	City	State	Zip Code	Transaction ID : C1814729											
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	Primary General		825.00												
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C.	Full Name (Last, First, Middle Initial) Timothy Hodge				Date of	Re	ceipt								
	Mailing Address 3105 Dobie Rd				м м 09	/	D 18		/ Y		ү 12	Y			
	City	State	Zip Code		Trans	acti	ion ID	: C1	82934	0					
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	Name of Employer	Occupation	1	$\neg$											
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	Primary General		005.00												
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s	UBTOTAL of Receipts This Page (optional)		••••••	.					7		375.	00			
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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Reuben W Holland III Mailing Address 5341 Hidden Harbor Rd City Sarasota FEC ID number of contributing federal political committee. Name of Employer Sarasota Memorial Hosp Receipt For: Primary General	State       Zip Code         FL       34242-1427         C       Occupation         Emergency Physician         Aggregate Year-to-Date ▼	Date of Receipt          08       10       2012         Transaction ID : C1807406         Amount of Each Receipt this Period         250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Reuben W Holland III Mailing Address 5341 Hidden Harbor Rd	450.00	Date of Receipt
City Sarasota FEC ID number of contributing federal political committee. Name of Employer Sarasota Memorial Hosp	State Zip Code FL 34242-1427 C Occupation Emergency Physician	M       M       Ø       06       2012         Transaction ID : C1825133       Amount of Each Receipt this Period         200.00       200.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)         C.         Hans Roberts House         Mailing Address 200 Hawkins Dr         Univ of IA Hosps & Clncs         City         Iowa City         FEC ID number of contributing         federal political committee.         Name of Employer         Univ of IA Hosps & Clncs         Receipt For:         Primary       General         Other (specify)	State       Zip Code         IA       52242-1009         C       Occupation         Occupation       Emergency Physician         Aggregate Year-to-Date ▼       1250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Hans Roberts House Mailing Address 200 Hawkins Dr			Date of Receipt
	Univ of IA Hosps & Clncs City	State	Zip Code	07 17 2012 Transaction ID : C1790531
	Iowa City	IA	52242-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	
	Univ of IA Hosps & CIncs	Emergency	Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1250.00	]
в.	Full Name (Last, First, Middle Initial) Hans Roberts House	L		Date of Receipt
	Mailing Address 200 Hawkins Dr Univ of IA Hosps & Clncs			08 25 / Y Y Y Y 2012
	City Iowa City	State IA	Zip Code 52242-1009	Transaction ID : C1814734 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Univ of IA Hosps & Clncs	Occupation Emergency		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
с.	Full Name (Last, First, Middle Initial) Hans Roberts House			Date of Receipt
	Mailing Address 200 Hawkins Dr Univ of IA Hosps & Clncs			09 / Y Y Y Y Y 18 2012
	City Iowa City	State IA	Zip Code 52242-1009	Transaction ID : C1829342 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation	1	
	Univ of IA Hosps & Clncs	Emergency	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1250.00	]
s	UBTOTAL of Receipts This Page (optional)			450.00
Т	OTAL This Period (last page this line number	only)		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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•••			Detailed Summary Page		-		11b	11c		12	<b>_</b>
	y information copied from such Reports and Si										
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	e to so	licit cor	ntrib	outions f	rom suc	n cc	mmitt	ee.
$\rangle$	National Emergency Medicine P	olitical A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Marc Roy Houston				Date of	Re	eceipt				
	Mailing Address 2533 Oregon City Blvd				м м 07	1	06	/ Y	ү 2	у 012	Y
	City West Linn	State OR	Zip Code 97068-3400					C17848 eceipt th		Poriod	_
	FEC ID number of contributing federal political committee.	С			Anoun					1000	.00
	Name of Employer	Occupation									
	Dr. Marc Roy Houston Receipt For:	Emergency	•	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]							
	Full Name (Last, First, Middle Initial) Raymond Iannaccone				Date of	Re	eceipt				
	Mailing Address 25 Oakwood Rd				07	/	16	/ Y	2(	)12	Y
	City	State	Zip Code			acti		C17896			
	Allendale	NJ	07401-2100		Amount	t of	Each R	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					л. I			100.	00
	Name of Employer EMA NY	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1266.66	]							
	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt				
	Mailing Address 25 Oakwood Rd				м м 07	/	23	/ Y		)12	Y
	City Allendale	State NJ	Zip Code 07401-2100					C17941 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С								1000	.00
	Name of Employer	Occupation		_							
	EMA NY	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1266.66	]							
	UBTOTAL of Receipts This Page (optional)		•				y			2100.	00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		-		11b		11c		12		-
	y information copied from such Reports and S for commercial purposes, other than using the												<u>/</u>
	NAME OF COMMITTEE (In Full) National Emergency Medicine F												
A.	Full Name (Last, First, Middle Initial) Raymond Iannaccone				Date of	f Re	eceipt						
	Mailing Address 25 Oakwood Rd				м м 08	/	25		/ Y	ү 20	) 12	Y	
	City Allendale	State NJ	Zip Code 07401-2100						181480 eipt thi		eriod		
	FEC ID number of contributing federal political committee.	С					, .		7		83	.33	
	Name of Employer	Occupation											
	EMA NY Receipt For:	Emergency	-										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1266.66										
в.	Full Name (Last, First, Middle Initial) Raymond Iannaccone				Date of	f Re	eceipt						
	Mailing Address 25 Oakwood Rd				м м 09	1	D 18		/ Y	ү 20	) 12	Y	
	City	State	Zip Code						82937				
	Allendale FEC ID number of contributing federal political committee.	C	07401-2100		Amoun	t of	Each	Rec	eipt thi	s P	eriod 83.	33	]
	Name of Employer EMA NY	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1266.66										
<u>с</u> .	Full Name (Last, First, Middle Initial) David Peter John				Date of	f Re	eceipt						
	Mailing Address 20 Hartley St				м м 07	/	D 17		/ Y		) 12	Y	
	City North Haven	State CT	Zip Code 06473-4409	A					<b>179052</b> eipt thi		eriod		
	FEC ID number of contributing federal political committee.	С					7		,		250	.00	]
	Name of Employer	Occupation	1										
	Caritas Carney Hosp Dept of EM	Emergency	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00										
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7		5		416.	66	]

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(che	eck only	/ or	ne)				
			for each category of the Detailed Summary Page		11a		11b	11c		12	47
	y information copied from such Reports and St for commercial purposes, other than using the								g cont		
$\setminus$	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine P	olitical A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Jason Paul Jones				Date of	Re	ceipt				
	Mailing Address 2897 Carmelo Dr				м м 08	/	25	/ Y	۲ 201	Y 12	
	City	State	Zip Code			acti		C181473		12	
	Henderson	NV	89052-4072		Amount	of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					,	7		250.0	00
	Name of Employer	Occupation									
	Univ of KY Chandler Med Ctr	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
	Full Name (Last, First, Middle Initial) Jeffrey Alan Joseph				Date of	Po	opint				
<b>D</b> .	Mailing Address 14855 Tyler Mill Ct				M M	/	D D	/ Y	Y		
	City	State	Zip Code		07	acti	17 on ID :	C179092	201	2	
	Haymarket	VA	20169-2628	Transaction ID : C1789822           Amount of Each Receipt this Perio						riod	
	FEC ID number of contributing federal political committee.	С					,			100.0	0
	Name of Employer	Occupation									
	Dr. Jeffrey Alan Joseph	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		700.00								
С.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	Mailing Address 14855 Tyler Mill Ct				м м 08	/	25	/ Y	y 201	2 2	
	City	State	Zip Code		Trans	acti	ion ID :	C181473	37		
	Haymarket	VA	20169-2628		Amount	of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С				_	,			100.0	00
	Name of Employer	Occupation									
	Dr. Jeffrey Alan Joseph Receipt For:	Emergency									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		700.00								
s	UBTOTAL of Receipts This Page (optional)			.			7			450.0	0
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Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 55 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using		person for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political Action Committee	
Full Name (Last, First, Middle Initial) A. Jeffrey Alan Joseph Mailing Address 14855 Tyler Mill Ct City Haymarket FEC ID number of contributing federal political committee. Name of Employer Dr. Jeffrey Alan Joseph Receipt For:	State       Zip Code         VA       20169-2628         C       Occupation         Emergency Physician         Aggregate Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) B. Neal A Kaforey Mailing Address 3413 E Glencoe Rd City Richfield FEC ID number of contributing federal political committee. Name of Employer	State Zip Code OH 44286-9341 C	Date of Receipt
OPMG Receipt For: Primary General Other (specify) ▼	Emergency Physician         Aggregate Year-to-Date ▼         600.00	
Full Name (Last, First, Middle Initial)         C.       Steven B Kailes         Mailing Address 1998 Rivergate Dr         City         Fleming Isle         FEC ID number of contributing federal political committee.         Name of Employer         Southeast Emer Consultant         Receipt For:         Primary       General         Other (specify)	State       Zip Code         FL       32003-8686         C       Occupation         Description       Aggregate Year-to-Date ▼         800.00       800.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	300.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting		ontributi	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F										
Α.	Full Name (Last, First, Middle Initial) Steven B Kailes Mailing Address 1998 Rivergate Dr				Date of	Re /	D . D	) / Y		Y Y	Y
	City Fleming Isle	State FL	Zip Code 32003-8686					C18147	39	2012 Period	
	FEC ID number of contributing federal political committee.	С					7			100.	00
	Name of Employer Southeast Emer Consultant Receipt For: Primary General	Occupation Emergency Aggregate	Physician Year-to-Date ▼								
В.	Other (specify) ▼         Full Name (Last, First, Middle Initial)         Suzanne Kause, M.D.	L	800.00		Date of	Re	eceipt				
	Mailing Address 410 Willow Place City Pittsburgh	State	Zip Code 15218					C177912	20	012	Y
	FEC ID number of contributing federal political committee.	C			Amount	TO 1	Each H	leceipt th	IS F	250.0	00
	Name of Employer EMP	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
C.	Full Name (Last, First, Middle Initial) James F Kenny				Date of	Re	eceipt				
	Mailing Address 96 Aspinwall St				м м 07	/	02			012	Y
	City Staten Island	State NY	Zip Code 10307-1627					C17863 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7	7		500.	00
	Name of Employer	Occupation									
	Staten Island University Hosp	Emergency	Physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	1							
s	UBTOTAL of Receipts This Page (optional)						7 I		-	850.0	00
Т	OTAL This Period (last page this line number	only)			L		7				

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check	only	one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11		11b	11c	12		-
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma	ay not be sold or used by any pe	erson for t	he pu	14 urpose of	15 soliciting from sucl	contrib	ution	17 s
<u>,</u>	NAME OF COMMITTEE (In Full)		sary pointed committee		00110					
$\rangle$	National Emergency Medicine P	olitical A	ction Committee							
Α.	Full Name (Last, First, Middle Initial) James F Kenny			Date	e of F	Receipt				
	Mailing Address 96 Aspinwall St				M 18	/ 0	D / Y	2012	Y	
	City	State	Zip Code		-		C180809		-	
	Staten Island	NY	10307-1627	Amo	ount c	of Each F	Receipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С				7		10	0.00	
	Name of Employer	Occupation								
	Staten Island University Hosp	Emergency	Physician							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		, 1100.00							
	Full Name (Last, First, Middle Initial) Paul Daniel Kivela			Det	a of F	Dessint				
D.	Mailing Address 1370 Trancas St					Receipt	) / Y	YY	V	
					)8	25	, , ,	2012		
	City	State	Zip Code	Tra	ansac	tion ID :	C181475	6		
	Мара	CA	94558-2912	Amo	ount c	of Each F	Receipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С				7	- 7	25	0.00	
	Name of Employer	Occupation								
	Napa Valley Emer Med Grp Receipt For:	Emergency	•	_						
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							
с.	Full Name (Last, First, Middle Initial) Heidi C Knowles			Date	e of F	Receipt				
	Mailing Address 736 Southwood Dr				м )9	/ 07		2012	Y	
	City	State	Zip Code				C18211			
	Athens	ТХ	75751-3144	Amo	ount c	of Each F	Receipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С				7	7	100	0.00	
	Name of Employer	Occupation								
	self	Emergency	Physician							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		1000.00							
s	UBTOTAL of Receipts This Page (optional)					7		135	0.00	
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	$\vdash$	11b 14	11c	$\vdash$	12 16	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson f e to sol	or the icit cor	pur ntrib	pose of outions fr	soliciting		ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Mickey M Kolodny Mailing Address 1601 N Sepulveda Blvd			[	Date of	_	eceipt	/ Y	Y	Y	Y
	# 362 City	State CA	Zip Code		07 Trans	acti	13 ion ID : 0	C178961		012	
	Manhattan Bch FEC ID number of contributing federal political committee.	C	90266-5111		Amount	t of	Each Re	eceipt thi	is P	Period 100.	
	Name of Employer Daniel Freeman Marina Hosp ED	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1							
в.	Full Name (Last, First, Middle Initial) Terry Kowalenko				Date of	Re	eceipt				
	Mailing Address 4619 Oak Pointe Dr	State	Zip Code		м м 07 Ттото	'	17	/ Y	20	)12	Y
	Brighton	MI	48116-7728	A				C179043 eceipt thi		Period	
	FEC ID number of contributing federal political committee.	С					7			83.	33
	Name of Employer Univ of MI - Taubman Ctr	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01								
C.	Full Name (Last, First, Middle Initial) Terry Kowalenko				Date of	Re	eceipt				
	Mailing Address 4619 Oak Pointe Dr				м м 08	/	D D 25	/ Y		) 12	Y
	City Brighton	State MI	Zip Code 48116-7728					C181475 eceipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					,		_	83.	33
	Name of Employer	Occupation		_							
	Univ of MI - Taubman Ctr	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		750.01								
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	y information copied from such Reports and St for commercial purposes, other than using the										
$\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Terry Kowalenko				Date of	f Re	ceipt				
	Mailing Address 4619 Oak Pointe Dr				м м 09	/	18			) 12	Y
	City Brighton	State MI	Zip Code 48116-7728					C182935 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					9		_	83.	37
	Name of Employer Univ of MI - Taubman Ctr	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	1							
в.	Full Name (Last, First, Middle Initial) Gloria J Kuhn				Date of	f Re	ceipt				
	Mailing Address 28917 Hidden Trl				M M 08	/	15			) 12	Y
	City Farmingtn HIs	State MI	Zip Code 48331-2902					C180814 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		_	500.	00
	Name of Employer Med Ctr Emer Svcs	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
C.	Full Name (Last, First, Middle Initial) Stephen Grant Larkin				Date of	f Re	ceipt				
	Mailing Address 624 Antioch Ave				м м 08	/	17			)12	Y
	City Ft Lauderdale	State FL	Zip Code 33304-3954					<b>C18134</b> Receipt th		eriod	_
	FEC ID number of contributing federal political committee.	С					,			1000	.00
	Name of Employer	Occupation	1								
	Lehigh Regl Med Ctr	Emergency	' Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	EMIZED RECEIPTS		Detailed Summary Page		<b>&lt;</b> 11a		11b	11c		12	
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	for commercial purposes, other than using the										
$\backslash$	NAME OF COMMITTEE (In Full)										
/	National Emergency Medicine F	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Rex D Lasure				Date of	Re	ceipt				
	Mailing Address 270 Browns Run Rd				м м 08	/	02	/		012	Y
	City	State	Zip Code		Trans	acti	on ID :	C1802			
	Wheeling	WV	26003-9464	_	Amount	of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					,			250	.00
	Name of Employer	Occupation									
	MedExpress Urgent Care Receipt For:	Emergency									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
в.	Full Name (Last, First, Middle Initial) Ottis L Layne Jr				Date of	Re	ceipt				
	Mailing Address 1765 Nixon Creek Rd				M M	/				012	Y
	City	State	Zip Code		07 Trans	acti	09 on ID ·	C1786		012	
	Fredericksbrg	ТХ	78624-6479		Amount					Period	
	FEC ID number of contributing federal political committee.	С					7		_	250	.00
	Name of Employer	Occupation									
	Texsan Heart Hosp	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		, 250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) David C Lee				Date of	Re	ceipt				
	Mailing Address 300 Community Dr North Shore Univ Hosp				м м 09	/	20			012	Y
	City Manhasset	State NY	Zip Code 11030-3816					C1829			
					Amount	of	Each F	Receipt	this f	riod	_
	FEC ID number of contributing federal political committee.	С			L	_	1		_	500	.00
	Name of Employer	Occupation	I								
	North Shore-LIJ	Emergency	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
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			Detailed Summary Page		4		11b		11c		12	
An	y information copied from such Reports and S	tatements ma	av not be sold or used by any pe	erson f	13 or the	puri	14 pose c	 of se	15 olicitina		16 ntribut	17 ions
	for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine F	olitical A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) James G Leker			C	Date of	f Re	eceipt					
	Mailing Address 976 Gondolier Blvd				м м	/	02		/ Y	Y 20	y 012	Y
	City	State	Zip Code		Trans	act	ion ID	: C′	180243	0		_
	Gulf Breeze	FL	32563-3018	A	moun	t of	Each	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		7	_	1000	.00
	Name of Employer	Occupation		_								
	Baptist Hosp	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼		1100.00									
	Full Name (Last, First, Middle Initial) James G Leker				Date of	f Re	eceipt					
	Mailing Address 976 Gondolier Blvd				м м 08	/	28		/ Y	20	)12	Y
	City	State	Zip Code		Trans	acti	on ID	: C1	181673			
	Gulf Breeze	FL	32563-3018	A	moun	t of	Each	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		3	_	100.	00
	Name of Employer	Occupation		_								
	Baptist Hosp	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		1100.00									
	Other (specify)		1100.00									
	Full Name (Last, First, Middle Initial) Phillip David Levy				Date of	f Re	eceipt					
	Mailing Address 21603 Beauford Ln				м м 09	/	D 1		/ Y		ү )12	Y
	City	State	Zip Code		Trans	sact	ion ID	: C'	182451	5		
	Northville	MI	48167-9085	A	moun	t of	Each	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,	_	ŋ	_	250	.00
	Name of Employer	Occupation	I									
	Med Ctr Emer Svcs	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General		250.00									
	Other (specify)		250.00									
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т	OTAL This Period (last page this line number	only)	•••••				, .		7			

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			Detailed Summary Page		< 11a		11b	11c		12	<u> </u>
	y information copied from such Reports and S for commercial purposes, other than using the										
<u> </u>	NAME OF COMMITTEE (In Full) National Emergency Medicine F										
Α.	Full Name (Last, First, Middle Initial) Mitchell L Lewis				Date of	f Re	eceipt				
	Mailing Address 713 Hidden Cave Rd				м м 09	/	07			012	Y
	City Madison	State WI	Zip Code 53717-2755					<b>C182520</b> Receipt th		Period	_
	FEC ID number of contributing federal political committee.	С					7		-	100.	00
	Name of Employer Emer Med Assoc	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00								
	Full Name (Last, First, Middle Initial) Mitchell L Lewis				Date of	f Re	eceipt				
	Mailing Address 713 Hidden Cave Rd				м м 09	/	D 11		Y 2(	у 012	Y
	City Madison	State WI	Zip Code 53717-2755					C182452		Deried	
	FEC ID number of contributing federal political committee.	С			Amoun		,	Receipt th	IS F	250.	00
	Name of Employer Emer Med Assoc	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00								
<u>с.</u>	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt				
	Mailing Address PO Box 51				07	/	14			012	Y
	City Georgetown	State CA	Zip Code 95634	_				: C178853			
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Each F	Receipt th	IS F	Seriod 85.	00
	Name of Employer	Occupation									
	Emergency Medicine Physicians	Emergency	physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00								
s	UBTOTAL of Receipts This Page (optional)			•		1	,		-	435.0	00
т	OTAL This Period (last page this line number	only)		•			,				

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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			Detailed Summary Page		H	11b 14		11c 15		2 6	17
	y information copied from such Reports and St for commercial purposes, other than using the										
$\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Alexis Lieser Mailing Address PO Box 51			_	e of	Receip	ot D	/ Y	Y	Y	Y
	City Georgetown	State CA	Zip Code 95634	Tr				18259			
	FEC ID number of contributing federal political committee.	C		Am	ount	of Eac	h Re	ceipt th	iis Pei	riod 85.0	00
	Name of Employer         Emergency Medicine Physicians         Receipt For:         Primary       General         Other (specify) ▼	Occupation Emergency Aggregate	physician Year-to-Date ▼ 255.00								
В.	Full Name (Last, First, Middle Initial) Ralph K Losey Mailing Address 207 S Prospect St			_	e of	Receip	ot	/ V	v	V	
	City Galena	State IL	Zip Code 61036-2119		09 <b>ansa</b>		18 D : C	:18293:			
	FEC ID number of contributing federal political committee.	С				7		,		250.0	0
	Name of Employer Univ of IL at Chicago ED	Occupation Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
C.	Full Name (Last, First, Middle Initial) Kirk Lufkin			Dat	e of	Receip	ot				
	Mailing Address 406 W Lake St	01-1-1	7. 0.1		07		09	ΙL	2012		ſ
	City Petoskey	State MI	Zip Code 49770-2267					217869 ceipt th		riod	
	FEC ID number of contributing federal political committee.	С				7				250.0	00
	Name of Employer	Occupation									
	Portage HIth Syst Receipt For:	Emergency		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
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т	OTAL This Period (last page this line number c	only)	•			7			_		

