FEC FORM 3X	AND DIS	T OF RECEIPT SBURSEMENT an An Authorized Com	S	Office Use Only	
1. NAME OF COMMITTEE (in fi	USE FEC MAILI UII) OR TYPE OR PI				
National Emergenc	y Medicine Political Action (	Committee			
ADDRESS (number and	street) 1125 Executiv	ve Circle			
Check if differ than previousl reported. (AC	y Irving				
2. FEC IDENTIFICAT	TION NUMBER 🛛 🗑	CITY 🛋	STAT	E A ZIPCODE A	
C00140061		3. IS THIS REPORT X	NEW (N) OR	AMENDED (A)	
July 15	rReport(Q1) Report (c) 12-	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) Day F-Election	May 20 (M5) Jun 20 (M6) Jul 20 (M7) (12P)	Aug 20 (M8)Nov 20 (Non-E Year OrSep 20 (M9)Dec 20 (Non-E Year OrOct 20 (M10)Jan 31General (12G)Runoff	(YE)
October Quarterly January Quarterly July 31 M	15 Report(Q3) 31 Report(YE) ////////////////////////////////////	Election on	ion (12C)	Special (12G) in the State of	
Year Onl	y) (MY) Pos	Day st -Election General port for the: Election on	(30G) F	Runoff (30R) Specia in the State of	I (30S)
5. Covering Period	01 01	2 0 1 1 throu	gh 06	30 2011	
I certify that I have exam Type or Print Name of T		best of my knowledge and belie s, CPA, CAE	it is true, correct and co	omplete.	
Signature of Treasurer	Electronically Filed by	Phyllis Edans, CPA, CAE	Date	08 01 2011	
NOTE : Submission of	false, erroneous, or incomple	ete information may subject the	person signing this Rep	ort to the penalties of 2 U.S.C 437g	g.
Office Use Only				FEC FORM 3X (Rev. 12/2004)	

FEC Form 3X (Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

١	Vrite or Type Committee Name National Emergency Medicine Political Action	n Committee	
F	Report Covering the Period: From:		To: 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
_	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 <sup>Y Y Y</sup>		678837.28
	(b) Cash on Hand at Begining of Reporting Period	678837.28	
	(c) Total Receipts (from Line 19)	482421.11	482421.11
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1161258.39	1161258.39
7.	Total Disbursements (from Line 31)	434192.13	434192.13
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	727066.26	727066.26
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	

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

# For further information contact:

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

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

FE6AN026

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

Report C	overing the Period: From:		To:
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Ir	outions (other than loans) From: ndividuals/Persons Other		
Т (i	han Political Committees ) Itemized (use Schedule A)	271004.27	271004.27
(i	i) Unitemized	211031.24	.211031.24
(i	ii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	482035.51	482035.51
(b) P	olitical Party Committees	0.00	0.00
(5	other Political Committees such as PACs)otal Contributions (add Lines	0.00	0.00
1	1(a)(iii),(b) and (c)) (Carry otals to Line 33, page 5) <b>&gt;</b>	482035.51	482035.51
	ers From Affiliated/Other Committees	0.00	0.00
13. All Loa	ans Received	0.00	0.00
	Repayments Receiveds To Operating Expenditures	0.00	0.00
(Carry	nds, Rebates, etc.) Totals to Line 37, page 5)	0.00	0.00
to Fed	eral candidates and Other al Committees	0.00	0.00
	Federal Receipts ends, Interest, etc.)	385.60	385.60
	ers from Non-Federal and Levin Funds		
. ,	n-Federal Account rom Schedule H3)	0.00	0.00
(b) Lev	vin Funds (from Schedule H5)	0.00	0.00
(c) Tot	al Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), , 14, 15, 16, 17, and 18(c))	482421.11	482421.11
	ederal Receipts ct Line 18(c) from Line 19)	482421.11	