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			Detailed Summary Page		11a 13		11b	11c		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting		ntribut	ions	
	NAME OF COMMITTEE (In Full)											-
	National Emergency Medicine F	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) Thomas W Lukens				Date of	Re	eceipt					
	Mailing Address 15503 Clifton Blvd				м м 09	1	04	/ Y	2	012	Y	
	City	State	Zip Code				-	C18185				
	Lakewood	OH	44107-2411	_	Amount	t of	Each R	eceipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С				_	7			1000	.00	
	Name of Employer	Occupation										
	MetroHealth Medical Center	Emergency	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify) ▼		1000.00									
В.	Full Name (Last, First, Middle Initial) Gerald Eugene Maloney				Date of	Re	eceipt					-
	Mailing Address 29201 Inverness Dr				M ■ M 07	/	17	/ Y	2(	)12	Y	
	City	State	Zip Code		Trans	acti	on ID :	C17898	23			
	Bay Village	OH	44140-1818	_ /	Amount	t of	Each R	eceipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С					7	7		125	00	
	Name of Employer University Hospitals of Cleveland	Occupation Emergency										
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
<u> </u>	Full Name (Last, First, Middle Initial) H Lynn Massingale				Date of	Re	eceipt					_
	Mailing Address 265 Brookview Centre Way Team Health				м м 09	1	26	/ Y		)12	Y	
	City Knoxville	State TN	Zip Code 37919-4052					C18314 eceipt th		Period		
	FEC ID number of contributing federal political committee.	С					,			1500	.00	
	Name of Employer	Occupation		-								
	Team Health	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		1600.00									
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	y information copied from such Reports and S for commercial purposes, other than using the										
$\backslash$	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine I	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Angela F Mattke				Date of	Re	ceipt				
	Mailing Address 1080 Pebblebrook Rd SE				м м 07	/	17	) / Y		ү 012	Y
	City	State	Zip Code		Trans	acti	on ID :	C17905	36		
	Mableton	GA	30126-5612	_	Amount	of	Each F	Receipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	100.	.00
	Name of Employer	Occupation	1								
	EmergiNet/Summit Med Svcs	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary General Other (specify) ▼		1000.00								
в.	Full Name (Last, First, Middle Initial) Angela F Mattke				Date of	Re	ceipt				
	Mailing Address 1080 Pebblebrook Rd SE				м м 08	/	25	) / Y	ү 20	)12	Y
	City	State	Zip Code		Trans	acti	on ID :	C181475	59		
	Mableton	GA	30126-5612		Amount	of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					,		_	100.	00
	Name of Employer EmergiNet/Summit Med Svcs	Occupation Emergency									
	Receipt For:		Year-to-Date ▼	_							
	Other (specify)		1000.00								
— C.	Full Name (Last, First, Middle Initial) Angela F Mattke				Date of	Re	ceipt				
	Mailing Address 1080 Pebblebrook Rd SE				м м 09	/	18			)12	Y
	City	State	Zip Code		Trans	acti	ion ID :	C18293	67		
	Mableton	GA	30126-5612		Amount	of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					7		_	100	.00
	Name of Employer	Occupation	1								
	EmergiNet/Summit Med Svcs	Emergency	Physician								
	Receipt For:		Year-to-Date ▼								
	Primary General										
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	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee									
<b>A</b> .	Full Name (Last, First, Middle Initial) Eric E Maur Mailing Address 6209 Dwayne Starnes Dr				Date of		eceipt	D	/	v	Y	Y
	City Hickory	State NC	Zip Code 28602-8959		07	act	1 <sup>.</sup> ion ID	7 ) : C1	79054	20 <b>4</b>	012	
	FEC ID number of contributing federal political committee.	С					,	nece	sipt un	5 Г	83.	33
	Name of Employer Attn 20-05	Occupation Emergency										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.01	1								
В.	Full Name (Last, First, Middle Initial) Eric E Maur				Date of	f Re	eceipt					
	Mailing Address 6209 Dwayne Starnes Dr	State	Zip Code		08	<b>'</b>	2	5	/ Y	20	)12	Y
	Hickory	NC	28602-8959		Amoun				814763 eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					,				83.	33
	Name of Employer Attn 20-05	Occupation Emergency										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01									
	Full Name (Last, First, Middle Initial) Eric E Maur				Date of	f Re	eceipt					
	Mailing Address 6209 Dwayne Starnes Dr				м м 09	/	D 1	D 8	/ Y		)12	Y
	City Hickory	State NC	Zip Code 28602-8959		Trans Amoun				182937 eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					7		7		83.	37
	Name of Employer	Occupation										
	Attn 20-05	Emergency	Physician									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.01	1								
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	nd Statements may not be sold or used by any g the name and address of any political commit	13     14     15     16     17       person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicir	e Political Action Committee	
Full Name (Last, First, Middle Initial)         A.       David T Maxwell         Mailing Address 1138 Bridle Dr         City         Richland         FEC ID number of contributing federal political committee.         Name of Employer         Dr. David T Maxwell         Receipt For:         Primary       General	State       Zip Code         WA       99352-7764         C       Occupation         Emergency Physician         Aggregate Year-to-Date ▼	Date of Receipt 07 03 2012 Transaction ID : C1784790 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) David T Maxwell Mailing Address 1138 Bridle Dr City Richland FEC ID number of contributing federal political committee. Name of Employer Dr. David T Maxwell	State Zip Code WA 99352-7764 C Occupation Emergency Physician	Date of Receipt 07 12 2012 Transaction ID : C1789671 Amount of Each Receipt this Period 8.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 274.00	
Full Name (Last, First, Middle Initial)         David T Maxwell         Mailing Address 1138 Bridle Dr         City         Richland         FEC ID number of contributing federal political committee.         Name of Employer         Dr. David T Maxwell         Receipt For:         Primary       General         Other (specify) ▼	State WA       Zip Code 99352-7764         C       Occupation         Occupation       Emergency Physician         Aggregate Year-to-Date ▼       274.00	Date of Receipt 08 08 2012 Transaction ID : C1808099 Amount of Each Receipt this Period 8.00
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	EMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12	
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	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine I	Political A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) David T Maxwell				Date o	f Re	eceipt				
	Mailing Address 1138 Bridle Dr				м м	/	10	D /		2012	Y
	City	State	Zip Code		Trans	sact	ion ID :	C1825	205		
	Richland	WA	99352-7764	/	Amoun	t of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	8	.00
	Name of Employer	Occupation	1								
	Dr. David T Maxwell	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		274.00								
В.	Full Name (Last, First, Middle Initial) Michael G Maxwell				Date o	f Re	eceipt				
	Mailing Address 2222 Janet Dr				M M	/	D	D /	Y Y	Y	Y
					07		09		2	012	
	City	State	Zip Code					C17869			
	Saint Johns	FL	32259-9284	_	Amoun	t of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С				_	7	7	_	250	.00
	Name of Employer	Occupation	1								
	St Lukes Hosp	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		350.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) C L McArthur				Date o	f Re	eceipt				
	Mailing Address 11 Cardiff				м м 07	/	D 17			012	Y
	City	State	Zip Code					: C1789			-
	Laguna Niguel	CA	92677-2936	/	Amoun	t of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	250	0.00
	Name of Employer	Occupation	1								
	Desert Regl Med Ctr	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		841.40								
	UBTOTAL of Receipts This Page (optional)								-	508	.00
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			Detailed Summary Page		<b>K</b> 11a		11b		11c		12					
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	ME OF COMMITTEE (In Full)															
/	ational Emergency Medicine F	'olitical A	ction Committee													
	Name (Last, First, Middle Initial) nathon McGarry				Date of	Re	ceipt									
Mai	ling Address 102 E Lake Mead Pkwy				M M	/	D	D	/ Y		Y	Υ				
City	St Rose Dominican Hosp	State	Zip Code	_	08	١.,		25			012	_				
	nderson	NV	89015-5575	Transaction ID : C1814773 Amount of Each Receipt this Period												
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	C ID number of contributing eral political committee.	C					7			_	250	.00				
Nar	ne of Employer	Occupation														
St F	Rose Dominican Hosp	Emergency	Physician													
Rec	ceipt For:	Aggregate	Year-to-Date ▼													
	Primary General		E00.00	11												
	Other (specify)		500.00													
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	ling Address 19 Camden Rd					110	· ·	D	( V	v	v	V				
ina	ang Address 19 Canden Ru				07			17	7 1	20	012	T				
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Hill	sborough	NJ	08844-3842		Amount	of	Each	ı Re	ceipt th	is P	'eriod					
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Nar	ne of Employer	Occupation		_												
Em	er Med Assoc	Emergency	Physician													
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	Primary General	00 0														
	Other (specify)		750.01													
	Name (Last, First, Middle Initial) ennis Lucas McGill				Date of	Re	ceipt									
Mai	ling Address 19 Camden Rd				м м 08	/		D 25	/ Y		)12	Y				
City		State	Zip Code		Trans	act	ion II	) : C	C181476	<b>54</b>						
Hil	lsborough	NJ	08844-3842		Amount	of	Each	ı Re	ceipt th	is P	'eriod					
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>(</b> 11a		11b	11c	12	
		Detailed Summary Page		13	H	14	15	16	17
Any information copied from such Reports and or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political A	ction Committee							
Full Name (Last, First, Middle Initial) A. Dennis Lucas McGill				Date of	Re	ceipt			
Mailing Address 19 Camden Rd				м м 09	/	D 18		ү ү 2012	Y
City	State NJ	Zip Code				-	C182935		
Hillsborough	INJ	08844-3842	_	Amount	t of	Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		83	8.37
Name of Employer	Occupation	l							
Emer Med Assoc	Emergency	Physician							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary     General       Other (specify) ▼		750.01							
Full Name (Last, First, Middle Initial) B. William J McIntyre				Date of	Re	ceipt			
Mailing Address 580 Lakeside Dr				м м 07	/	12		y y 2012	Y
City	State	Zip Code		Trans	acti	on ID :	C178875	57	
Jenkins	KY	41537-9746		Amount	t of	Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		500	.00
Name of Employer Webster Co Mem Hosp	Occupation Emergency								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]						
Full Name (Last, First, Middle Initial) C. David James Mendelson				Date of	Re	ceipt			
Mailing Address 4633 Post Oak Dr				07	/	17		2012	Y
City Frisco	State TX	Zip Code 75034-5130					<b>C17905</b> Receipt th	23	
FEC ID number of contributing federal political committee.	С					,	,		0.00
Name of Employer	Occupation	l							
EmCare Inc	Emergency	Physician							
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SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb			▶ - ▶			7	7	833	.37

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political Action Committee	
A. Full Name (Last, First, Middle Initial) Jacob Mark Meredith III Mailing Address 1231A Route 532 City	State Zip Code	Date of Receipt 07 17 2012 Transaction ID : C1790166
Chatsworth FEC ID number of contributing federal political committee.	NJ 08019-9711	Amount of Each Receipt this Period
Name of Employer Jersey Emer Med Spec Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 750.01	
Full Name (Last, First, Middle Initial) B. Jacob Mark Meredith III Mailing Address 1231A Route 532		Date of Receipt
City Chatsworth FEC ID number of contributing federal political committee.	State Zip Code NJ 08019-9711	Transaction ID : C1814758         Amount of Each Receipt this Period         83.33
Name of Employer Jersey Emer Med Spec Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼ 750.01	
Full Name (Last, First, Middle Initial) <b>Jacob Mark Meredith III</b> Mailing Address 1231A Route 532		Date of Receipt
City Chatsworth FEC ID number of contributing federal political committee. Name of Employer Jersey Emer Med Spec Receipt For: □ Primary □ General Other (specify) ▼	State     Zip Code       NJ     08019-9711       C     Occupation       Emergency Physician       Aggregate Year-to-Date ▼	Transaction ID : C1829345       Amount of Each Receipt this Period       83.37
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		250.03

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			Detailed Summary Page		<b>K</b> 11a		11b 14	11c	$\vdash$	12 16	47
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of			ntribut	
	NAME OF COMMITTEE (In Full) National Emergency Medicine F										
<b>A</b> .	Full Name (Last, First, Middle Initial) David A Milbrandt Mailing Address 11111 Ironwood Ave N				Date of	_	· .				
	City	State	Zip Code		07		02		2	012	Y
	Stillwater	MN	55082-5068	_			-	Receipt th	-	Period	
	FEC ID number of contributing federal political committee.	С					7		_	1000.	00
	Name of Employer	Occupation									
	Fairview Lakes Hosp	Emergency	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
в.	Full Name (Last, First, Middle Initial) Erik Charles Miller				Date of	Re	eceipt				
	Mailing Address 1744 Leisure Ln				м м 08	1	25		2(	у 012	Y
	City	State	Zip Code		Trans	acti	ion ID :	C181477	75		
	Yakima	WA	98908-9224		Amount	t of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,	7	_	125.	00
	Name of Employer Yakima Mem Hosp	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00								
с.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt				
	Mailing Address 450 N End Ave				м м 08	1	06			ү 012	Y
	City New York	State NY	Zip Code 10282-1111					: C18042: Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					, .		_	400.	00
	Name of Employer	Occupation									
	EMA of NY	Emergency	Physician								
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or	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) National Emergency Medicine P	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Kevin Monfette				Date of	f Re	eceipt						
	Mailing Address 2954 Island Point Dr				м м 08	1		25			ү 012	Y	
	City Metamora	State MI	Zip Code 48455-9625						C18147		Devied		
	FEC ID number of contributing federal political committee.	С			Amount		J		eceipt t	nis F	250 250	.00	
	Name of Employer St Joseph Mercy Oakland Hosp	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00										
	Full Name (Last, First, Middle Initial) Gladys Morinigo-Mestre				Date of	f Re	eceipt						
	Mailing Address 1736 Lombard St				м м 07	1		D 12	/ Y		) 012	Y	
	City Philadelphia	State PA	Zip Code 19146-1519		Trans Amount				C17887		Period		
	FEC ID number of contributing federal political committee.	С					1		,		500.	.00	
	Name of Employer Atlantic City Medical Center	Occupation Emergency											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Gladys Morinigo-Mestre				Date of	f Re	eceipt						
	Mailing Address 1736 Lombard St				м м 08	/		30			012	Y	
	City Philadelphia	State PA	Zip Code 19146-1519		Trans Amount				C18185 eceipt t		Period		
	FEC ID number of contributing federal political committee.	С					3				100	.00	
	Name of Employer	Occupation	1										
	Atlantic City Medical Center	Emergency	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00										
	UBTOTAL of Receipts This Page (optional)		· · · · · ·	•			7		5	-	850.	00	

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using the		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial)         Joshua B Moskovitz         Mailing Address 435 E 79th St         City         New York         FEC ID number of contributing federal political committee.         Name of Employer         North Shore Univ Hosp Emer Phys         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code NY 10075-1076 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 750.01	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Joshua B Moskovitz         Mailing Address 435 E 79th St         City         New York         FEC ID number of contributing federal political committee.         Name of Employer         North Shore Univ Hosp Emer Phys         Receipt For:         Primary         General	State       Zip Code         NY       10075-1076         C       Occupation         Emergency Physician         Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼         Full Name (Last, First, Middle Initial)         C. Joshua B Moskovitz         Mailing Address 435 E 79th St         City         New York         FEC ID number of contributing federal political committee.         Name of Employer         North Shore Univ Hosp Emer Phys         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       10075-1076         C       Occupation         Emergency Physician         Aggregate Year-to-Date ▼         750.01	Date of Receipt 09 18 2012 Transaction ID : C1829371 Amount of Each Receipt this Period 83.37
SUBTOTAL of Receipts This Page (optional)		250.03

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 75 OF

			Detailed Summary Page		< 11a 13		11b	11c		12	47		
	y information copied from such Reports and s for commercial purposes, other than using the				for the								
	NAME OF COMMITTEE (In Full) National Emergency Medicine												
<b>A</b> .	Full Name (Last, First, Middle Initial) Mark Alexander Muiznieks Mailing Address 831 River Run Rd				Date of	Re	ceipt		Y Y	Ŷ	Y		
	City	State TN	Zip Code 37043	_				C18245	517	012			
	Clarksville FEC ID number of contributing federal political committee.	С	37043	Amount of Each Receipt this Period									
	Name of Employer Mark Alexander Muiznieks , MD Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate											
в.	Full Name (Last, First, Middle Initial) J Brent Myers Mailing Address 2105 Glenwood Ave				Date of	Re	ceipt	/ /		)12	Ŷ		
	City Raleigh FEC ID number of contributing federal political committee.	State NC	Zip Code 27608-1441	_			on ID :	C17887 leceipt 1	753		00		
	Name of Employer Wake Emer Phys PA Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate											
<b>C</b> .	Full Name (Last, First, Middle Initial) J Brent Myers Mailing Address 2105 Glenwood Ave		, ,	_	Date of	Re	ceipt		y y	Y	Y		
	City Raleigh	State NC	Zip Code 27608-1441		08		13 i <b>on ID</b> :	C18074	20 <b>144</b>	012	T		
	FEC ID number of contributing federal political committee.	С					7			50	.00		
	Name of Employer	Occupation	1										
	Wake Emer Phys PA	Emergency	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		· · · · · · · · · · · · · · · · · · ·	▶ - ▶			7	7	+	350.	00		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	X 11a 11b 11c 12								
			Detailed Summary Page		13		14	15		16	17	
	y information copied from such Reports and S for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)		_									
	National Emergency Medicine F	Political A	ction Committee									
Α.	Full Name (Last, First, Middle Initial) J Brent Myers				Date of	f Re	eceipt					
	Mailing Address 2105 Glenwood Ave				м м 09	1	D 12			9 012	Y	
	City	State	Zip Code		Trans	acti	ion ID :	C18254	39			
	Raleigh	NC	27608-1441	_	Amount	t of	Each F	Receipt t	his F	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7		50	.00	
	Name of Employer	Occupation	l									
	Wake Emer Phys PA	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Other (specify)		400.00									
в.	Full Name (Last, First, Middle Initial) Michael D Nauss				Date of	f Re	eceipt					
	Mailing Address 2759 Calloway Ct				м м 07	/	D 17		20	y 012	Y	
	City	State	Zip Code		Trans	acti	on ID :	C17905	43		_	
	Canton	MI	48188-6307		Amount	t of	Each F	Receipt t	his F	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	300.	00	
	Name of Employer	Occupation	1									
	Univ of Cincinnati Hosp	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		900.00									
	Other (specify) 🔻		300.00									
C.	Full Name (Last, First, Middle Initial) Ira R Nemeth				Date of	f Re	eceipt					
	Mailing Address 1408 Vermont St				м м 07	1	D 17			y 012	Y	
	City	State	Zip Code		Trans	act	ion ID :	C17905	38			
	Houston	ТХ	77006-1071	_	Amount	t of	Each F	Receipt t	his F	'eriod		
	FEC ID number of contributing federal political committee.	С					,	. ,		125	.00	
	Name of Employer	Occupation	1	$\neg$								
	Dr. Ira R Nemeth	Emergency	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify)		1125.00									
s	UBTOTAL of Receipts This Page (optional)			•			,	- 7		475.	00	
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and s or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial)         Ira R Nemeth         Mailing Address       1408 Vermont St		Date of Receipt
City	State Zip Code	08 25 2012 Transaction ID : C1814787
Houston FEC ID number of contributing federal political committee.	TX 77006-1071	Amount of Each Receipt this Period
Name of Employer Dr. Ira R Nemeth Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1125.00	
B. Full Name (Last, First, Middle Initial) Mailing Address 1408 Vermont St		Date of Receipt 09 18 2012
City Houston FEC ID number of contributing federal political committee.	State     Zip Code       TX     77006-1071	Transaction ID : C1829368         Amount of Each Receipt this Period         125.00
Name of Employer Dr. Ira R Nemeth Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1125.00	
C. Full Name (Last, First, Middle Initial) Mailing Address 469 Fox Haven Dr City	State Zip Code	Date of Receipt
Holland         FEC ID number of contributing federal political committee.         Name of Employer         Holland Comm Hosp         Receipt For:         Primary       General         Other (specify) ▼	MI 49424-6382 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	-	500.00

### SCHEDULE A (FEC Form 3X) -----

FOR LINE NUMBER:

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	DECEIDTE	-	Use separate schedule(s)	(che	eck onl	y or	ne)	L		
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	17
			L ay not be sold or used by any p ddress of any political committee		for the		oose of	soliciting	contribu	tions
	COMMITTEE (In Full) Emergency Medicin	e Political A	ction Committee							
Full Name (I A. John D N	Last, First, Middle Initial) icely				Date of	f Re	ceipt			
Mailing Addr	ess 469 Fox Haven Dr				м м 09	/	28	) / Y	ү ү 2012	Y
City Holland		State MI	Zip Code 49424-6382					C183159 leceipt th	97 iis Period	
	ber of contributing cal committee.	С					,		250	).00
Name of Em Holland Com		Occupation Emergency								
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 500.00	]						
Full Name (I B. Jeffrey R	Last, First, Middle Initial) Nickel				Date of	f Re	ceipt			
	ess 2300 N Black Oak Dr				м м 07	/	17	/ Y	y y 2012	Y
City Angola		State IN	Zip Code 46703-8195				-	C179052		
FEC ID num	ber of contributing cal committee.	С			Amoun				iis Period 83	.33
Name of Em Pro Emer Ph		Occupation Emergency								
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 750.01	]						
Full Name (I	Last, First, Middle Initial) R Nickel				Date of	f Re	ceipt			
	ess 2300 N Black Oak Dr				м м 08	/	25	) / Y	у у 2012	Y
City Angola		State IN	Zip Code 46703-8195					C181478 Receipt th	<b>38</b> iis Period	
	ber of contributing cal committee.	С					7		83	3.33
Name of Em Pro Emer Ph		Occupation Emergency								
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 750.01	]						
SUBTOTAL of	Receipts This Page (optional	)							416	.66
TOTAL This P	eriod (last page this line num	ber only)								

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 79 OF

	LMIZED RECEIPTS		Detailed Summary Page		-		11b		11c	12	,			
A	u information contrad from such Description - 10	Noton			13		14		15	16		17		
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
$\rangle$	National Emergency Medicine R	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Jeffrey R Nickel				Date of	Re	ceipt							
	Mailing Address 2300 N Black Oak Dr				м м 09	/	18		′ Y	у – у 2012	Y			
	City	State	Zip Code		Trans	acti	ion ID	: C18	829363					
	Angola	IN	46703-8195	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		,	_	7	٤	83.3	7					
	Name of Employer	Occupation	1											
	Pro Emer Phys Inc	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		750.01											
в.	Full Name (Last, First, Middle Initial) Ashley Booth Norse				Date of	Re	ceipt							
	Mailing Address 655 W 8th St Shands Jacksonville Educ				м м 07	/	D 17		Y .	ү ү 2012	Y			
	City	State	Zip Code		Trans	acti	on ID :	: C17	790539					
	Jacksonville	FL	32209-6511	/	Amount	t of	Each I	Rece	pipt this	Peric	bd			
	FEC ID number of contributing federal political committee.	С					,	_	7	25	50.0	0		
	Name of Employer Univ of FL	Occupation												
	Receipt For:	Emergency	· · · · ·	_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
С.	Full Name (Last, First, Middle Initial) Ashley Booth Norse				Date of	Re	ceipt							
	Mailing Address 655 W 8th St Shands Jacksonville Educ				м м 08	1	25			y y 2012	Y			
	City	State FL	Zip Code						814777					
	Jacksonville		32209-6511	- '	Amount	t of	Each I	Rece	pipt this	Peric	bd			
	FEC ID number of contributing federal political committee.	С				_	,	_	,	2	50.0	00		
	Name of Employer	Occupation	1											
	Univ of FL	Emergency Physician												
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary General Other (specify) ▼		1000.00											
			7 7											
s	UBTOTAL of Receipts This Page (optional)						,		7	58	33.37	7		
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	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12				
					13		14	15		16	17	,		
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson f to sol	or the licit co	pur ntrib	pose of outions	solicitin from suc	g co ch cc	ntribu ommitt	tions ee.			
$\left  \right $	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Andrew C Nothmann			[	Date o	f Re	eceipt							
	Mailing Address 1879 Seville Dr				м м 07	/	D 12	Y / C		ү 012	Y			
	City	State	Zip Code		Trans	acti	ion ID :	C17887	56					
	Napa	CA	94559-4257	A	Amoun	t of	Each F	Receipt t	his F	'eriod				
	FEC ID number of contributing federal political committee.	С		250.0										
	Name of Employer	Occupation	l											
	Napa Valley Emer Med Grp	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		450.00											
	Other (specify)		450.00											
— B.	Full Name (Last, First, Middle Initial) Andrew C Nothmann				Date o	f Re	eceipt							
	Mailing Address 1879 Seville Dr				M M	/	D	7 / Y	Y	Y	Y			
					09		25		20	012				
	City	State	Zip Code		Trans	acti	ion ID :	C18310	55					
	Napa	CA	94559-4257	A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,		_	100	.00			
	Name of Employer	Occupation	1											
	Napa Valley Emer Med Grp	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		450.00											
	Other (specify)		450.00											
с.	Full Name (Last, First, Middle Initial) Robert E O'Connor				Date o	f Re	eceipt							
	Mailing Address 515 Foxdale Ln				м м 07	/	D 17			) 012	Y			
	City	State	Zip Code		Trans	sact	ion ID	C17901	71					
	Charlottesvle	VA	22903-9201	A	Amoun	t of	Each F	Receipt t	his F	'eriod				
	FEC ID number of contributing federal political committee.	С					,			250	.00			
	Name of Employer	Occupation	1	$\neg$										
	Univ of VA HIth Svc-Dept of EM	Emergency	Physician											
	Receipt For:		Year-to-Date ▼											
	Primary General	33 - 3												
	Other (specify)		750.00											
s	UBTOTAL of Receipts This Page (optional)		•				7	- 7	-	600.	00			
т	OTAL This Period (last page this line number	only)	••••••				7							

Use separate schedule(s)

FOR LINE NUMBER:

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial)         A.         Kathleen T O'Donnell         Mailing Address 434 Euclid Ter NE         City         Atlanta         FEC ID number of contributing federal political committee.         Name of Employer         Emory Univ Schl of Med         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         GA       30307-2042         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         250.00	Date of Receipt 07 / 17 / 2012 Transaction ID : C1789743 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) B. Joseph Ogarek Mailing Address 3034 S Normal Ave City Chicago FEC ID number of contributing federal political committee. Name of Employer	State Zip Code IL 60616-4624	Date of Receipt 08 02 2012 Transaction ID : C1802422 Amount of Each Receipt this Period 500.00
University of Chicago Hosp Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)         C.       Michael B Osmundson         Mailing Address 62 East Dr         City         Hartville         FEC ID number of contributing federal political committee.         Name of Employer         GEPS         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OH       44632-8890         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt 09 11 2012 Transaction ID : C1824366 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		1750.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summery Dage				X 11a 11b 11c 12							
			Detailed Summary Page	ĹĖ	13		14	15		16	17			
or	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee											
A.	Full Name (Last, First, Middle Initial) David C Packo				Date o	f Re	eceipt							
	Mailing Address 4535 Dressler Rd NW Emer Med Phys City	State	Zip Code	09 06 2012 Transaction ID : C1825168										
	Canton	OH	44718-2545	_				Receipt		Period				
	FEC ID number of contributing federal political committee.	С		1000										
	Name of Employer	Occupation												
	Emer Med Phys	Emergency	Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
	Full Name (Last, First, Middle Initial) Joshua R Parker				Date o	f Re	eceipt							
	Mailing Address 11412 Rancho Villa Verde Pl				м м 08	/	25		Y Y	012	Y			
	City	State	Zip Code					C1814						
	Las Vegas	NV	89138-1594	_	Amoun	t of	Each F	Receipt	this F	Period				
	FEC ID number of contributing federal political committee.	С				_	7	7		250	.00			
	Name of Employer Emergency Medicine Physicians	Occupation Emergency												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
с.	Full Name (Last, First, Middle Initial) Charles F Pattavina MD, FACEP				Date o	f Re	eceipt							
	Mailing Address 360 Broadway				м м 07	/	D 17			012	Y			
	City Bangor	State ME	Zip Code 04401					C1789						
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each F	Receipt	this I	Period 100	.00			
	Name of Employer	Occupation												
	St Joseph Hosp Bangor, ME	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		700.00											
s	UBTOTAL of Receipts This Page (optional)			•			,			1350.	00			
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IТ	EMIZED RECEIPTS		Use separate schedule(s) (c				(check only one)								
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	Г	17				
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	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee												
Α.	Full Name (Last, First, Middle Initial) Jill M Pawlowski			C	ate o	f Re	eceipt								
	Mailing Address 12 Rockdove Ln				м м 07	1	09	/ Y	2012		1				
	City Orchard Park	State NY	Zip Code 14127-3049	A	Trans		ion ID : Each R		91						
	FEC ID number of contributing federal political committee.	С					,		2	250.0	0				
	Name of Employer	Occupation	1												
	Brooks Meml Hosp	Emergency	Physician												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00												
в.	Full Name (Last, First, Middle Initial)				ate o	f Re	eceipt								
	Mailing Address 6323 Wilmington Dr				м м 07	/	D D 17	/ Y	y 2012		1				
	City	State	Zip Code		Transaction ID : C1790497 Amount of Each Receipt this Period										
	Burke           FEC ID number of contributing           federal political committee.	C	22015-4070	A	moun	t of	Each R	eceipt th		iod 83.3	3				
	Name of Employer HQ Air Force Space Command	Occupation Emergency													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01												
<u> </u>	Full Name (Last, First, Middle Initial) Lee E Payne				ate o	f Re	eceipt								
	Mailing Address 6323 Wilmington Dr				м м 08		25	/ Y	y 2012		1				
	City Burke	State VA	Zip Code 22015-4070	A			ion ID : Each R			iod					
	FEC ID number of contributing federal political committee.	С					,			83.3	3				
	Name of Employer	Occupation													
	HQ Air Force Space Command Receipt For:	Emergency													
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.01												
	UBTOTAL of Receipts This Page (optional)						7	7	4	16.60	3				

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck onl	y or	ne)				
			for each category of the Detailed Summary Page		11a 13		11b 14	11c		2	17
	ny information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	solicitin	g cont	ributio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee								
Α.	Full Name (Last, First, Middle Initial) Lee E Payne				Date of	f Re	ceipt				
	Mailing Address 6323 Wilmington Dr				м м 09	/	18	) / Y	201	Y 1	1
	City Burke	State VA	Zip Code 22015-4070					C18293 Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					7	7		83.3	7
	Name of Employer	Occupation									
	HQ Air Force Space Command Receipt For:	Emergency		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01								
в.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt				
	Mailing Address 7059 Bennington Woods Dr				M M	/	02	) / Y	201	2 _	1
	City	State	Zip Code			acti		C18024			
	Pittsburgh	PA	15237-6372	/	Amoun	t of	Each F	Receipt tl	his Pe	riod	
	FEC ID number of contributing federal political committee.	С					,			250.0	0
	Name of Employer Univ of Pittsburgh - Emerg Med	Occupation									
	Receipt For:	Emergency	Physician Year-to-Date ▼	_							
	Primary General Other (specify) ▼		250.00								
c.	Full Name (Last, First, Middle Initial) David J Pillow Jr				Date of	f Re	ceipt				
	Mailing Address 5332 Wateka Dr				м м 07	/	D 1	) / Y	y 201		
	City Dallas	State TX	Zip Code 75209-5512					C17991		riod	
	FEC ID number of contributing federal political committee.	С			Amoun			Receipt t		100.0	0
	Name of Employer	Occupation		_							
	self	Emergency	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
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s	UBTOTAL of Receipts This Page (optional)						1			433.3	7
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# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	ouress or any political committee	; 10 SO	ncit con	ITID	utions fr	om such	ı comr	nittee					
National Emergency Medicine I	Political A	ction Committee												
Full Name (Last, First, Middle Initial) A. Ericka Powell				Date of	Re	ceipt								
Mailing Address 384 Spring Haven Dr			07 17 2012							1				
City	State	Zip Code		Transaction ID : C1790540										
Lancaster	PA	17601-5193	/	Amount	of	Each Re	eceipt th	is Peri	od					
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Lancaster Regional Med Ctr	Emergency	Physician												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		775.01												
Full Name (Last, First, Middle Initial) B. Ericka Powell				Doto of	Po	ooint								
Mailing Address 384 Spring Haven Dr				Date of	/	30	/ Y	2012		1				
City	State	Zip Code			actio		C179927							
Lancaster	PA	17601-5193	/	Amount	of	Each Re	eceipt th	this Period						
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Primary General	Aggregate	Year-to-Date ▼												
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			/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	E OF COMMITTEE (In Full) ional Emergency Medicine F	Political Action Committee	
A. Eric Mailir City Lanc FEC feder Name Lanc	Aame (Last, First, Middle Initial) ka Powell ag Address 384 Spring Haven Dr aster ID number of contributing al political committee. e of Employer aster Regional Med Ctr ipt For: Primary General	State       Zip Code         PA       17601-5193         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼	Date of Receipt
B. Sar Mailir City Durh FEC feder Name Wake	Other (specify) ▼         Name (Last, First, Middle Initial)         njay K Premakumar         ng Address 1406 Shepherd St         am         ID number of contributing         al political committee.         e of Employer         e Emer Phys PA         ipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NC       27707-1649         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       800.00	Date of Receipt 07 12 2012 Transaction ID : C1788742 Amount of Each Receipt this Period 100.00
C. Sai Mailir City Durh FEC feder Name Wake	Name (Last, First, Middle Initial) njay K Premakumar ng Address 1406 Shepherd St mam ID number of contributing al political committee. e of Employer e Emer Phys PA ipt For: Primary General Other (specify) ▼	State       Zip Code         NC       27707-1649         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       800.00	Date of Receipt 08 13 2012 Transaction ID : C1807432 Amount of Each Receipt this Period 100.00
		only)	

Use separate schedule(s)

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ITEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th		prson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial)         A.       Sanjay K Premakumar         Mailing Address       1406 Shepherd St         City       Durham         FEC ID number of contributing federal political committee.         Name of Employer         Wake Emer Phys PA         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NC       27707-1649         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         800.00       800.00	Date of Receipt 09 12 2012 Transaction ID : C1825428 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial)         Louise A Prince         Mailing Address 750 E Adams St         SUNY Upstate Med Univ ED         City         Syracuse         FEC ID number of contributing federal political committee.         Name of Employer         Suny Upstate Emer Med         Receipt For:         Primary         General	State     Zip Code       NY     13210-2342       C       Occupation       Emergency Physician       Aggregate Year-to-Date ▼	Date of Receipt 09 29 2012 Transaction ID : C1831583 Amount of Each Receipt this Period 250.00
Other (specify) ▼         Full Name (Last, First, Middle Initial)         Frank E Ramsey         Mailing Address 4001 Huntwood Rd         City         N Chesterfld         FEC ID number of contributing federal political committee.         Name of Employer         Emer Consultants Inc         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code VA 23235-5954 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07 20 2012 Transaction ID : C1796390 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<b>r</b>	450.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	ny information copied from such Reports and S for commercial purposes, other than using the																
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)																
$\square$	National Emergency Medicine F	Political A	ction Committee														
Α.	Full Name (Last, First, Middle Initial) Frank E Ramsey				Date of	Re	eceipt										
	Mailing Address 4001 Huntwood Rd				м м 08	1	02	) / Y		ү 012	Y						
	City	State	Zip Code		Trans	act	ion ID :	C18024	23								
	N Chesterfld	VA	23235-5954	_	Amount	t of	Each R	leceipt th	nis F	'eriod							
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В.	Full Name (Last, First, Middle Initial) Thomas F Ramstack				Date of	Re	ceipt										
	Mailing Address 4014 Kathleen Way				M M	/	D D	/ Y	Y	Y	Y						
					09		11	JL	20	012	_						
	City	State	Zip Code					C18245									
	Davenport	IA	52807-3931	_	Amount	t of	Each R	leceipt th	nis F	Period							
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	Name of Employer	Occupation		_													
	Trinity Med Ctr	Emergency	Physician		-												
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<u>с</u> .	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt										
	Mailing Address 41 N Anguilla Rd				м м 08	/	25	) / Y		у 012	Y						
	City	State	Zip Code		Trans	act	ion ID :	C18147	92								
	N Stonington	СТ	06359-1755	_	Amount	t of	Each R	leceipt th	nis F	'eriod							
	FEC ID number of contributing federal political committee.	С					,	7		250	.00						
	Name of Employer	Occupation															
	Brown Med Schl	Emergency	Physician														
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	y information copied from such Reports and S															
	for commercial purposes, other than using the															
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)		ation Committee													
/	National Emergency Medicine F	Political A	ction Committee													
Α.	Full Name (Last, First, Middle Initial) Vida M Reklaitis				Date o	of R	eceipt									
	Mailing Address 51 Honour Ave NW				M N	1	/ D	D / Y	Y	Y	Y					
	51 Honour Ave. NW	<b>0</b> 1 1			07		05	; : C178634		012						
	City Atlanta	State GA	Zip Code 30305-1119													
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	FEC ID number of contributing federal political committee.	С			L		7		_	100.	00					
	Name of Employer	Occupation														
	Northside Emer Assoc	Emergency	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify)		400.00	11												
			7	41.												
В.	Full Name (Last, First, Middle Initial) Martin E Richards				Date o	of R	eceipt									
	Mailing Address 1076 Trout Brook Rd				M		/ D	D / Y	Y	Y	Y					
					08 23 2012											
	City	State	Zip Code		Trans	sac	tion ID :	C181455	8							
	Hudson	WI	54016-7143		Amour	nt o	f Each I	Receipt th	is F	Period						
	FEC ID number of contributing federal political committee.	С			250.00											
	Name of Employer	Occupation	1													
	United Hosp Emerg Dept	Emergency														
	Receipt For:		Year-to-Date ▼													
	Primary General			11												
	Other (specify)		, 250.00	4												
<u>с.</u>	Full Name (Last, First, Middle Initial) Julio E Rios				Date o	of R	eceipt									
	Mailing Address 3101 Marler Rd AERAS				м м 09	1	/ D 13			) 12	Y					
	City	State	Zip Code		Tran	sac	tion ID	: C182889	<del>)</del> 0							
	Pike Road	AL	36064-3337		Amour	nt o	f Each I	Receipt th	is F	Period						
	FEC ID number of contributing federal political committee.	С					7		_	300.	00					
	Name of Employer	Occupation														
	Dr. Julio E Rios	Emergency	Physician													
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	y information copied from such Reports and S for commercial purposes, other than using the													
$\backslash$	NAME OF COMMITTEE (In Full)		_											
	National Emergency Medicine F	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Sam S Roberts III				Date o	f Re	eceipt							
	Mailing Address 6300 La Calma Dr				M M	/	DI	D / Y	Y	Y	Y			
	Emer Svc Partners LP	State	Zip Code	_	07	Ь.,	02			012				
	City Austin	TX	78752-3825		Trans									
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	Full Name (Last, First, Middle Initial) John J Rogers				Date o	f Do	noint							
р.	Mailing Address 10673 Estes Rd			_			· · ·				1			
	Maining Address 10673 Estes Ro				м м 08		26		_ 2(	012	Ŷ			
	City	State	Zip Code		Trans	acti	ion ID :	C181674						
	Macon	GA	31210-5135		Amoun	t of	Each F	Receipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	С			.00									
	Name of Employer	Occupation												
	Monroe Cnty Hosp	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼		-									
	Primary General													
	Other (specify)		1000.00											
с.	Full Name (Last, First, Middle Initial) Todd A Rogers				Date o	f Re	eceipt							
	Mailing Address 102 Craborchard Pl				м м 07	/	D 31			ү 012	Y			
	City	State	Zip Code		Trans	sact	ion ID :	C17992	18					
	Chapel Hill	NC	27514-9553	_	Amoun	t of	Each F	Receipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	С					7		_	250	.00			
	Name of Employer	Occupation	I	$\neg$										
	Durham Emer Phys PA	Emergency	Physician											
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	Primary General		250.00											
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	betailed Summary Page	X         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)         David William Ross         Mailing Address 15340 Raton Rd         City         Colorado Spgs         EEC ID number of contributing	id William Ross g Address 15340 Raton Rd ado Spgs CO 80921-2140 D number of contributing										
federal political committee.          Name of Employer         Front EM Specialties Inc         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Emergency Physician Aggregate Year-to-Date ▼ 750.00										
Full Name (Last, First, Middle Initial) Andrew Sama Mailing Address 253 Dover Rd City Manhasset FEC ID number of contributing federal political committee.	State Zip Code NY 11030-3709	Date of Receipt 07 / 17 / 2012 Transaction ID : C1789826 Amount of Each Receipt this Period 83.33									
Name of Employer North Shore Univ Hosp Emer Phys Receipt For: Primary General Other (specify) v	Occupation Emergency Physician Aggregate Year-to-Date ▼ 333.32	]									
Full Name (Last, First, Middle Initial)         Andrew Sama         Mailing Address 253 Dover Rd         City         Manhasset         FEC ID number of contributing federal political committee.         Name of Employer         North Shore Univ Hosp Emer Phys         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       11030-3709         C       Occupation         Emergency Physician         Aggregate Year-to-Date ▼         333.32	Date of Receipt 08 / 25 / 2012 Transaction ID : C1814793 Amount of Each Receipt this Period 83.33									
SUBTOTAL of Receipts This Page (optional)		416.66									

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) National Emergency Medicir	ne Political Action Committee	
Full Name (Last, First, Middle Initial) A. Andrew Sama Mailing Address 253 Dover Rd City Manhasset FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Emer Phys Receipt For: Primary General	State       Zip Code         NY       11030-3709         C       Occupation         Emergency Physician         Aggregate Year-to-Date ▼	Date of Receipt 09 18 2012 Transaction ID : C1829338 Amount of Each Receipt this Period 83.33
Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy G Sanson Mailing Address 812 Lorena Rd City Lutz FEC ID number of contributing federal political committee. Name of Employer TEAMHealth Receipt For: Primary General	State       Zip Code         FL       33548-4589         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼	Date of Receipt 07 17 2012 Transaction ID : C1790433 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Luke Chris Saski Mailing Address 7573 Knoll Crest Dr City W Bloomfield FEC ID number of contributing federal political committee. Name of Employer MCES Receipt For: Primary General Other (specify) ▼	State       Zip Code         MI       48322-2650         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt 07 03 2012 Transaction ID : C1776286 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optiona	al)	1333.33
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ITEMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	/ one	e)								
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	NAME OF COMMITTEE (In Full)													
$\rangle$	National Emergency Medicine F	Political A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Robert W Schafermeyer				Date of	Rec	ceipt							
	Mailing Address 2932 Rock Springs Rd				м м 07	/	23	/ Y	ү ү 2012		1			
	City	State	Zip Code		Trans	C179437	'8							
	Charlotte	NC	28226-7350	_	Amount	of E	Each Re	eceipt th	is Peric	bd				
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	CMC	Emergency	Physician											
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	Other (specify) ▼		500.00											
			/j/j											
в.	Full Name (Last, First, Middle Initial) Nathaniel R Schlicher				Date of	Rec	ceipt							
	Mailing Address 4615 77th Ave NW			07 17 2012										
	City	State	Zip Code		Transa	actic	on ID : (	C179054	6		_			
	Gig Harbor	WA	98335-6532	_	Amount	of E	Each Re	eceipt th	is Peric	bd				
	FEC ID number of contributing federal political committee.	С					,	7	25	50.00	)			
	Name of Employer	Occupation												
	Wright State Univ	Emergency	Physician											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		750.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Sandra M Schneider				Date of	Rec	ceipt							
	Mailing Address 25 Stoneham Rd				м м 07	/	D D 07	/ Y	2012	Y	1			
	City	State	Zip Code		Trans	actio	on ID :	C178295	59		_			
	Rochester	NY	14625-1912	_	Amount	of E	Each Re	eceipt th	is Peric	bd				
	FEC ID number of contributing federal political committee.	С					,		9	90.0	0			
	Name of Employer	Occupation												
	University of Rochester	Emergency	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		270.00											
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### SCHEDULE A (FEC Form 3X)

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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political A	ction Committee											
A.	Full Name (Last, First, Middle Initial) Sandra M Schneider				Date o	f Re	eceipt							
	Mailing Address 25 Stoneham Rd				M M / D D / Y Y Y Y Y 08 07 2012									
	City Rochester	State NY	Zip Code 14625-1912					C180322		d				
	FEC ID number of contributing federal political committee.	С					,		ę	90.00				
	Name of Employer	Occupation												
	University of Rochester Receipt For:	Emergency	Physician	_										
	Primary General	Aggregate	Year-to-Date ▼	.										
	Other (specify)		270.00											
в.	Full Name (Last, First, Middle Initial) Sandra M Schneider			[	Date o	f Re	eceipt							
	Mailing Address 25 Stoneham Rd				м м	/	07	/ Y	2012	Y				
	City	State	Zip Code					C181991						
	Rochester	NY	14625-1912	_ /	Amoun	t of	Each R	leceipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С			_		, .		g	00.00				
	Name of Employer University of Rochester	Occupation Emergency												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		, 270.00											
с.	Full Name (Last, First, Middle Initial) Gregory L Shangold				Date o	f Re	eceipt							
	Mailing Address 66 Beacon Hill Dr				м м 07	/	D 17		y y 2012	Y				
	City Storrs Manfld	State CT	Zip Code 06268-2756					C17905		d				
	FEC ID number of contributing federal political committee.	С			Amoun			Receipt th		00.00				
	Name of Employer	Occupation												
NE Emer Med Spec Em			Physician											
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$\backslash$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine F	Political A	ction Committee												
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	Receipt For: Primary General	Aggregate	Year-to-Date <b>V</b>												
	Other (specify)		900.00												
в.	Full Name (Last, First, Middle Initial) Gregory L Shangold				Date o	f Re	eceipt								
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с.	Full Name (Last, First, Middle Initial) Randolph M Shiraishi				Date o	f Re	eceipt								
	Mailing Address 4880 Riposo Ct				м м 07	/	09			012	Y				
	City	State	Zip Code		Trans	sact	ion ID	: C1786	995						
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	Dr. Randolph M Shiraishi	Emergency	Physician	ysician											
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Α.	Full Name (Last, First, Middle Initial) Randolph M Shiraishi Mailing Address 4880 Riposo Ct				Date of	Re	D D	/ Y		Y 1012	Y					
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	Name of Employer Dr. Randolph M Shiraishi Receipt For:	Occupation Emergency	Physician													
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В.	Full Name (Last, First, Middle Initial) Deepika Singh				Date of	Re	eceipt									
	Mailing Address 609 Richardson Rd	State	Zip Code		08 / 25 2012 Transaction ID : C1814800											
	Rochester	NY	14623-1241					eceipt th		Period						
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	Name of Employer Brown Medical Sch	Occupation Emergency														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]												
C.	Full Name (Last, First, Middle Initial) Todd Slesinger				Date of	Re	eceipt									
	Mailing Address 427 Daub Ave				м м 07	/	D D 17	/ Y		)12	Y					
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	North Shore Univ Hosp Emer Phys	Emergency	Physician													
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$\left\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee										
Α.	Full Name (Last, First, Middle Initial) Virgil W Smaltz				Date of	Re	eceipt						
	Mailing Address 24 Bay View Ter				012	Ŷ							
	City Geneva	State NY	Zip Code 14456-9768	07     17     2012       Transaction ID : C1789829       Amount of Each Receipt this Period									
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	Name of Employer	Occupation											
	Wheeling Hosp Receipt For:	Emergency	Physician										
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City Mount Sinai	State NY	Zip Code 11766-1420					C182439 eceipt th		eriod	
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Name of Employer	Occupation									
EMP of New London	Emergency	Physician								
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## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c 15	12	Г	17
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NAME OF COMMITTEE (In Full) National Emergency Med	licine Political A	ction Committee								
Full Name (Last, First, Middle Initial) A. Peter Erik Sokolove				Date of	Re	ceipt				
Mailing Address 3889 Exmoor Cir				м – м 09	/	D D D	/ Y	ү ү 2012	Y	1
City Sacramento	State CA	Zip Code 95864-5904					C182933 eceipt th	35	d	
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Name of Employer Univ of CA - Davis	Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	1							
Full Name (Last, First, Middle Initial) B. Devin Sokolowski				Date of	Re	ceipt				
Mailing Address 16 Perkins Farm Rd	State	Zip Code		09	/	24		2012	Y	
Waterford	CT	06385-3537				-	C183035 eceipt th		d	
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Name of Employer Emergency Medicine Physicians (EMF	P) Occupation Emergency									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
Full Name (Last, First, Middle Initial) C. Robert C Solomon				Date of	Re	ceipt				
Mailing Address 108 Saddle Ridge D	r			м м 07	/	D D 17	/ Y	2012	Y	
City Oakdale	State PA	Zip Code 15071-3726					C17904: eceipt th		d	
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Name of Employer	Occupation									
Steel Vly Emer Phys Receipt For:	Emergency									
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	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine	Political A	ction Committee												
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<u>с.</u>	Full Name (Last, First, Middle Initial) Ryan Stanton				Date of	Re	eceipt								
	Mailing Address 1229 Birmingham Ln				м м 07	/	D 17			012	Y				
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	Lexington	KY	40513-1736		Amount	of	Each F	Receipt t	his F	'eriod					
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#### SCHEDULE A (FEC Form 3X)

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A.	· · ·				Date o	f Re	ceipt				
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C.	Richard L Stennes Mailing Address 2533 Calle Del Oro				Date o M M M 07		ceipt 27	/ Y	2012		1
	City	State CA	Zip Code		Trans		ion ID :	C17976	36		
	La Jolla	CA	92037-2005	/	Amoun	t of	Each R	eceipt th	is Perio	bd	_
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	Name of Employer	Occupation									
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$\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Arthur Lloyd Stern			Date of Receipt										
	Mailing Address 9239 Woodacre Blvd South Dr			08 01 2012										
	City	State	Zip Code	Transaction ID : C1802419										
	Indianapolis	IN	46234-2856	A	mount	t of	Each Re	eceipt th	nis Period					
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	Name of Employer	Occupation												
	Emer Phys of Indianapolis	Emergency	Physician											
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в.	Full Name (Last, First, Middle Initial) Eric William Stern				Date of	f Re	eceipt							
	Mailing Address 2401 S 31st St TX A&M Scott & White Meml H			м м 07	/	D D 17	/ Y	2012	Y					
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	Name of Employer	Occupation												
	Thomas Jefferson Univ	Emergency	Physician											
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с.	Full Name (Last, First, Middle Initial) Eric William Stern				Date of	f Re	eceipt							
	Mailing Address 2401 S 31st St TX A&M Scott & White Meml H		7.01		м м 08		25	L	2012	Y				
	City Temple	State TX	Zip Code 76508-0001				ion ID :							
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/	National Emergency Medicine	Political A	ction Committee												
Α.	Full Name (Last, First, Middle Initial) John James Stroh Jr				Date of	Be	ceint								
<b>^</b> .	Mailing Address 2802 Cascade Springs Ct						D D	/ Y	Y	Y	Y				
				07 12 2012											
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	St Lukes Hosp	Emergency	Physician												
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в.	Full Name (Last, First, Middle Initial) Terence J Sweeney				Date of	Re	ceipt								
	Mailing Address 925 Carolyn Ave			M M	/	D D	/ Y	Y	Y	Y					
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	Name of Employer Memorial Medical Center ED	Occupation													
	Receipt For:	Emergency	Physician												
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<u>с.</u>	Full Name (Last, First, Middle Initial) Terence J Sweeney				Date of	Re	ceipt								
	Mailing Address 925 Carolyn Ave				м м 09	/	D D D 01	/ Y		)12	Y				
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	Memorial Medical Center ED	Emergency	Physician												
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NAME OF COMMITTEE (In Full) National Emergency Medicine	Political A	ction Committee	
A. Full Name (Last, First, Middle Initial) Gary William Tamkin Mailing Address 4 Valley High City Lafayette FEC ID number of contributing	State CA	Zip Code 94549-2418	Date of Receipt 07 30 2012 Transaction ID : C1799295 Amount of Each Receipt this Period 100.00
federal political committee.          Name of Employer         Mercy Med Ctr Merced, ED Dir         Receipt For:         Primary         General         Other (specify) ▼	Occupation Emergency		
Full Name (Last, First, Middle Initial)         B. Nathan A Teismann         Mailing Address 400 Davey Glen Rd         City         Belmont         FEC ID number of contributing federal political committee.         Name of Employer         Alameda Co Med Ctr Highland	State CA Ccupation Emergency		Date of Receipt 07 / 24 / 2012 Transaction ID : C1796276 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)         Nathan A Teismann         Mailing Address 400 Davey Glen Rd         City         Belmont         FEC ID number of contributing federal political committee.         Name of Employer         Alameda Co Med Ctr Highland         Receipt For:         Primary       General         Other (specify) ▼	State CA C Occupation Emergency Aggregate		Date of Receipt
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
			person for the purpose of soliciting contributions for solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicir	ne Political A	ction Committee	
Full Name (Last, First, Middle Initial) A. Bryce Tiller			Date of Receipt
Mailing Address 917 1st St N			07 05 2012
City Jax Bch	State FL	Zip Code 32250-9106	Transaction ID : C1786461 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Meml Hosp Jacksonville	Occupation Emergency		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) B. William E Tucker			Date of Receipt
Mailing Address 2865 Sands Rd	-		07 09 / Y Y Y Y Y 07 09 2012
City Lima	State OH	Zip Code 45805-3818	Transaction ID : C1786996 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Premier Hlth Care Svcs	Occupation Emergency		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) C. William E Tucker			Date of Receipt
Mailing Address 2865 Sands Rd			08 / Y Y Y Y Y 2012
City Lima	State OH	Zip Code 45805-3818	Transaction ID : C1818565 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer	Occupation		
Premier HIth Care Svcs Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	1
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line nur	,		450.00

FOR LINE NUMBER:

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т	EMIZED RECEIPTS		for each category of the		ck on	ly or	ne)				
			Detailed Summary Page		11a 13		11b 14	11c		r	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	statements ma name and a	ay not be sold or used by any p ddress of any political committee	erson fo e to sol	or the icit co	pur ntrib	pose of	soliciting	g contr	ributic	ons
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee								
A.	Full Name (Last, First, Middle Initial) Travis Ulmer				Date o	f Re	eceipt				
	Mailing Address 1210 Oakland Ave				м м 09	/	D D 11	/ Y	Y 201		
	City Columbus	State OH	Zip Code 43212-3317	A				C18244: eceipt th	38		
	FEC ID number of contributing federal political committee.	С					7	7	1(	000.0	0
	Name of Employer	Occupation	1	_							
	Gaston Meml	Emergency	Physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00								
В.	Full Name (Last, First, Middle Initial) Kurt Edward Urban				Date o	f Re	eceipt				
	Mailing Address 204 E Hall St				м м 09		24	/ Y	2012		7
	City Savannah	State GA	Zip Code 31401-5752		Trans		ion ID :	C183100 eceipt th	67		_
	FEC ID number of contributing federal political committee.	С					л. I.			100.0	0
	Name of Employer Georgia Emergency Associates	Occupation Emergency									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00								
С.	Full Name (Last, First, Middle Initial) Philip C Van Dongen				Date o	f Re	eceipt				
•.	Mailing Address 148 Gov Eden House Road				м м 09		23	/ Y	2012		7
	City Merry Hill	State NC	Zip Code 27957-9444					C18310 eceipt th		riod	
	FEC ID number of contributing federal political committee.	С					7			250.0	00
	Name of Employer	Occupation									
	Dr. Philip C Van Dongen	Emergency	Physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7	7	13	350.00	0

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			Use separate schedule(s)			(check only one)										
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		2	17					
Any inform or for com	ation copied from such Reports ar mercial purposes, other than using	nd Statements ma the name and a	ay not be sold or used by any p ddress of any political committee	erson fo e to soli	or the cit co	pur ntrib	pose of outions	solicitin	g cont	ributio	ons					
	DF COMMITTEE (In Full) nal Emergency Medicin	e Political A	ction Committee													
A. Steve	ne (Last, First, Middle Initial) M Vets				ate of	f Re	ceipt									
Mailing	Address 350 Cherry Dr			11	м м 07	1	19	У / Y	201		1					
City Eugene	)	State OR	Zip Code 97401-6636		Trans		ion ID :	C17964 Receipt th	71		_					
	number of contributing political committee.	С					7	<b>J</b>		100.0	0					
Name c	f Employer	Occupation	1													
	Buffalo Gen Hosp	Emergency	Physician													
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 250.00													
	ne (Last, First, Middle Initial) topher J Waldschmidt				ate of	f Re	ceipt									
Mailing	Address 10641 Wornall Rd				м м 08	/	20		201							
City Kansas	City	State MO	·					Transaction ID : C1813460 Amount of Each Receipt this Perio								
	number of contributing political committee.	С					7	5		300.0	0					
St Joesp	f Employer beh Emer Phys	Occupation Emergency														
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 300.00													
	ne (Last, First, Middle Initial) MWalters				ate of	f Re	ceipt									
Mailing	Address 47 Duchess Ct				м м 08	/	15		y 201							
City Buffalo		State NY	Zip Code 14225-1772	A				C18081 Receipt th		riod						
	number of contributing political committee.	С					7			250.0	)0					
Name o	f Employer	Occupation														
	Buffalo Gen Hosp	Emergency	Physician													
	rimary General ther (specify) v	Aggregate	Year-to-Date ▼ 250.00													
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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine F		
Full Name (Last, First, Middle Initial)         A.       Matthew J Watson         Mailing Address 1280 Longpointe Pass         City         Alpharetta         FEC ID number of contributing federal political committee.         Name of Employer         Northside Emer Assoc         Receipt For:         Primary       General         Other (specify)	State       Zip Code         GA       30005-2284         C       Occupation         Doccupation       Emergency Physician         Aggregate Year-to-Date ▼       500.00	Date of Receipt          08       25       2012         Transaction ID : C1814802         Amount of Each Receipt this Period         250.00
Full Name (Last, First, Middle Initial) B. L K Webb Mailing Address 3948 3rd St S		Date of Receipt 07 17 2012
City Jax Bch FEC ID number of contributing federal political committee.	State Zip Code FL 32250-5847	Transaction ID : C1790541           Amount of Each Receipt this Period           84.00
Name of Employer Univ of FL Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 756.00	
C. LKWebb Mailing Address 3948 3rd St S		Date of Receipt
City Jax Bch FEC ID number of contributing federal political committee. Name of Employer	State Zip Code FL 32250-5847	08     25     2012       Transaction ID : C1814803       Amount of Each Receipt this Period       84.00
Univ of FL Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 756.00	]
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		► 418.00 ► 7 7 7
# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political Action Committee	
Full Name (Last, First, Middle Initial) A. L K Webb Mailing Address 3948 3rd St S		Date of Receipt
City	State Zip Code	09 18 2012 Transaction ID : C1829370
Jax Bch	FL 32250-5847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer	Occupation	
Univ of FL	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	756.00	
Full Name (Last, First, Middle Initial) B. Kevin John Weber		Date of Receipt
Mailing Address 3 Encino Pl		08 31 2012
City	State Zip Code	Transaction ID : C1818567
Pueblo	CO 81005-2948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer SCES	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) C. James A Webley		Date of Receipt
Mailing Address 5985 Carmen Ct W		07 24 2012
City Orchard Lake	StateZip CodeMI48324-2917	Transaction ID : C1796293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Genesys Regl Med Ctr	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional)		434.00
TOTAL This Period (last page this line number		

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12						
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Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full)		<b>1 0 1 1</b>										
National Emergency Medicine	e Political A	ction Committee										
Full Name (Last, First, Middle Initial) A. James A Webley			Date	of Receipt	t							
Mailing Address 5985 Carmen Ct W			09		04 / Y	ү ү 2012	Y					
City	State	Zip Code	Tran	saction II	D : C181874	8						
Orchard Lake	MI	48324-2917	Amou	nt of Each	n Receipt th	is Period						
FEC ID number of contributing federal political committee.	C					200	.00					
Name of Employer	Occupation											
Genesys Regl Med Ctr	Emergency	Physician										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		450.00										
Full Name (Last, First, Middle Initial) B. Ian S Wedmore			Date	of Receipt	t							
Mailing Address 5206 Tower Dr NE			07		01 / Y	y y 2012	Y					
City	State	Zip Code	Tran	saction II	D : C178634	5						
Tacoma	WA	98422-1928	Amou	nt of Each	n Receipt th	is Period						
FEC ID number of contributing federal political committee.	C				7	100	.00					
Name of Employer Madigan Army Med Ctr	Occupation Emergency											
Receipt For: Primary General Other (specify)	Receipt For:     Aggregate Year-to-Date ▼       Primary     General											
Full Name (Last, First, Middle Initial) C. Ian S Wedmore			Date	of Receipt	t							
Mailing Address 5206 Tower Dr NE			07		D / Y 12	ү ү 2012	Y					
City	State WA	Zip Code			D : C178876							
Tacoma	VVA	98422-1928	Amou	nt of Each	n Receipt th	is Period						
FEC ID number of contributing federal political committee.	С					200	.00					
Name of Employer	Occupation	I	_									
Madigan Army Med Ctr	Emergency	Physician										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		200 00	1									
Other (specify)		300.00										
SUBTOTAL of Receipts This Page (optional)						500.	.00					
TOTAL This Period (last page this line numb	er only)				7							

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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any per ame and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Committee	
UCSF Fresno E	State Zip Code CA 93611-7182 C Decupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 116 22nd Ave NE	State Zip Code	Date of Receipt
USF - Div of Emer Med	FL       33704-4543         C       Occupation         Description       Magregate Year-to-Date ▼         500.00       500.00	Amount of Each Receipt this Period
OUCOM/Doctors Hosp E	State Zip Code SC 29708-5712 C Decupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 08 / 25 / 2012 Transaction ID : C1814801 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		1000.00

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т	EMIZED RECEIPTS		Use separate schedule(s)	(che	(check only one)									
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15			17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p ddress of any political committee	erson fo e to soli	or the icit co	pur ntrib	pose of outions f	soliciting	g conti h com	ributio mitte	ons e.			
	NAME OF COMMITTEE (In Full) National Emergency Medicine I	Political A	ction Committee											
<b>A</b> .	Full Name (Last, First, Middle Initial) Arlo F Weltge													
	Mailing Address 5213 Valerie St				м м	/	09	/ Y	y 201					
	City Bellaire	State TX	Zip Code 77401-4826	A			<b>ion ID :</b> Each R		63		-			
	FEC ID number of contributing federal political committee.	С					7	7	1	000.0	00			
	Name of Employer	Occupation	1											
	UTHealth	Emergency	Physician	_										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00											
в.	Full Name (Last, First, Middle Initial) Sandra Werner				ate o	f Re	eceipt							
	Mailing Address 2500 Metrohealth Dr MetroHealth Med Ctr				м м 09	/	D D D 26	/ Y	2012					
	City Cleveland	State OH	Zip Code 44109-1900	Transaction ID : C1831482 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7	7	-	250.0	0			
	Name of Employer MetroHealth Med Ctr	Occupation Emergency												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
— C.	Full Name (Last, First, Middle Initial) Jack M Whitney III				Date o	f Re	eceipt							
	Mailing Address 706 Clearview Dr				м м 07		18	/ Y	2012		ſ			
	City Glenview	State IL	Zip Code 60025-4044	A			ion ID : Each R			riod	_			
	FEC ID number of contributing federal political committee.	С		[			,			343.0	00			
	Name of Employer	Occupation												
	Northshore Univ HIth	Emergency	Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 343.00											
	UBTOTAL of Receipts This Page (optional)				-		7	7	15	593.0	0			

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IТ	EMIZED RECEIPTS		Use separate schedule(s) (				(check only one)														
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political A	ction Committee																		
A.	Full Name (Last, First, Middle Initial) Neil E Winston	il E Winston																			
	Mailing Address 1476 S Prairie Ave				м м 07	/	09	) / Y	2012		]										
	City Chicago	State IL	Zip Code 60605-3343					C178632 Receipt th		bd	-										
	FEC ID number of contributing federal political committee.	С					<b>5</b>		2	36.00	)										
	Name of Employer	Occupation																			
	Dr. Neil E Winston	Emergency	Physician	_																	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼																		
	Other (specify)		236.00																		
в.	Full Name (Last, First, Middle Initial) Peter B Woollett				Date o	f Re	ceipt														
	Mailing Address 111 Kalaiopua Pl				м м 08	/	29	/ Y	2012	Y	]										
	City	State Zip Code								Transaction ID : C1818568											
	Honolulu	HI	96822-5018	Amount of Each Receipt this Period																	
	FEC ID number of contributing federal political committee.	С					, .		1(	00.00											
	Name of Employer Islands Emerg Med Svcs	Occupation Emergency																			
	Receipt For:	Aggregate	Year-to-Date ▼																		
	Other (specify)		600.00																		
<u>с</u> .	Full Name (Last, First, Middle Initial) Mark Zeitzer				Date o	f Re	ceipt														
	Mailing Address 8127 SW 54th Ave				м м 07	/	24		2012	Y	]										
	City Portland	State OR	Zip Code 97219-3204					C17964 Receipt th		od.	_										
	FEC ID number of contributing federal political committee.	С			Anioun		1			8.00	)										
	Name of Employer	Occupation		_																	
	Silverton Hospital	Emergency	Physician																		
	Receipt For:	Aggregate	Year-to-Date ▼																		
	Primary General Other (specify) ▼		273.60																		
s	UBTOTAL of Receipts This Page (optional)			•			,		34	14.00											
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	NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical A	ction Committee																
Α.	Full Name (Last, First, Middle Initial) Mark Zeitzer				Date of	Re	ceipt												
	Mailing Address 8127 SW 54th Ave				м м 07	1	24		201		1								
	City Portland	State OR	Zip Code 97219-3204				on ID :	C17992 Receipt t	91		-								
	FEC ID number of contributing federal political committee.	С					y			8.0	0								
	Name of Employer	Occupation																	
	Silverton Hospital	Emergency	Physician																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 273.60																
в.	Full Name (Last, First, Middle Initial) Mark Zeitzer				Date of	Re	ceipt												
	Mailing Address 8127 SW 54th Ave	-			м м 09	/	01		2012										
	City Portland	State Zip Code OR 97219-3204							Transaction ID : C1825225 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C			Amouni			receipt t	nis Per	8.0	0								
	Name of Employer Silverton Hospital	Occupation Emergency																	
	Receipt For: Primary General		Year-to-Date ▼																
	Other (specify) <b>v</b>	L	273.60																
C.	Full Name (Last, First, Middle Initial) Christopher Ziebell			ı	Date of	Re	ceipt												
	Mailing Address 4014 Greystone Dr				м м 07	1	D 10		2012		1								
	City Austin	State TX	Zip Code 78731-2154					C17871		ار ما	_								
	FEC ID number of contributing federal political committee.	С		/	Amouni	OT	Each F	Receipt t		250.0	0								
	Name of Employer	Occupation		_															
	Emer Service Partners	Emergency	Physician																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00																
s	UBTOTAL of Receipts This Page (optional)		••••••				7		2	266.00	)								
Т	OTAL This Period (last page this line number of	only)	······ •				,	7											

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports and a or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee										
Full Name (Last, First, Middle Initial) A. Christopher Ziebell	Date of Receipt										
Mailing Address 4014 Greystone Dr	State Zip Code	07 30 2012 Transaction ID : C1799214									
Austin	TX 78731-2154	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	100.00									
Name of Employer	Occupation	_									
Emer Service Partners	Emergency Physician										
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	350.00										
Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt									
Mailing Address											
City	State Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C										
Name of Employer	Occupation										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼										
Full Name (Last, First, Middle Initial)		Date of Receipt									
Mailing Address		M = M / D = D / Y = Y = Y = Y									
City	State Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C										
Name of Employer	Occupation	_									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼										
SUBTOTAL of Receipts This Page (optional)		100.00									
TOTAL This Period (last page this line number		72810.17									

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a         11b         11c         12           13         14         15         16         X 17
or for commercial purposes, other than using th		/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave NW		Date of Receipt
City	State Zip Code	08 31 2012 Transaction ID : C1829378
Washington	DC 20036-5308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	149.62
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	823.93	
Full Name (Last, First, Middle Initial) B. SMITH BARNEY	I	Date of Receipt
Mailing Address 1050 Connecticut Ave NW		09 30 2012
City	State Zip Code	Transaction ID : C1832342
Washington	DC 20036-5308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.36
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 823.93	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		150.98
TOTAL This Period (last page this line number		450.00

S	CHEDULE B (FEC Form 3X)		F	OR	LINE	NUMBER	:			PA	GE	117	OF 164			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(C		k only											
		Detailed Summary Page			21b 27	22 28a		23 28b	$\vdash$	24 28c	_	25 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan															
$\left[ \right]$	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine Poli	tical Action Committe	ee													
Α.	Full Name (Last, First, Middle Initial) AMERICAN COLLEGE OF RADIOLOGY ASSOCIA	TION POLITICAL ACTION CC	DMMIT	ΓTE	E	Date c							. Yes			
	Mailing Address 1891 PRESTON WHITE DRIVE	State Zip Code				08 / 22 / 2012										
	City S RESTON			Transaction ID : D135677												
	Purpose of Disbursement Joint Event at the Republican National Convention		C	002		Amour	nt of	Each	Di	sburse	ment	t this	Period			
	Candidate Name		Cat T	ego ype				,		7		200	0.00			
	Office Sought: House Disburser Senate President	nent For: 2012 Primary General Other (specify) ▼														
	State: District:	Joint Event at the	e R													
в.	Full Name (Last, First, Middle Initial)					Date c										
	Mailing Address															
		State Zip Code														
	Purpose of Disbursement					Amour	nt of	Each	Di	isbursei	nent	t this	Period			
	Candidate Name		Cat T	ego ype	ry/			,								
	Office Sought:     House     Disburser       Senate     President     Image: Senate	nent For: Primary General Other (specify)														
_	State: District:															
C.	Full Name (Last, First, Middle Initial)					Date c	_	sburse		_		Y	M			
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	Candidate Name		Cat T	ego ype				Eddin		obul oci	nem					
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) <b>v</b>						,		,						
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$\left[ \right]$	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine Politi	tical Act	tion Committ	ee										
_	Full Name (Last, First, Middle Initial)													
А.	Allyson Schwartz For Congress						Date c	_	sburse		V	YY	V	
	Mailing Address P.O. Box 2232	09 13 2012												
	City		Tran	51										
	Jenkintown		Transaction ID : D136151											
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Amour	nt of	Each	Disburs	emei	nt this	Period	
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υ.	Amodel for Nevada							_		D /	V	Y Y	V	
	Mailing Address 503 N. Division Street						09			6		2012		
	City S Carson City	State NV	Zip Code 89703		Transaction ID : D135888									
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	Contributions for Federal Candidates			C	)11		Amour	nt of	Each	Disburs	emei	nt this	Period	
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_	Full Name (Last, First, Middle Initial)													
C.	Andy Barr for Congress						Date c	_					_	
	Mailing Address P.O. Box 2059						м м 09	/	0	D / 6		2012	Y	
	City	State	Zip Code				-							
	Lexington	KY	40588				Iran	sact	ion ID	: D135	357			
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	Office Sought: X House Disburser	ment For:	2012						7	7				
		Primary	X General											
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	y information copied from such Reports and State for commercial purposes, other than using the na															
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	National Emergency Medicine Po	litical Action Co	ommitte	e												
Α.	Full Name (Last, First, Middle Initial) Bass Victory Committee						Date of	f Dis	burse	ment						
	Mailing Address PO Box 3451						м м 09	/	0			2012	Y			
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	City Concord			Transaction ID : D135881												
	Purpose of Disbursement Contributions for Federal Candidates	11	Amount of Each Disbursement this Peri													
	Candidate Name			Cate	aorv	/						1000				
	Rep. Charles F. Bass				vpe			-	7	_	7	1000	).00			
	Office Sought: X House Disburse Senate President	ement For: 2012 Primary X G Other (specify)	General													
	State: NH District: 02															
B.	Full Name (Last, First, Middle Initial)						Date of	f Dis	hurse	ment						
υ.	Bill Owens for Congress						M M	/	D		Y	Y Y	Y			
	Mailing Address PO Box 1575						09 13 2012									
	City Plattsburgh	StateZip CoNY12901	ode I-0286													
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	State:         NY         District:         23           Full Name (Last, First, Middle Initial)															
C.	Cantwell Victory 2012						Date of	f Dis	burse		V	Y Y	V			
	Mailing Address 122 C Street, NW Suite 240						09		19			2012				
	City Washington	State Zip Co DC 20001					Trans	acti	on ID	: D13	6456					
	Purpose of Disbursement Contributions for Federal PACs/Committees			0,	11											
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$\land$	NAME OF COMMITTEE (In Full)																	
	National Emergency Medicine Poli	tical Act	tion Commit	tee														
Α.	Full Name (Last, First, Middle Initial) Carmona for Arizona							Date o	f Dis	sburse	eme	ent						
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	Mailing Address 1010 Vermont Avenue, NW Suite 814							09 19 2012										
	City S Washington	State DC	Zip Code 20005					Trans	acti	ion ID	: D	013645	2					
	Purpose of Disbursement	-	-															
	Contributions for Federal Candidates	Amount of Each Disbursement this Pe																
	Candidate Name Dr Richard Carmona	egor	ry/								250	0.00						
		ment For:	2012	1	ype		-	_		7		- 7		-				
	X Senate	Primary	General															
	President	Other (spe	ecify)															
	State: AZ District:																	
в	Full Name (Last, First, Middle Initial) Charles Boustany Jr MD For Cong	roce Inc						Date o	f Dis	sburse	eme	ent						
	Charles Boustarry 51 MD For Cong	1622 110	,					M M	_			/ 7	Y	Y	Y			
	Mailing Address PO Box 80126																	
	City S Lafayette	State LA	Zip Code 70598				Transaction ID : D135869 Amount of Each Disbursement this Period											
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	Candidate Name			Cate	egor	ry/												
	Mr. Charles Boustany				ype			_	-	7		- 7	-	250	0.00			
	Senate President	ment For: Primary Other (spe	2012															
_	State: LA District: 07 Full Name (Last, First, Middle Initial)																	
C.	Chuck Fleischmann for Congress (	Commit	tee					Date o		sburse		ent		Y	- V			
	Mailing Address PO Box 11091 Suite 10000 James Building						1	07	<i>'</i>		25			012				
	City	State	Zip Code					Trans	sact	ion ID	) : D	013513	34					
	Chattanooga Purpose of Disbursement	TN	37401	_		-	-											
	Contribution for federal candidates			0	)11			Amoun	t of	Each	Dis	sburse	ment	t this	Period			
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam													
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	National Emergency Medicine Polit	ical Action Commit	tee											
Α.	Full Name (Last, First, Middle Initial) Come Back Political Action Commi	ttoo				Date o	of Dis	burse	ment					
						MN	1 /	D	D / Y	YY	Y			
	Mailing Address 700 12th Street, NW Suite 700					09		1	9	2012				
	City S Washington	State Zip Code DC 20005-4052				Tran	sacti	on ID	: D13645	5				
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	Contributions for Federal PACs/Committees		C	)11		Amour	nt of	Each	Disburser	ursement this Period				
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	Office Sought: House Disburser	nent For: 2012												
		Primary General Other (specify) ▼												
	State: District:	Annual Contribu	ition											
_	Full Name (Last, First, Middle Initial)	_				_								
в.	Congressman Waxman Campaign	Committee				Date o								
	Mailing Address 6380 Wilshire Blvd. #1612					07		D 1	р / ү 8	2012	Y			
	City S Los Angeles	State Zip Code CA 90048				Tran	sacti	on ID	: D13499	2				
	Purpose of Disbursement Contributions for Federal Candidates		(	)11		Amour	nt of	Each	Disburser	nent this	Period			
	Candidate Name		Cate	egory	v/					25				
	Rep. Henry A. Waxman			ype	, 			7		35	00.00			
	Office Sought: House Disbursen Senate	nent For: 2012 Primary X General												
		Other (specify)												
	State: CA District: 30													
C.	Full Name (Last, First, Middle Initial) CONTINUING A MAJORITY PARTY ACTIO		AMPA	C)		Date o	of Dis	burse	ment					
-		(		-,		M N	1 /	D	D / Y	Y Y	Y			
	Mailing Address 5915 Eastman Avenue Suite 100					08		0	9	2012	_			
	City S Midland	State Zip Code MI 48640				Tran	sacti	on ID	: D13541	6				
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	Candidate Name			)11 egory	v/	Amour	nt of	Each	Disburser					
				ype	<i>.</i>			7	7	500	00.00			
	Office Sought: House Disburser	nent For: 2012 Primary General												
	President	Other (specify)												
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	y information copied from such Reports and States for commercial purposes, other than using the nar				any	persor	n for the	purpo	ose o	f solicitir	ng contr	ributions
$\setminus$	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Poli	tical Actio	n Committ	ee								
Α.	Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAI	GN					Date of	f Disb	oursei	ment		
		GN					MM	/	D		Y Y	Y Y
	Mailing Address 417 New Jersey Ave SE						09		06	3	2012	2
	City Washington		Zip Code 20003-4007				Trans	actio	n ID	: D13587	76	
	Purpose of Disbursement		20003-4007	_		_						
	Contributions for Federal Candidates			0	11		Amount	t of E	ach	Disburse	ment th	nis Period
	Candidate Name			Cate		//					1	000.00
	Del. Donna M.C. Christensen Office Sought: X House Disburse	ment For: 20 <sup>2</sup>	12	Ту	/pe			7	_	7		
	Senate	Primary	General									
	President	Other (specify	/)									
	State: VI District: 00											
D	Full Name (Last, First, Middle Initial)						Date of			mont		
р.	Dennis Ross for Congress										Y Y	V
	Mailing Address P.O. Box 7310						09	1	D 13		2012	
	City Lakeland		Zip Code 33807				Trans	actio	on ID	: D1361	66	
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	Candidate Name			Cate	gory	/						200.00
	Dennis Ross				/pe					7		200.00
	Office Sought: House Disburse Senate President State: FL District: 12	ment For: 20 Primary Other (specify	X General									
	Full Name (Last, First, Middle Initial)											
C.	Dennis Ross for Congress						Date of	Disb	oursei	ment		
	Mailing Address P.O. Box 7310						<sup>M</sup> 09	/	D 18		2012	
	City Lakeland		Zip Code 33807				Trans	actio	on ID	: D1363	25	
	Purpose of Disbursement				-							
	Contributions for Federal Candidates			0	11		Amount	t of E	ach	Disburse	ment th	nis Period
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		ment For: 20 <sup>2</sup>	2	Ty	pe			7	_	7		
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_	State: FL District: 12											
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$\square$	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine Poli	tical Ac	tion Commit	tee										
Α.	Full Name (Last, First, Middle Initial) Dennis Ross for Congress						Date of	Dis	burse	ment				
	Mailing Address P.O. Box 7310						09	/	2			2012	Y	
	Lakeland	State FL	Zip Code 33807				Trans	acti	on ID	: D1:	36993			
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	Candidate Name				egor	ry/						-200	.00	٦.
	Dennis Ross Office Sought: Y House Disburser	ment For:	2012	Т	ype				7	-	7			
	Senate President	Primary Other (spe	K General				VOID C	K#8	435 6/	/13/12	2			
	State:         FL         District:         12           Full Name (Last, First, Middle Initial)													
В.	Denny Heck for Congress						Date of	f Dis	burse	_		Y Y	V	
	Mailing Address PO Box 235						09 12 2012							
	Olympia	State WA	Zip Code 98507-0235				Trans	acti	on ID	: D1	36094			
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	Candidate Name				egor ype	ry/	[.		, .		7	2500	0.00	
	Office Sought: X House Disburser Senate President	ment For: Primary Other (spe	K General											
	State: WA District: 10													
C.	Full Name (Last, First, Middle Initial) Duncan for Congress						Date of	Dis		_				
	Mailing Address PO Box 732						09	/	1:			2012	Y	
	Clinton	State SC	Zip Code 29325				Trans	acti	on ID	: D1	36172			
	Purpose of Disbursement Contributions for Federal Candidates				)11					<b>D</b> . 1				
	Candidate Name			Cat	egor ype	ry/	Amount	t of	Each	Disbi	ursemei	nt this F		1
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	K General						,					
_	State: SC District: 03													_
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$\square$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Ac	tion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR	CONG	RESS					Date o		sburs			V	YYY	V
	Mailing Address 499 S Capitol St SW Ste 404							09			26			2012	
	Washington	State DC	Zip Code 20003-4004					Trans	sacti	ion IE	):	D135	890		
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	Candidate Name Rep. C.A. Ruppersberger			Cate T	ego ype	,				,				150	0.00
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	State:     MD     District:     02       Full Name (Last, First, Middle Initial)														
Β.	ERIC PAC							Date o		sburs			Y	Y Y	Y
	Mailing Address 209 Pennsylvania Ave SE							08			22		1	2012	
	Washington	State DC	Zip Code 20003-1107					Tran	sact	ion II	<b>)</b> :	D135	676		
	Purpose of Disbursement Contributions for Federal PACs/Committees				011			Amour	it of	Fach		)isbur	semer	nt this	Period
	Candidate Name			Cate						,					0.00
	Senate President	nent For: Primary Other (sp	General												
	State: District:		Annual Contribu	tion			_								
C.	Full Name (Last, First, Middle Initial) Fitzpatrick For Congress							Date o		sburs		_		Y Y	
	Mailing Address P.O. Box 185							07	ĺ,		18			2012	
	Langhorne	State PA	Zip Code 19047					Tran	sact	ion II	<b>)</b> :	D134	981		
	Purpose of Disbursement Contributions for Federal Candidates			0	)11			Amour	it of	Each	n E	isbur	semer	nt this	Period
	Candidate Name Mr. Michael Fitzpatrick			Cate T	ego ype					7	2			50	0.00
	Office Sought: House Disburser Senate President State: PA District: 08	nent For: Primary Other (sp	K General												
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	y information copied from such Reports and Stater for commercial purposes, other than using the nam					perso	n for the		pose (	of solicit	ing co	ntribut	tions		
$\square$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	tical Ac	tion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Fitzpatrick For Congress						Date o	_							
	Mailing Address P.O. Box 185						09	/	D 1	3		012	Y		
	Langhorne	State PA	Zip Code 19047				Trans	sacti	ion ID	: D1361	59				
	Purpose of Disbursement Contributions for Federal Candidates			C	)11		Amoun	t of	Each	Disburs	ement	t this I	Period		
	Candidate Name			Cate	egor	~v/	-					0000			
	Mr. Michael Fitzpatrick				ype				7			2000	.00		
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	K General												
	State: PA District: 08														
в.	Full Name (Last, First, Middle Initial) Fleming for Congress						Date o						_		
	Mailing Address PO Box 1236						09		25 / Y Y Y Y 25 2012						
	Minden	State LA	Zip Code 71058-1236				Trans	sact	ion ID	: D1369	994				
	Purpose of Disbursement VOID CK#8084 2/22/12 Candidate Name						Amoun	t of	Each	Disburs	ement	t this I	Period		
	Dr John Fleming			Cate T	egor ype	ry/		2				-1000	0.00		
	Office Sought: House Disburser	ment For: Primary Other (spe	General		ype		VOID C	CK#8	3084 2	/22/12					
с.	Full Name (Last, First, Middle Initial) Friends of Chris Murphy						Date o	f Dis	sburse	ement					
	Mailing Address P.O. Box 127						08	1	2			012 <sup>Y</sup>	Y		
	Cheshire	State CT	Zip Code 06410				Trans	sact	ion ID	: D1356	83				
	Purpose of Disbursement Contributions for Federal Candidates			C	)11		Amoun	t of	Each	Disburs	ement	t this I	Period		
	Candidate Name Chris Murphy				egor ype	ry/						2000	.00		
	Senate President	ment For: Primary Other (spe	X General												
	State: CT District:						_		_		_				
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S	CHEDULE B (FEC Form 3X)		FOR LIN	IE NUMBER: PAGE 126 OF 164
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	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Pol	itical Action Commit	tee	
Δ.	Full Name (Last, First, Middle Initial) Friends of David Gill			Date of Disbursement
	Mailing Address P.O. Box 163			07 12 2012
	City	State Zip Code		Transaction ID : D134806
	Savoy Purpose of Disbursement	IL 61874-0163		
	Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	5000.00
	Office Sought: House Disburse Senate President	ement For: 2012 Primary X General Other (specify)		
	State: IL District: 13			
_	Full Name (Last, First, Middle Initial)			
р.	Friends of David Gill			Date of Disbursement
	Mailing Address P.O. Box 163			09 19 2012
	City Savoy Purpose of Disbursement	State Zip Code IL 61874-0163		Transaction ID : D136485
	Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	2500.00
	Senate President	ement For: 2012 Primary General Other (specify) ▼		
_	State: IL District: 13	Primary Debt Re	tirem	
C.	Full Name (Last, First, Middle Initial) Friends of Elizabeth Esty			Date of Disbursement
	Mailing Address PO Box 61			09 06 Y Y Y Y 2012
	City Cheshire	State Zip Code CT 06410		Transaction ID : D135858
	Purpose of Disbursement Contributions for Federal Candidates			
	Candidate Name		011 Category/ Type	Amount of Each Disbursement this Period 2500.00
	Senate President	ement For: 2012 Primary X General Other (specify) ▼	1990	
	State: CT District: 05			
s	UBTOTAL of Disbursements This Page (optional).		••••••	10000.00
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S	CHEDULE B (FEC Form 3X)			F			UMBER:	,		P	AGE	127 ()	)F 164			
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) a category of the Summary Page		-	c only 21b 27	-	X	23 28b	24		25	26 30b			
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$\setminus$	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine Poli	tical Ac	tion Committ	ee												
A.	Full Name (Last, First, Middle Initial) Friends of Jeanne Shaheen						Date of	f Dis			V	v.	v			
	Mailing Address PO BOX 1510						09	<i>'</i>	0			012	*			
	MANCHESTER	State NH	Zip Code 03105				Trans	acti	on ID	: D1358	377					
	Purpose of Disbursement Contributions for Federal Candidates			C	)10		Amoun	t of	Each	Disburs	ement	this P	Period			
	Candidate Name Jeanne Shaheen				egory ype	y/			,	. ,		1000.	.00			
	Senate President	ment For: Primary Other (spe	General													
в.	State:       NH       District:         Full Name (Last, First, Middle Initial)       Friends Of Joe Pitts						Date of	f Dis								
	Mailing Address PO Box 775						м м 09	1	0	D / 6						
	Unionville	State PA	Zip Code 19375				Trans	acti	ion ID	: D1358	887					
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name			land.	011		Amoun	t of	Each	Disburs	ement	this P	Period			
	Rep. Joseph R. Pitts				egory ype	y/		_	, .		-	2500	.00			
	Office Sought: House Disburser Senate President State: PA District: 16	ment For: Primary Other (spe	General													
c.	Full Name (Last, First, Middle Initial) Friends of Nan Hayworth						Date of	f Dis								
	Mailing Address 1006 Pendleton Street						м м 09	/	D 1			)12	Y			
	Alexandria	State VA	Zip Code 22314				Trans	acti	on ID	: D1361	68					
	Purpose of Disbursement Contributions for Federal Candidates			C	)11		Amoun	t of	Each	Disburs	ement	this P	Period			
	Candidate Name NAN HAYWORTH				egory ype	y/			7			1000.	.00			
	Senate President	ment For: Primary Other (spe	X General													
Г	State: NY District: 19						_	-			_					
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	) (check only 21b 27	r one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Emergency Medicine Pol	itical Action Commit	tee	
	Full Name (Last, First, Middle Initial) Gillan for Congress			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address P.O. Box 1978			09 19 2012
	City Billings	State Zip Code MT 59103		Transaction ID : D136458
	Purpose of Disbursement			
	Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name Kim Gillan		Category/ Type	2500.00
		ement For: 2012	1,900	
	Senate	Primary General		
	State: MT District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			
В.	Glacier PAC			Date of Disbursement
	Mailing Address 236 Massachusetts Avenue, NE Suite 603			07 12 2012
	City Washington	StateZip CodeDC20002		Transaction ID : D134801
	Purpose of Disbursement Contributions for Federal PACs/Committees		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	5000.00
	Office Sought: House Disburse	ement For: 2012	Туре	
	Senate	Primary General		
	State: District:	Other (specify) ▼ Annual Contrib	ution	
	Full Name (Last, First, Middle Initial)	Annual Contrib		
C.	GOAL PAC			Date of Disbursement
	Mailing Address PO Box 30344			09 / 13 / Y Y Y Y 2012
	City	State Zip Code		Transaction ID : D136163
	Bethesda Purpose of Disbursement Contributions for Foderal DACe/Committees	MD 20824-0344		
	Contributions for Federal PACs/Committees Candidate Name		011 Category/	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ement For: 2012	Туре	
	Senate	Primary General		
	State: District:	Other (specify) ▼ Annual Contribu	ution	
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
$\left[ \right]$	NAME OF COMMITTEE (In Full)												
	National Emergency Medicine Poli	tical Action Commit	tee										
_	Full Name (Last, First, Middle Initial)					<b>.</b>	( )						
А.	Heart Doc PAC					Date	of D	sburse					
	Mailing Address PO Box 628					08	M /	D	)9	Y	2012	Y	
	City	State Zip Code				Tro		ion ID	): D13	5440			
	Evansville	IN 47704-0628				IIdi	ISaci		. 013	9419			
	Purpose of Disbursement Contribution for Federal PACs/Committees		0	11		Amou	nt of	Each	Disbu	seme	ent thi	s Per	riod
	Candidate Name							Eaon	Bioba	00111			lou
			Cate T	ype	y/			7		7	25	00.00	)
		nent For: 2012											
	Senate	Primary General											
	State: District:	Other (specify) Annual Contribu	ition										
	Full Name (Last, First, Middle Initial)	Annual Contribu											
В.	Hultgren for Congress					Date		sburse		V	Y Y		
	Mailing Address 1118 East Main Street					07		D	12	Ŷ	2012		
	City Saint Charles	State Zip Code IL 60174				Tra	nsac	tion ID	) : D13	4798			
	Purpose of Disbursement Contributions for Federal Candidates		C	)11		Amou	nt of	Each	Disbu	seme	ent thi	s Per	riod
	Candidate Name		Cate		y/						10	00.00	n
	Randy Hultgren		Ţ	ype			-	7	_	7			
	Office Sought: X House Disburser Senate President	nent For: 2012 Primary X General Other (specify)											
_	State: IL District: 14												
C.	Full Name (Last, First, Middle Initial) Jackie Walorski for Congress					Date	of Di	sburse	ement				
	Mailing Address 499 S. Capitol Street, SW Suite 420					M 07		1	D / 8	Y	2012	Y	
		State Zip Code				Tro		lian ID		4070			
	Washington	DC 20003				Ira	isaci		) : D13	4978			
	Purpose of Disbursement Contributions for Federal Candidates			11					<b>_</b>			_	
	Candidate Name		Cate		y/	Amou	nt of	Each	Disbu	seme		s Per 00.00	
	Office Sought: House Disburser Senate President	nent For: 2012 Primary X General Other (specify) ▼		/				3		7			
_	State: IN District: 02												
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S	CHEDULE B (FEC Form 3X)			FC	)R I		UMBER			PA	GE	130 C	)F 164			
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)		•													
	National Emergency Medicine Poli	tical Action	Committ	ee												
<u>ر</u>	Full Name (Last, First, Middle Initial)						Data	4 D:								
А.	JOEPAC						Date o	_	sburse			Y	V			
	Mailing Address 601 S Broad Street						09	ĺ	Q			)12				
	5		Code				Trans	sacti	on ID	: D13586	65					
	Lititz Purpose of Disbursement	PA 17	7543			_										
	Contributions for Federal PACs/Committees			0	11		Amoun	t of	Each	Disburse	ment	this F	Period			
	Candidate Name			Cate Ty	egory vpe	/			, .			2500	.00			
	Office Sought: House Disburse	ment For: 2012 Primary	General													
	President	Other (specify)														
	State: District:	An	nual Contribu	tion												
D	Full Name (Last, First, Middle Initial)						Date o	fDid	buroo	mont						
ь.	John Carney for Congress							_	Duise			Y	Y			
	Mailing Address 426 C St NE						07			18 2012						
	Washington	'	o Code 0002-5839				Trans	sacti	ion ID	: D13498	36					
	Purpose of Disbursement Contributions for Federal Candidates			0	11	11	Amoun	t of	Each	Disburse	ment	this F	Period			
	Candidate Name			Cate	1	7/			,	,		1500	.00			
	Senate President	ment For: 2012 Primary Other (specify)	🕻 General													
_	State: DE District: 00 Full Name (Last, First, Middle Initial)															
C.	John Carney for Congress						Date o		sburse			Y	Y			
	Mailing Address 426 C St NE						09		0			)12				
	5		o Code				Trans	sacti	ion ID	: D13586	67					
	Washington Purpose of Disbursement	DC 20	002-5839			_										
	Contributions for Federal Candidates			0	11		Amoun	t of	Each	Disburse	ment	this F	Period			
	Candidate Name			Cate Tv	egory /pe	/	<b>—</b>		-			1000	.00			
	Senate	ment For: 2012 Primary	General						,							
	State: DE District: 00	Other (specify)	•													
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S	CHEDULE B (FEC Form 3X)			F	OR		NUN	/BFR				P	AGE	131 (	OF 164	
IT	EMIZED DISBURSEMENTS		parate schedule(s) a category of the			k only		e)		1				7 6 -		
_			I Summary Page			21b 27		22 28a	×	23 28b		24 280	;	25 29	26 30b	
	y information copied from such Reports and State for commercial purposes, other than using the nar															
$\left[ \right]$	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine Poli	itical Ac	tion Commit	tee												
Α.	Full Name (Last, First, Middle Initial) Juan Vargas for Congress						D	)ate o	f Dis	sburse	eme	ent				
							- r	MM	/	D		/		- Y	Y	
	Mailing Address P.O. Box 636							09		0	6		2	012		
	City Annandale	State VA	Zip Code 22003					Trans	acti	ion ID	) : C	01358	54			
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Δ	moun	t of	Fach	Die	shurse	emen	t this	Period	
	Candidate Name			Cate	-	21/		linean		Laon	BR	bbullo				
	Juan Vargas				ype	y/				7				2500	0.00	
	Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	K General													
	State: CA District: 51	I														
в.	Full Name (Last, First, Middle Initial) Kaine for Virginia						_	ate o	f Dis	sburse	eme	ent				
	Mailing Address 10 G Street, NE Suite 570					07 12 2012										
	Washington	State DC	Zip Code 20002					Trans	sacti	ion ID	) : C	D1348	09			
	Purpose of Disbursement Contributions for Federal Candidates			C	)11		A	moun	t of	Each	Dis	sburse	emen	t this	Period	
	Candidate Name			Cate		ry/	1							5000	0.00	
	Tim Kaine Office Sought: House Disburse	ment For:	2012	T	ype		1	-	-	7		7				
	X     Senate       President	Primary Other (spe	X General													
_	State: VA District:															
C.	Full Name (Last, First, Middle Initial) Kirkpatrick for Arizona						_	ate o	f Dis			ent				
	Mailing Address P.o. Box 12011						l	09	/	D 1	9	/		012	Y	
	City Casa Grande	State AZ	Zip Code 85130					Trans	sacti	ion ID	) : C	D1364	54			
	Purpose of Disbursement Contributions for Federal Candidates															
	Candidate Name			Cate	11 egor ype	ry/	A	moun	t of	Each	Dis	sburse	emen	t this 2500	Period ).00	
	Senate President	ment For: Primary Other (spe	K General		/ <del>-</del>											
_	State: AZ District: 01															
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т	OTAL This Period (last page this line number only	')								7			_			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 132 OF 164
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	ements may not be sold or us ame and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Porticity	litical Action Committ	ee	
Full Name (Last, First, Middle Initial) A. Kurt Schrader For Congress			Date of Disbursement
Mailing Address 205 N Main St.			09 / D D / Y Y Y Y 26 / 2012
City Oregon City	StateZip CodeOR97045		Transaction ID : D136862
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name Mr. Kurt Schrader		Category/ Type	1000.00
Office Sought: House Disburs Senate President	eement For: 2012 Primary X General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
State:         OR         District:         05           Full Name (Last, First, Middle Initial)           B. Linda Lingle Senate Committee			Date of Disbursement
Mailing Address 1020 N. Fairfax Street Suite 201			09 / 19 / Y Y Y Y 2012
City Alexandria	StateZip CodeVA22314		Transaction ID : D136479
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Office Sought: House Disburs	ement For: 2012 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial)	NGRESS INC.		Date of Disbursement
Mailing Address PO Box 3750			09 / 06 / Y Y Y Y 2012
City Brentwood	StateZip CodeTN37024		Transaction ID : D135862
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
Candidate Name Rep. Marsha Blackburn		Category/ Type	2000.00
Office Sought: House Disburs Senate President State: TN District: 07	ement For: 2012 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional	)		5500.00
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE	NU	JMBER	:			PA	AGE	133 (	DF 164
IT	EMIZED DISBURSEMENTS		parate schedule(s) a category of the	(c	hec	k onl 21b	· _	ne) ] 22	$\mathbf{\nabla}$	23		24	<b></b>	25	26
			I Summary Page			210		22 28a	×	23 28b	$\vdash$	24 28c	$\vdash$	25 29	30b
	y information copied from such Reports and State for commercial purposes, other than using the nar														
$\square$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Poli	itical Ac	tion Commit	ee											
Α.	Full Name (Last, First, Middle Initial) Martin Heinrich for Senate							Date o	f Dis	sburse	eme	ent			
	Mailing Address PO BOX 1174						-	M M	/	D		/		012	Y
								07			8		2	012	
	City SPRINGFIELD	State VA	Zip Code 22151					Trans	sacti	ion ID	) : C	01349	91		
	Purpose of Disbursement Contributions for Federal Candidates			C	)11			Amoun	t of	Fach	Dis	sburse	ement	t this	Period
	Candidate Name		Cate		rv/										
	Sen. Martin Heinrich			ype	<i>.</i> ,				7		7		1000	0.00	
	Office Sought: House Disburse	ment For:													
	President	Primary Other (sp	C General ecify) ▼												
	State: NM District:		<i>,</i> , ,												
_	Full Name (Last, First, Middle Initial)														
в.	Martin Heinrich for Senate							Date o	_			ent			
	Mailing Address PO BOX 1174							м м 09	/	D 1	13	/		012	Ŷ
	SPRINGFIELD	State VA	Zip Code 22151					Trans	sact	ion ID	) : C	01361	42		
	Purpose of Disbursement Contributions for Federal Candidates			(	011	٦		Amoun	t of	Each	Dis	sburse	emen	t this	Period
	Candidate Name			Cate		ry/		· · ·				-		1500	00
	Sen. Martin Heinrich Office Sought: House Disburse	ment For:	2012	T	ype		4			7	-	- 7		1000	
	X Senate	Primary	X General												
	State: NM District:	Other (spe													
_	Full Name (Last, First, Middle Initial)							<b>D</b> :							
C.	Mo Brooks for Congress							Date o	_			ent			
	Mailing Address 7610 Foxfire Dr SE							м м 09	/	D 1	2	/		012	Y
	,	State	Zip Code					Trans	sact	ion ID	) : C	01360	92		
	Huntsville Purpose of Disbursement Contributions for Federal Candidates	AL	35802-2716	-		-	-								
	Candidate Name			Cate	)11 egoi ype	ry/		Amoun	t of	Each	Dis	sburse	emen	t this 1500	
	Senate President	ment For: Primary Other (sp	K General		300					7		- 7			
	State: AL District: 05								_	_	_	_	_		
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S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 134 OF 164
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
	ny information copied from such Reports and State for commercial purposes, other than using the nar			
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Poli	tical Action Committ	ee	
<u> </u>	Full Name (Last, First, Middle Initial)			
Α.	Montana Democratic Party			Date of Disbursement
	Mailing Address P.O. Bod 802			08 09 2012
	City Helena	State Zip Code MT 53624		Transaction ID : D135421
	Purpose of Disbursement	03024		
	Contributions for Federal Committees		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	2500.00
	Office Sought: House Disburse Senate President	ment For: 2012 Primary General Other (specify) ▼		
	State: District:			
В.	Full Name (Last, First, Middle Initial) New Pioneers PAC			Date of Disbursement
	Mailing Address 228 S. Washington Street Suite 115			07 / 18 / Y Y Y Y 07 18
	Alexandria	StateZip CodeVA22314		Transaction ID : D134987
	Purpose of Disbursement Contributions for Federal PACs/Committees		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	1500.00
	Office Sought: House Disburse Senate President X	ment For: 2012 Primary General Other (specify) ▼ Annual Contribu	tion	
с.	Full Name (Last, First, Middle Initial) New Pioneers PAC			Date of Disbursement
	Mailing Address 228 S. Washington Street Suite 115			09 / 06 / Y Y Y Y 2012
	Alexandria	State Zip Code VA 22314		Transaction ID : D135880
	Purpose of Disbursement Contributions for Federal PACs/Committees		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	2500.00
	Senate President	ment For: 2012 Primary General Other (specify) ▼		
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	NUMBER	:			PAGE	135 (	OF 164
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$\setminus$	NAME OF COMMITTEE (In Full)												
$\left \right\rangle$	National Emergency Medicine Poli	tical Action	Committe	e									
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	Olson for Congress Committee						Date o	_	sburse		Y	Y Y	Y
	Mailing Address PO Box 16381						09		1			2012	
	City Sugar Land		Code 496				Trans	sacti	ion ID	: D13	6154		
	Purpose of Disbursement		490			_							
	Contributions for Federal Candidates			C	)11		Amoun	t of	Each	Disbu	rseme	nt this	Period
	Candidate Name Pete Olson	Cate		y/						1000	0.00		
	Office Sought: X House Disburser	I.	ype				,		7				
	Senate												
	State: TX District: 22	Other (specify)	▼										
	Full Name (Last, First, Middle Initial)												
Β.	Olson for Congress Committee						Date o	f Di	sburse	ment			
	Mailing Address PO Box 16381						м м 08	1	0	D / 9		ү ү 2012	Y
	City Sugar Land		o Code 7496				Trans	sact	ion ID	: D13	5411		
	Purpose of Disbursement Contributions for Federal Candidates			(	)11		Amoun	t of	Each	Disbu	rseme	nt this	Period
	Candidate Name			Cate		v/							_
	Pete Olson				ype	<i>y</i> ,			7		7	1000	0.00
	Office Sought: House Disburser Senate	ment For: 2012 Primary	General										
	President	Other (specify)	× ▼										
	State:     TX     District:     22       Full Name (Last, First, Middle Initial)												
C.	PEAK PAC						Date o	f Di	sburse	ment			
	Mailing Address PO BOX 3187						м м 09	/	D 1	D / 9		2012	Y
	City	State Zig	Code										
	IDAHO SPRINGS		452				Trans	sact	ion ID	: D13	6457		
	Purpose of Disbursement Contributions for Federal PACs/Committees			C	)11		Amoun	t of	Fach	Diebu	rsomo	nt this	Period
	Candidate Name			Cate		y/	, inioun		Eddi	DISDU		1500	_
	Office Sought: House Disburser	ment For: 2012		1	ype				7		7		
	Senate	Primary	General										
	State: District:	Other (specify)	-										
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SCHEDULE B (FEC Form 3X)         ITEMIZED DISBURSEMENTS         Use separate schedule(s)         for each category of the         Detailed Summary Page         FOR LINE NUMBER:         21b       22         27       28a         28b       28c         29         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         A. People for Derek Kilmer	26 30b tions tee.
Detailed Summary Page       210       22       X       23       24       25         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)	tions tee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial)	tee.
National Emergency Medicine Political Action Committee           Full Name (Last, First, Middle Initial)	Ŷ
Full Name (Last, First, Middle Initial)	Y
	Y
A. People for Derek Kilmer	Y
Mailing Address P.O. Box 1574 09 13 2012	
City     State     Zip Code       Gig Harbor     WA     98335	
Gig Harbor     WA     98335       Purpose of Disbursement     Image: Constraint of the second sec	
Contributions for Federal Candidates 011 Amount of Each Disbursement this	Period
Candidate Name Rep. Derek Kilmer Category/ Type 2500	0.00
Rep. Derek Kilmer     Type       Office Sought:     Y House       Disbursement For:     2012	
Senate Primary General	
State: WA District: 06	
State: WA District: 06 Full Name (Last, First, Middle Initial)	
B. People for Derek Kilmer Date of Disbursement	
Mailing Address P.O. Box 1574 07 18 2012	Y
CityStateZip CodeTransaction ID : D134964Gig HarborWA98335	
Purpose of Disbursement Contributions for Federal Candidates 011 Amount of Each Disbursement this	Period
Candidate Name Category/	
Rep. Derek Kilmer	5.00
Office Sought: X House Disbursement For: 2012 Senate X Primary General	
President Other (specify)	
State: WA District: 06	
Full Name (Last, First, Middle Initial)       Date of Disbursement         C. Pete Stark Re-Election Committee       Date of Disbursement	
Service Stark Re-Election Committee	Y
Mailing Address         P.O. Box 8331         07         12         2012	
City     State     Zip Code     Transaction ID : D134803       Fremont     CA     94537	
Purpose of Disbursement	
Contributions for Federal Candidates 011 Amount of Each Disbursement this	Period
Candidate Name Rep. Fortney Peter Stark Category/ Type	0.00
Office Sought:     X     House     Disbursement For: 2012	
Senate Primary General	
State: CA District: 13	
	_
SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

S	CHEDULE B (FEC Form 3X)		F	OR I		NUI	MBER:				P	AGE	137 (	OF 164	
IT	EMIZED DISBURSEMENTS		category of the			k only		e)							
			Summary Page		$\left  - \right $	21b 27		22 28a	×	23 28b	$\vdash$	24 280	.	25 29	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the na														
$\square$	NAME OF COMMITTEE (In Full)														
	National Emergency Medicine Pol	itical Ac	tion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	9					[	Date of	f Dis	sburse	eme	ent			
	Mailing Address P.O. Box 8331							08 08	/	2	2	/		012	Y
	City Fremont	State CA	Zip Code 94537					Trans	acti	on ID	) : D	01356	80		
	Purpose of Disbursement Contributions for Federal Candidates			C	)11	٦	A	Amount	t of	Each	Dis	sburse	emen	t this	Period
	Candidate Name Rep. Fortney Peter Stark		Cate T	egor ype	y/				,				1500	0.00	
	Office Sought: House Disburse Senate President	2012 X General ecify) ▼													
<u> </u>	State:       CA       District:       13         Full Name (Last, First, Middle Initial)       Plummer for Congress							Date of	f Dis	sburse	eme	ent			
	Mailing Address P.O. Box 1272							м м	/	D 1	9	/		012	Y
	City O'Fallon	State IL	Zip Code 62269					Trans	acti	ion ID	) : C	01364	51		
	Purpose of Disbursement Contributions for Federal Candidates			0	)11		A	Amount	t of	Each	Dis	sburse	ement	t this	Period
	Candidate Name			Cate		y/				,				2500	0.00
	Senate President	ement For: Primary Other (spe	X General												
_	State: IL District: 12 Full Name (Last, First, Middle Initial)														
C.	Renacci for Congress						[	Date of	f Dis	sburse		ent	VVV	Ý	Y
	Mailing Address 2729 - B Fulton Drive NW						1	09	Í		6	Ĺ		012	
	City Canton	State OH	Zip Code 44718					Trans	acti	ion ID	) : C	01358	60		
	Purpose of Disbursement Contributions for Federal Candidates				)11		,			<b>F</b> aab				4 46:e	Devied
	Candidate Name			Cate	egor ype	y/	,	Amount		Each	Dis	sourse	emen	2500	
	Senate President	ement For: Primary Other (spe	X General							· · · ·					
	State: OH District: 16											_			
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$\setminus$	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine Poli	tical Act	tion Commit	tee												
_	Full Name (Last, First, Middle Initial)															
А.	Renacci for Congress							Date of	Dis /	sburse			Y	Y	Y	
	Mailing Address 2729 - B Fulton Drive NW							08		2	22		_2	012		
	City Canton	State OH	Zip Code 44718					Trans	acti	ion ID	):	D13567	8			
	Purpose of Disbursement		44710		_											
	Contributions for Federal Candidates			C	)11		/	Amount	of	Each	D	isburse	men	t this	Perio	bd
	Candidate Name		Cate T	egoi ype					,				150	0.00		
	Office Sought: House Disburser Senate President	ment For: Primary	X General													
	State: OH District: 16	Other (spe	ecity) 🔻													
	Full Name (Last, First, Middle Initial)															
В.	MCCOLLUM FOR CONGRESS						1	Date of	Dis	sburse				Y	V	
	Mailing Address P.O. Box 14131							07	Í		12			012		
	City St. Paul	State MN	Zip Code 55114					Trans	acti	ion ID	) :	D13479	6			
	Purpose of Disbursement Contributions for Federal Candidates			C	011			Amount	of	Each	D	)isburse	men	t this	Peric	bd
	Candidate Name			Cate	egoi	ry/			1		7			250	0.00	
	Rep. Betty McCollum				ype			_	-	7	-	- 7	-	250	0.00	_
		ment For: Primary Other (spe	General													
_	State: MN District: 04															
C.	Full Name (Last, First, Middle Initial) BILL JOHNSON FOR CONGRESS		<b>IITTEE</b>				I	Date of	Dis	sburse	em	nent				
	Mailing Address P.O. BOX 14496							09	/	D	D6			012	Y	
	City POLAND	State OH	Zip Code 44514					Trans	acti	ion ID	):	D13588	9			
	PULAND Purpose of Disbursement Contributions for Federal Candidates	44514														
	Candidate Name			Cate	)11	n/	/	Amount	of	Each	D	)isburse	men	t this	Perio	bd
	Rep. Bill Johnson				ype									100	0.00	
	Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	K General							,		,				
_	State: OH District: 06															
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S	CHEDULE B (FEC Form 3X)		F	OR L	INE N	UMBER	:		PAG	GE 139	OF 164	
	EMIZED DISBURSEMENTS	for each	parate schedule(s) a category of the Summary Page	(c		only 0 21b 27	one) 22 28a	· ·	23 28b	24 28c	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar											
$\setminus$	NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Poli	tical Ac	tion Commit	ee								
Α.	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS						Date o	of Disl	burse	ment		
	Mailing Address P.O. Box 640						07	/	D 12		2012	Y
	Totowa	State NJ	Zip Code 07511				Trans	sactio	on ID	: D13479	9	
	Purpose of Disbursement Contributions for Federal Candidates			0	)11		Amoun	it of E	Each	Disbursen	nent this	Period
	Candidate Name Rep. Bill Pascrell Jr.		egory ype	//					100	00.00		
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	X General		<u>, , , , , , , , , , , , , , , , , , , </u>				,	,		
в.	State:       NJ       District:       08         Full Name (Last, First, Middle Initial)         BILL SHUSTER FOR CONGRESS	5					Date o		burse		YY	Ŷ
	Mailing Address PO Box 27						09		00	6	2012	
	Hollidaysburg	State PA	Zip Code 16648				Trans	sactio	on ID	: D13587	0	
	Purpose of Disbursement Contributions for Federal Candidates			C	011	٦	Amoun	it of E	Each	Disbursen	nent this	Period
	Candidate Name Rep. Bill Shuster				egory ype	//					10	00.00
		ment For: Primary Other (spe	2012 X General ecify) ▼		ype				,			
c.	Full Name (Last, First, Middle Initial) BILLY LONG FOR CONGRESS						Date o					
	Mailing Address 3246 E. RIDGEVIEW STREET						09	/	06		2012	Y
	SPRINGFIELD	State MO	Zip Code 65804				Trans	sactio	on ID	: D13588	3	
	Purpose of Disbursement Contributions for Federal Candidates			0	)11		Amoun	it of E	Each	Disbursen	nent this	Period
	Candidate Name Rep. Billy Long				egory ype	//					100	00.00
	Office Sought: House Disburse Senate President State: MO District: 07	ment For: Primary Other (spe	K General						,	,		
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$\left  \right $	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine Polit	tical Act	tion Commit	ee												
•	Full Name (Last, First, Middle Initial)							Date of		huror		ant				
А.	BOBBY SCHILLING FOR CONGR	ESS								D				Y	V	
	Mailing Address 367 Avenue of The Cities Suite D							09	<i>'</i>		3			012	Ť	
	City	State	Zip Code					Trans	ti	ion ID		D13616	7			
	East Moline	IL	61244					Trans	acti			D13010				
	Purpose of Disbursement Contributions for Federal Candidates			0	)11			Amount	of	Each	D	isburse	ment	t this	Perio	od
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	Rep. Bobby Schilling				ype					,				150	0.00	
		nent For:	-				1									
		Primary	General													
	State: IL District: 17	Other (spe	ecity) 🔻													
	Full Name (Last, First, Middle Initial)															
В.	BOBBY SCHILLING FOR CONGR	ESS					[	Date of	Dis	sburse	əm	nent				
		200						M M	7	D	D	/ 1	Y	Y	Y	
	Mailing Address 367 Avenue of The Cities Suite D							07		1	8		2	012		
	City S East Moline	State IL	Zip Code 61244					Trans	acti	ion ID	):	D13498	85			
	Purpose of Disbursement			-												
	Contributions for Federal Candidates			L.,			4	Amount	of	Each	D	isburse	ment	t this	Perio	bd
	Candidate Name			Cate		ry/								100	0.00	
	Rep. Bobby Schilling           Office Sought:         V House         Disbursen	nent For:	2012	Ľ	ype				-	7		7				
		Primary	General													
		Other (spe														
	State: IL District: 17															
_	Full Name (Last, First, Middle Initial)	-														
C.	BRIAN BILBRAY FOR CONGRES	S						Date of	Dis							
	Mailing Address 991C Lomas Santa Fe Drive							м м 09	/	0	)6	/ Y		012	Y	
	5	State	Zip Code					Trans	acti	ion ID	):	D13588	6			
	Solana Beach Purpose of Disbursement	CA	92075										•			
	Contributions for Federal Candidates			0	)11			A	of	Tash		isburse		thia	Dari	~ d
	Candidate Name			Cate	-	m //		Amount	01	Each	U	ispurse	ment	i unis	Pend	ba
	Rep. Brian P. Bilbray				ype									100	0.00	
	Office Sought: House Disburser	nent For:	-				1					,				
		Primary	General													
	State: CA District: 50	Other (spe	ecify) 🔻													
	State: CA District: 50								_	_						_
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S	CHEDULE B (FEC Form 3X)				סר		NU	MBER			P	AGF	141	OF 164
	EMIZED DISBURSEMENTS		parate schedule(s)			k only			•		Ľ			<u>.</u>
			category of the Summary Page			21b 27		22 28a	X	23 28b	24	,	25 29	26 30b
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	NAME OF COMMITTEE (In Full)													
	National Emergency Medicine Polit	tical Act	tion Commit	tee										
^	Full Name (Last, First, Middle Initial)							Data a	f Dia	burg	mont			
А.	FRIENDS OF CAROLYN MCCAR	IHY						Date c						
	Mailing Address 151 Linden Road							09		D 1	3		012	Y
	City	State	Zip Code					Tran	eacti	on ID	: D1361	60		
	Mineola	NY	11501					man	Saci		. 01301	09		
	Purpose of Disbursement Contributions for Federal Candidates			0	011			Amour	nt of	Each	Disburs	emen	it this	Period
	Candidate Name			Cate	ador	21/								_
	Rep. Carolyn McCarthy			ype	y/				7			250	0.00	
	Office Sought: K House Disburser													
	Senate	Primary	General											
	State: NY District: 04	Other (spe	ecity) 🔻											
	Full Name (Last, First, Middle Initial)													
В.	CATHY MCMORRIS RODGERS F	OR CC	NGRESS					Date c	of Dis	sburse	ement			
								M M	/	D	D /	Y	Y	Y
	Mailing Address Box 137							09		2	25	_ 2	2012	
	5	State	Zip Code					Tran	sacti	ion ID	: D1369	91		
	Spokane Purpose of Disbursement	WA	99210											
	VOID CK#8289 6/13/12							Amour	nt of	Each	Disburs	emen	it this	Period
	Candidate Name			Cate	eaor	v/								
	Rep. Cathy McMorris Rodgers				ype	<i>.</i>				7		_	-200	0.00
			2012											
		Primary	General				`	VOID	CK#8	289 6	/13/12			
	State: WA District: 05	Other (spe	ecity)											
_	Full Name (Last, First, Middle Initial)													
C.	CATHY MCMORRIS RODGERS F	OR CC	NGRESS					Date c	of Dis	sburse	ement			
								M M	/	D	D /		Y	Y
	Mailing Address Box 137							09		0	6	2	012	_
	City	State	Zip Code											
		WA	99210					Tran	sacti	ion ID	: D1358	884		
	Purpose of Disbursement Cotnributions for Federal Candidates													
	Candidate Name			0	)11			Amour	nt of	Each	Disburs	emen	it this	Period
	Rep. Cathy McMorris Rodgers			Cate	egor ype	ry/							250	0.00
		nent For:	2012	1	ype			_		7			_	
	Senate	Primary	General											
	President	Other (spe	ecify)											
_	State: WA District: 05													
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	National Emergency Medicine Poli	tical Act	tion Committ	ee											
Α.	Full Name (Last, First, Middle Initial) FATTAH FOR CONGRESS							Date o	f Dis	sburse	eme	ent			
	Mailing Address 3900 Ford Road Suite 12-O							м м 08	/	0	)9	1		012	Y
	City Philadelphia	State PA	Zip Code 19131					Trans	sacti	on ID	):1	D1354	12		
	Purpose of Disbursement Contributions for Federal Candidates			0	11			Amoun	t of	Each	Di	sburse	ement	t this	Period
	Candidate Name Rep. Chaka Fattah		Cate	egoi ype		1							100	0.00	
	Office Sought: House Disburser Senate President	2012 X General ecify) ▼		700											
в.	State:         PA         District:         02           Full Name (Last, First, Middle Initial)         CRAVAACK FOR CONGRESS CA	AMPAIG		TEE				Date o		sburse		ent	V	Y	V
	Mailing Address P.O. BOX 40040							08	Í		22	/		012	T
	City ST PAUL	State MN	Zip Code 55104					Trans	sacti	ion ID	):	D1356	84		
	Purpose of Disbursement Contributions for Federal Candidates			C	)11			Amoun	t of	Each	Di	sburse	ement	t this	Period
	Candidate Name			Cate			1.							100	0.00
	Rep. Chip Cravaack			Ty	ype	•			-	5	-	7	-	100	0.00
	Office Sought: House Disburser Senate President State: MN District: 08	nent For: Primary Other (spe	X General												
с.	Full Name (Last, First, Middle Initial)							Date o	f Dis	sburse	eme	ent			
	Mailing Address 10537 St. Paul St.							м м 07	/	D 1	D 2	/		012	Y
	City Kensington	State MD	Zip Code 20895					Trans	sacti	ion ID	):	D1347	97		
	Purpose of Disbursement Contributions for Federal Candidates			0	11			Amoun	t of	Fach	Di	shurse	ement	t this	Period
	Candidate Name Rep. Chris Van Hollen			Cate	egoi ype					Luon		obulot			0.00
	•	ment For: Primary Other (spe	K General							7		7			
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SC	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 143 OF 164
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
	y information copied from such Reports and Stater for commercial purposes, other than using the nam			
$\square$	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politi	tical Action Commit	tee	
_	Full Name (Last, First, Middle Initial)			Date of Disbursement
А.	SCHWEIKERT FOR CONGRESS			
	Mailing Address 8776 E SHEA BLVD, SUITE B3A-6	526		07 25 2012
	5	State Zip Code		Transaction ID : D135135
	SCOTTSDALE Purpose of Disbursement	AZ 85260		
	Contribution for federal candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1500.00
	Rep. David Schweikert		Туре	1500.00
	Office Sought: House Disburser Senate	nent For: 2012		
	President	Primary General Other (specify)		
	State: AZ District: 05			
	Full Name (Last, First, Middle Initial)			
Β.	SCHWEIKERT FOR CONGRESS			Date of Disbursement
	Mailing Address 8776 E SHEA BLVD, SUITE B3A-	626		09 06 2012
	City SCOTTSDALE	State Zip Code AZ 85260		Transaction ID : D135873
	Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	2500.00
	Rep. David Schweikert           Office Sought:         Y House         Disburser	mont For: 0040	Туре	2000.00
	Office Sought: X House Disburser Senate	nent For: 2012 Primary X General		
	President	Other (specify)		
	State: AZ District: 05			
с.	Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address P.O. BOX 960821			07 12 2012
	5	State Zip Code		Transaction ID : D134807
	RIVERDALE Purpose of Disbursement	GA 30296		
	Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Rep. David Scott		Туре	2500.00
	Senate President	nent For: 2012 Primary General Other (specify) ▼		
	State: GA District: 13			
s	UBTOTAL of Disbursements This Page (optional)		•••••	6500.00
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S	CHEDULE B (FEC Form 3X)			F	OR	LII	NE NI	JMBER	:		P	AGE	144	OF 164
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			ck	only o	ne)		1			_	
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$\square$	NAME OF COMMITTEE (In Full)													
$\backslash$	National Emergency Medicine Poli	tical Act	tion Committe	ee										
_	Full Name (Last, First, Middle Initial)													
Α.	BLUMENAUER FOR CONGRESS							Date o	_	sburse		V	Y	Y
	Mailing Address 830 NE Holladay, #105							09	ĺ	Q			012	
	City	State	Zip Code					Trong	acti	on ID	: D1358	75		
	Portland	OR	97232					Irans	acu		. 01330	75		
	Purpose of Disbursement Contributions for Federal Candidate			C	)12		11	Amoun	t of	Each	Disburse	emen	t this	Period
	Candidate Name			Cate	eao	orv/							000	
	Rep. Earl Blumenauer			T	ype	) é				7			200	0.00
		ment For:												
	Senate President	Primary Other (spe	General											
	State: OR District: 03	Other (spe	Ciry) 🔻											
_	Full Name (Last, First, Middle Initial)													
В.	PALLONE FOR CONGRESS							Date o	f Dis	sburse	ment			
								M M	/	D	D /	Y Y	Y	Y
	Mailing Address PO Box 3176							09		2	6	2	012	
	5	State	Zip Code					Trans	sacti	ion ID	: D1368	60		
	Long Branch Purpose of Disbursement	NJ	07740				_							
	Contributions for Federal Candidates			C	011		11.	Amoun	t of	Each	Disburse	emen	t this	Period
	Candidate Name			Cate		-								_
	Rep. Frank Pallone Jr.				ype					,		_	150	0.00
	Office Sought: X House Disburser	ment For:	2012											
	Senate	Primary	X General											
	State: NL District: 00	Other (spe	ecify) 🔻											
_	State: NJ District: 06													
C.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL	L CAMF	PAIGN					Date o	f Dis	sburse	ment			
	Mailing Address PO BOX 16128							м м 08	/	D 0			012	Y
	0.4	Otati	7:- 0- 1-											_
	City : HOUSTON	State TX	Zip Code 77222					Trans	sacti	ion ID	: D1354	22		
	Purpose of Disbursement			_		-								
	Contributions for Federal Candidates			C	)11			Amoun	t of	Each	Disburs	emen	t this	Period
	Candidate Name			Cate	ego	ory/							250	00
	Rep. Gene Green			T	ype	e				7		_	250	5.00
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	President	Primary Other (spe	General											
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	National Emergency Medicine Poli	tical Ac	tion Committ	ee						_				
	Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR CO	ONGRE	SSIONAL CA	MPA	IG	N	Date	of Di	isburs	en	nent			
	Mailing Address 1519 Washington Street						08		D	09			012	Y
	City S Laredo	State TX	Zip Code 78042				Tra	nsact	tion II	D :	D1354	18		
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	Candidate Name Rep. Henry Cuellar			Cate Ty	egor ype	ry/			7				1000	0.00
	Office Sought: House Disburser Senate President State: TX District: 28	nent For: Primary Other (sp	K General											
В.	Full Name (Last, First, Middle Initial)	S					Date		isburs			Y Y	Y	Y
	Mailing Address Post Office Box 112						09 06 2012							
	Burlingame	State CA		Transaction ID : D135853										
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	Candidate Name Rep. Jackie Speier			Cate		γ/							1500	0.00
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c.	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS								isburs					
	Mailing Address 857 Post Road, #312 Ste 1						09			06			012	Y
	Fairfield	State CT	Zip Code 06824				Tra	nsac	tion II	D:	D1358	59		
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	Rep. Jim Himes			Cate Ty	egor ype	ry/							2500	0.00
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$\square$	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine Poli	tical Act	tion Committ	ee												
Α.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS							Date o	f Dis	sburse	əm	ent				
	Mailing Address PO Box 636							07	/	D 1	8	/		012	Y	
	Annandale	State VA	Zip Code 22003					Trans	acti	ion ID	):	D1349	<del>9</del> 0			
	Purpose of Disbursement Contributions for Federal Candidates			0	)11			Amoun	t of	Each	D	isburse	men	t this	Period	
	Candidate Name Rep. John Lewis			Cate T	ego ype					7		7		2500	0.00	
	Senate President	ment For: Primary Other (spe	X General													
В.	State:       GA       District:       05         Full Name (Last, First, Middle Initial)         KISSELL FOR CONGRESS							Date o	f Dis	sburse	əm	ient				
	Mailing Address P.O. BOX 1530						09 / Y							012	Y	
	BISCOE	State Zip Code NC 27209						Transaction ID : D136992								
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	Rep. Larry Kissell			Cate T	ego ype									-1000	0.00	
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с.	Full Name (Last, First, Middle Initial)							Date o	f Dis	sburse	əm	ient				
	Mailing Address 38 Ivy Street, SE							м м 07	/		2	/		012	Y	
	Washington	State DC	Zip Code 20003					Trans	sact	ion ID	):	D1348	02			
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	Candidate Name Rep. Lois Capps			Cate T	ego ype					7				2500	0.00	
	Office Sought: House Disburser Senate President State: CA District: 24	ment For: Primary Other (spe	X General													
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 147 OF 164								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b								
Any information copied from such Reports and Sta or for commercial purposes, other than using the n											
NAME OF COMMITTEE (In Full)											
National Emergency Medicine Po	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial)  A. LOUISE SLAUGHTER RE-ELEC	TION COMMITTEE		Date of Disbursement								
Mailing Address P.O. Box 730			09 13 2012								
City Honeoye	State Zip Code NY 14471		Transaction ID : D136170								
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period								
Candidate Name		Category/	2500.00								
Rep. Louise M. Slaughter		Туре	2500.00								
Office Sought: House Disburs Senate President	eement For: 2012 Primary X General Other (specify) ▼										
State: NY District: 28											
Full Name (Last, First, Middle Initial) B. MICHAUD FOR CONGRESS Mailing Address, 242 Lister 21			Date of Disbursement								
Mailing Address 213 Lisbon St			07 18 2012								
City Lewiston	StateZip CodeME04240		Transaction ID : D134980								
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Candidate Name		Category/	1000.00								
Rep. Michael H. Michaud	sement For: 2012	Туре	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
State: ME District: 02	Sement For: 2012 Primary X General Other (specify) ▼										
Full Name (Last, First, Middle Initial) C. DOYLE FOR CONGRESS COM	MITTEE		Date of Disbursement								
Mailing Address 205 HAWTHORNE COURT			09 / D D / Y Y Y Y 19 2012								
City PITTSBURGH	State Zip Code PA 15221		Transaction ID : D136480								
Purpose of Disbursement Contribution for Federal Candidates		011	Amount of Each Disbursement this Period								
Candidate Name Rep. Mike Doyle		Category/ Type	1500.00								
Office Sought: House Disburs Senate President	eement For: 2012 Primary X General Other (specify) ▼	Type									
State: PA District: 14											
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A. PAUL BROUN											Y Y	V					
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City	ç	State	Zip Code				Trans	action	חיחו	134808							
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State: GA Dist	rict: 10		•														
Full Name (Last, First,	,																
B. PETE SESSIO	NS FOR CONGRES	SS					Date of	Disbu	rseme	nt							
Mailing Address DO D							м м 09	/ [	26	/ Y	Y Y	Y					
Mailing Address PO B	ox 823047						09 26 2012										
City Dallas		State TX	Zip Code 75382				Trans	action	ID : D	136864							
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Full Name (Last, First, C. GINGREY FOR	Middle Initial)						Date of	Disbu	rseme	nt							
	Middle Initial) CONGRESS						Date of		rseme		y y 2012	Ŷ					
C. GINGREY FOR Mailing Address PO Bo	Middle Initial) CONGRESS	State	Zin Code				M M		DD			Y					
C. GINGREY FOR	Middle Initial) CONGRESS bx U	State GA	Zip Code 30060				09	/	13			Y					
C. GINGREY FOR Mailing Address PO Ba City Marietta Purpose of Disburseme	Middle Initial) CONGRESS bx U ent						09	/	13	/ Y		Y					
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C. GINGREY FOR Mailing Address PO Ba City Marietta Purpose of Disburseme Contributions for Fede Candidate Name Rep. Phil Gingu Office Sought: State: GA Dist	Middle Initial) CONGRESS Cox U	GA nent For: Primary Other (sp	30060 2012 ∑ General ecify) ▼	Cate Ty	egory, ype	]	09 Trans	action	13 ID : D	/ Y	2012 ent this 100	Period D.00					
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	National Emergency Medicine Poli	tical Act	tion Committ	ee										
•	Full Name (Last, First, Middle Initial)							Data						
А.	NEUGEBAUER CONGRESSIONA	L COM	MITTEE					Date o	_					
	Mailing Address PO BOX 54175							09	/	2	6 0		2012	Y
	City	State	Zip Code				1	Trans	acti	ion ID	: D136	261		
	LUBBOCK	ТХ	79453					ITalis	sacu		. 0130	501		
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	Rep. Randy Neugebauer           Office Sought:         V         House         Disburser			T	ype			<u> </u>	-	7		_	1000	
	Office Sought: X House Disburser Senate	nent For: Primary	2012 General											
	President	Other (spe												
	State: TX District: 19													
	Full Name (Last, First, Middle Initial)													
В.	RIBBLE FOR CONGRESS							Date o	f Dis	sburse	ement			
	Mailing Address DO DOV 7000						_	M M	/	D			Y Y	Y
	Mailing Address PO BOX 7200							07			8	4	2012	
	City S APPLETON	State WI	Zip Code 54912					Trans	sact	ion ID	: D134	983		
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	Candidate Name Rep. Reid Ribble			Cate				L .					100	0.00
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C.	RENEE ELLMERS FOR CONGRE	SS CO	MMITTEE					Date o	f Dis					
	Mailing Address P.O. Box 904						-	м м 08	1	D 1	D / 0		2012	Y
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	City	State	Zip Code					Trans	sact	ion ID	: D135	436		
	Dunn Purpose of Disbursement	NC	28335				_							
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	Candidate Name			Cat	000	n/		Amoun		Each	Disburs	emer	it this	Penod
	Rep. Renee Ellmers			Cate T	ype			Ι.,					-1000	0.00
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	National Emergency Medicine Pol	itical Act	ion Commit	tee													
~	Full Name (Last, First, Middle Initial)						Dett	4 D'									
А.	ROB ANDREWS U.S. HOUSE CO		E				Date o		sburse		(YYY	V					
	Mailing Address 215 Fourth Avenue						08		0		2012						
	City	State	Zip Code				Tran	sacti	ion ID	: D13541	7						
	Haddon Heights Purpose of Disbursement	NJ	07076														
	Contributions for Federal Candidates			C	11		Amour	nt of	Each	Disburse	ment thi	s Period					
	Candidate Name			Cate		y/					10	00.00					
	Rep. Robert E. Andrews         Office Sought:       V       House       Disburse	ement For:	2012	T	ype			-	7	- 7							
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	President	Other (spe	cify)														
	State: NJ District: 01																
В.	Full Name (Last, First, Middle Initial)						Date o	of Dis	sburse								
	Mailing Address PO Box 37						07	/	D 1	8	2012	Y					
	City Roseville	State Zip Code MI 48066						Transaction ID : D134993									
	Purpose of Disbursement Contributions for Federal Candidates			C	)11		Amour	nt of	Each	Disburse	ment thi	s Period					
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	Rep. Sander M. Levin       Office Sought:     Y House       Disburse	ement For:	2012	1	ype				,	7							
	Senate	Primary	X General														
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С.	Full Name (Last, First, Middle Initial)						Date o	of Dis	sburse	ement							
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	Mailing Address PO Box 23219						09		0	6	2012						
	City Jefferson	State LA	Zip Code 70183				Tran	sact	ion ID	: D13587	2						
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	Rep. Steve Scalise				egor ype	y/					25	00.00					
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NAME OF COMMITTEE (In Full)				
National Emergency Medicine P	olitical Action Committ	ee		
Full Name (Last, First, Middle Initial)				
A. PRICE FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. Box 425			08 22 Y	2012
City	State Zip Code		Transaction ID : D135682	)
Roswell	GA 30077			-
Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursem	nent this Period
Candidate Name				
Rep. Tom Price		Category/ Type	7 7	2500.00
	sement For: 2012			
Senate	Primary X General			
State: GA District: 06	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. VERN BUCHANAN FOR CONG	RESS		Date of Disbursement	
Mailing Address P. O. Box 48928			08 22 Y	2012
City Sarasota	State Zip Code FL 34230		Transaction ID : D135681	1
Purpose of Disbursement Contributions for Federal Candidates		012	Amount of Each Disbursem	nent this Period
Candidate Name		Category/		1500.00
Rep. Vern Buchanan		Туре		1500.00
	sement For: 2012			
Senate President	Primary X General Other (specify) ▼			
State: FL District: 13				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. VERN BUCHANAN FOR CONG	KESS			Y Y Y
Mailing Address P. O. Box 48928			09 13 Y	2012
City	State Zip Code		Transaction ID : D136161	
Sarasota	FL 34230			
Purpose of Disbursement Contributions for Federal Candidates		011		
Candidate Name			Amount of Each Disbursem	ient this Period
Rep. Vern Buchanan		Category/ Type		3500.00
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State: FL District: 13				
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$\setminus$	NAME OF COMMITTEE (In Full)															
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Α.	Full Name (Last, First, Middle Initial) THORNBERRY FOR CONGRESS		MITTEE				Date o	_	burse		YY	Y				
	Mailing Address P.O. Box 9392						09		0	6	2012					
	City S Amarillo Purpose of Disbursement	State TX	Zip Code 79105				Tran	sacti	on ID	: D13586	4					
	Contributions for Federal Candidates			0	11	Amount of Each Disbursement this Period										
	Candidate Name Rep. William M. Thornberry				egory/ /pe				,		250	00.00				
	Senate President	ment For: Primary Other (sp	X General		-											
в.	State:       TX       District:       13         Full Name (Last, First, Middle Initial)         THORNBERRY FOR CONGRESS		MITTEE				Date o	_								
	Mailing Address P.O. Box 9392						07		D 1	8	2012	Y				
	Amarillo	State TX	Zip Code 79105				Transaction ID : D134962									
	Purpose of Disbursement Contributions for Federal Candidates			C	11		Amour	nt of	Each	Disburser	nent this	Period				
	Candidate Name Rep. William M. Thornberry				egory/ /pe						25	00.00				
		ment For: Primary Other (sp	General		/pe				· · · · ·		_					
C.	Full Name (Last, First, Middle Initial) Ricky Gill for Congress						Date o	of Dis	burse	ement						
	Mailing Address P.O. Box 691900						M N 07	/	D 18		2012	Y				
	City Stockton	State CA	Zip Code 95269				Tran	sacti	on ID	: D13498	8					
	Purpose of Disbursement Contributions for Federal Candidates			0	11		Amour	nt of	Each	Disburser	nent this	Period				
	Candidate Name Ricky Gill				egory/ /pe						250	00.00				
	Office Sought: House Disburser Senate President State: CA District: 09	nent For: Primary Other (sp	X General						,	,						
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S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 153 OF 164
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$\setminus$	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Pol	litical Action Commit	ttee	
<u></u>	Full Name (Last, First, Middle Initial)			Date of Disbursement
А.	Ron Barber for Congress			
	Mailing Address 209 Pennsylvania Ave SE			09 06 2012
	City	State Zip Code		Transaction ID : D135866
	Washington Purpose of Disbursement	DC 20003-1107		
	Contributions for Federal Candidates		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	1000.00
	Office Sought:     House     Disburse       Senate     President     Image: Constraint of the senate of the s	ement For: 2012 Primary X General Other (specify)		
	State: AZ District: 02	_		
B	Full Name (Last, First, Middle Initial)			Date of Disbursement
υ.	ROSKAM PAC			
	Mailing Address 1006 Pendleton Sreet			07 18 2012
	City Alexandria	StateZip CodeVA22314		Transaction ID : D134979
	Purpose of Disbursement Contributions for Federal PACs/Committees		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	2500.00
	Office Sought: House Disburse Senate President	ement For: 2012 Primary General Other (specify)		
	State: District:	Annual Contrib	ution	
c.	Full Name (Last, First, Middle Initial) ROSKAM PAC			Date of Disbursement
	Mailing Address 1006 Pendleton Sreet			09 / D D / Y Y Y Y 06 / 2012
	City Alexandria	State Zip Code VA 22314		Transaction ID : D135874
	Purpose of Disbursement Contributions for Federal PACs/Committees			
	Candidate Name		011 Category/ Type	Amount of Each Disbursement this Period 2500.00
	Office Sought: House Disburse Senate President	ement For: 2012 Primary General Other (specify)	- iype	
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_															
	National Emergency Medicine Poli	tical Ac	tion Commit	tee													
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Α.	Rubio/Reclaim America Joint Com	mittee						Disburs									
	Mailing Address 228 S WASHINGTON STREET SU	JITE 115					09		06		012	Y					
	City	State	Zip Code			т,	anea	ction IF	) : D1358	70							
	ALEXANDRIA	VA	22314														
	Purpose of Disbursement Contributions for Federal PACs/Comittees			C	)11	Am	ount	of Fach	Disburse	ement	t this	Period					
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	State: FL District:		Annual Contribu	tion													
В.	Full Name (Last, First, Middle Initial) BOB CASEY FOR SENATE INC					Dat	e of l	Disburs	ement								
	Mailing Address 303 Massachusetts Ave., NE 1st Floor					07 18 2012											
	Washington	State DC	Zip Code 20002			Transaction ID : D134961											
	Purpose of Disbursement Contributions for Federal Candidates			(	011	Am	ount	of Each	Disburse	ement	t this	Period					
	Candidate Name				egory/						1500	0.00					
	Č		2012	Ţ	уре			7	7								
	State: PA District: 00	Primary Other (spe	ecify) 🔻														
с.	Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE 201	2				Dat	e of l	Disburs	ement								
	Mailing Address PO BOX 848						09	/ D	D / D6		012	Y					
	CHATTANOOGA	State TN	Zip Code 37401			Т	ransa	ction II	D : D1358	85							
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Ľ	Full Name (Last, First, Middle Initial)																		
Α.	FRIENDS OF JOHN BARRASSO							Date o	f Dis	sburse	en	nent							
	Mailing Address PO BOX 52008						_	м м 09	/	D (	06			012	Y				
	City State S	State WY	Zip Code 82605					Trans	sacti	ion ID	):	D1358	68						
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	FRIENDS OF JOHN BARRASSO							Date o	f Dis	sburse	en	nent							
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	Mailing Address PO BOX 52008						23 2012												
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	Mailing Address PO BOX 52008							07		1	12	1	2	012					
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	Mailing Address PO BOX 52008							08			9			2012				
	CASPER	State WY	Zip Code 82605					Trans	acti	ion ID	):	D1354	20					
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	Mailing Address PO BOX 1135					07 18 2012												
	HELENA	State MT	Zip Code 59624					Trans	acti	ion ID	):	D1349	82					
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	Mailing Address PO BOX 1135							09	/	D 1	3			012	Y			
		State MT	Zip Code 59624					Trans	acti	ion ID	):	D1361	62					
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$\left[ \right]$	NAME OF COMMITTEE (In Full)															
	National Emergency Medicine Poli	tical Action	Committe	e												
Α.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	1			Date of Disbursement											
	Mailing Address PO BOX 76187				09 06 2012											
	WASHINGTON	'	Code 013		Transaction ID : D135882											
	Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period												
	Candidate Name Sen. Sherrod Brown			Category/ Type	2500.00											
	Office Sought: House Disburse Senate President	ment For: 2012 Primary X Other (specify)	General													
	State:     OH     District:     00       Full Name (Last, First, Middle Initial)															
В.	CARPER FOR SENATE		Date of Disbursement													
	Mailing Address 19 EAST COMMONS BLVD SEC		09 06 2012													
	NEW CASTLE		Code 720		Transaction ID : D135878											
	Purpose of Disbursement Contributions for Federal Candidates			011	Amount of Each Disbursement this Period											
	Candidate Name			Category/	2500.00											
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	Mailing Address 19 EAST COMMONS BLVD SECO		07 / D D / Y Y Y Y Y 12 2012													
	City NEW CASTLE		Code 720		Transaction ID : D134804											
	Purpose of Disbursement Contributions for Federal Candidates		011	Amount of Each Disbursement this Period												
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<b>~</b> .	Stivers For Congress							/ D		( Y	VV						
	Mailing Address 217 3rd St SE						)9		26	2012							
	,	State Zip Code DC 20003-1904				Тг	ansac	tion ID	) : D13686	3							
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-	Full Name (Last, First, Middle Initial)																
В.	Strickland for Congress 2012				Date of Disbursement												
	Mailing Address P. O. Box 368	ss P. O. Box 368				07 18 2012											
	City Falls Church		Code 040			Т	ansac	tion ID	) : D13496	50							
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	Tony Strickland			Тур	e.,,												
	Office Sought: House Disburser Senate President State: CA District: 26	ment For: 2012 Primary X Other (specify)	General ▼														
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C.	Team Emerson For Jo Ann Emers	on				Dat	e of D	isburse									
	Mailing Address PO Box 822 P.O. Box 822					-	)7	/ 1	8	2012							
		State Zip	Code			<b>-</b>		tion ID	) : D13498								
	Cape Girardeau	MO 63	702			'	ansac	tion IL	D13490	99							
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ar for commercial purpose, other than using the name and address of any political contributions from such committee NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initia) A. Ted Yoho for U.S. Congress Mailing Address 2209 SW 95 Lane City Gainesville FL 32808 Purpose of Disbursement Contributions for Federal Candidates Condidate Name Conditions for Federal Candidates Condidate Name Condidate Name Conditions for Federal Candidates Conditions for Federal Ca		EMIZED DISBURSEMENTS	for each	n category of the	(C		21b [	22 🗙 23 24 25											
National Emergency Medicine Political Action Committee         A       Ted Yoho for U.S. Congress         Maling Address 8208 SW 85 Lane       Date of Disbursement         City       State       Zip Code         Gainesville       FL       32608         Purpose of Disbursement       Office Sought:       House         Contributions for Federal Candidates       Office Sought:       House         State:       FL       2000         Office Sought:       House       Disbursement For: 2012         City       State:       Contributions for Federal Candidates         State:       FL       Disbursement For: 2012         President       Disbursement For: 2012       Office Sought:         Purpose of Disbursement       Contributions for Federal Candidates       Office         Contributions for Federal Candidates       Office       Contributions for Federal Candidates         Contributions for Federal Candidates       Office       Contributions for Federal Candidates         Contributions for Federal Candidates       Office       Contributions for Federal Candidates         Candidate Name       Disbursement For: 2012       Primary       Category/ Type         Office Sought:       House       Disbursement For: 2012       Code       Code	Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may	not be sold or us dress of any politic	ed by cal con	any nmitte	persor	n for the solicit co	purpose ntributior	of solici	ting co uch c	ontribu ommitt	tions ee.						
Full Name (Last, First, Middle Initial)         A. Ted Yoho for U.S. Congress         Mailing Address 8209 SW 95 Lane         City       State         gainesville       FL         Purpose of Disbursement         Contributions for Federal Candidates         Candidate Name         Candidate Name         Candidate Name         State:       FL         District:       03         Full Name (Last, First, Middle Initial)         B. Tim Murphy For Congress         Mailing Address:       Poil         Mailing Address:       Poil         Purpose of Disbursement       Construction ID: D135863         Mailing Address:       Poil         Purpose of Disbursement       Construction ID: D135863         Mailing Address:       Poil         Purpose of Disbursement       Construction ID: D135863         Mailing Address:       Poil         Purpose of Disbursement       Construction ID: D135863         Mailing Address:       Poil         Purpose of Disbursement       Construction ID: D135863         Amount of Each Disbursement For:       2012         Transaction ID: D135863       Amount of Each Disbursement ID:         Candidate Name       District:	$\setminus$																		
A. Ted Yoho for U.S. Congress       Date of Disbursement         Mailing Address 8209 SW 95 Lane       0         City       State       Zip Code         Ganesville       FL       32608         Purpose of Disbursement       011         Contributions for Federal Candidates       011         Cardidate Name       012         Contributions for Federal Candidates       011         Category/       7ype         Office Sought:       House         President       Disbursement For: 2012         City       State:         Full Name (Last, First, Midels Initial)         B. Tim Murphy For Congress         Mailing Address PO Box 10429         City       State         Purpose of Disbursement         Contributions for Federal Candidates         Cardidate Name         Rep. Tim F. Murphy         Office Sought:       House         President         Office Sought:       House         Pistict:       18         Full Name (Last, First, Middle Initial)         C       Tisei Congressional Committee         Mailing Address 932 Lynnfield St       City         City       State       Zip Code         Ly	$ \rangle$	National Emergency Medicine Pol	itical Ac	tion Commit	tee														
Mailing Address 8209 SW 95 Lane         City       State       Zip Code         Gainesvile       FL       32608         Purpose of Diabursement       Candidates       011         Contributions for Federal Candidates       011         Candidate Name       Diabursement For: 2012       Primary         State:       FL       Diabursement For: 2012         Office Sought:       House       Diabursement For: 2012         State:       FL       Disbursement For: 2012         Other (specify)       State       Zip Code         Purpose of Diabursement       Other (specify)       Date of Diabursement         Contributions for Federal Candidates       011       Category/         Wailing Address PO Box 10429       Date of Diabursement       Date of Diabursement         Contributions for Federal Candidates       011       Category/       Transaction ID : D135863         Amount of Each Diabursement for: 2012       Transaction ID : D135863       Amount of Each Diabursement         Contributions for Federal Candidates       011       Category/       Transaction ID : D135861         Purpose of Diabursement       18       Diabursement For: 2012       Transaction ID : D135861         Purpose of Diabursement       18       Category/       06 <td><u> </u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Date of</td> <td>Disburg</td> <td>ement</td> <td></td> <td></td> <td></td>	<u> </u>							Date of	Disburg	ement									
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_																	
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	Mailing Address 932 Lynnfield St							м м 07	/		D 8			012	Y				
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В.	Tom Cotton for Congress				Date o	f Dis		em D	ent	Y	(Y	Y							
	Mailing Address PO Box 379										8			2012					
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	Office Sought: House Disburser Senate President State: AR District: 04	ment For: Primary Other (spe	X General																
C.	Full Name (Last, First, Middle Initial) Tom Rice for Congress						Date of Disbursement												
	Mailing Address 1107 48th Ave N Ste 210							м м 09	/		9	/		012	Y				
	City Myrtle Beach	State SC	Zip Code 29577-5443					Trans	sact	ion ID	):	D1364	77						
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SCHEDULE B (FEC Form 3X)			NUMBER:	PAGE 161 OF 164									
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NAME OF COMMITTEE (In Full)													
National Emergency Medicine Pol	itical Action Committ	ee											
Full Name (Last, First, Middle Initial) A. Wenstrup for Congress	Date of Disbu	rsement											
Mailing Address 104 Hume Avenue													
City Alexandria		Transaction	ID : D134975										
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<b>A</b> . D	Dr. Hillary R Irons									Date of				N	V	N/	N/	
Ma	Mailing Address 34 Grove St									08		1	5	Y		)12	Ŷ	
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А.	3 Dog Consulting					Mark         P = D         Y = Y = Y = Y           08         22         2012           Transaction ID : D135679												
	Mailing Address 104 Hume Avenue																	
	5	State Zip Code																
	Alexandria Purpose of Disbursement	VA 22301			_													
	Co-host of event at Republican Convention		C	02		Amount of Each Disbursement this Period												
	Candidate Name		Cate T	egor ype	ry/			7	,		5000	0.00						
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	Senate President	Primary General Other (specify) ▼																
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	Full Name (Last, First, Middle Initial)																	
В.	American Academy of Orthopaedic		Date		sburse		Y Y	Y	Y									
	Mailing Address 39031 Eagle Way		09		C	06	20	012										
	Chicago	State Zip Code IL 60678-1390		Transaction ID : D135871														
	Purpose of Disbursement RNC fundraising event expenses		002							Amount of Each Disbursement this Period								
	Candidate Name		Cate	egor ype	ry/	3500.00												
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	Irving	StateZip CodeTX75062-8114				Trar	sact	tion ID	): D1369	83								
	Purpose of Disbursement Bank Fees Sept 2012								<b>D</b> : 1			<b>.</b>						
	Candidate Name	Cate	egor ype	ry/	Amou	nt of	Each	Disburs	ement		Period 6.78							
	Office Sought: House Disburser																	
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City Irving	State Zip Code TX 75062-8114		Transaction ID : D136777									
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Candidate Name		Category/ Type	511.37									
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State: District:												
Full Name (Last, First, Middle Initial) B. CHASE BANK	Full Name (Last, First, Middle Initial) B. CHASE BANK											
Mailing Address 545 E John Carpenter Fwy			07 / D D / Y Y Y Y 2012									
City Irving	State Zip Code TX 75062-8114		Transaction ID : D135714									
Purpose of Disbursement Bank Fees July 2012			Amount of Each Disbursement this Period									
Candidate Name		Category/ Type	532.23									
Office Sought: House Disbut Senate President	sement For: Primary General Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial)			Date of Disbursement									
Mailing Address												
City	State Zip Code											
Purpose of Disbursement		Amount of Each Disbursement this Period										
Candidate Name		Category/ Type										
Senate President	sement For: Primary General Other (specify)											
State: District:												
SUBTOTAL of Disbursements This Page (optiona	l)	····· •	1043.60									
TOTAL This Period (last page this line number o	nly)	····· ►	9990.38									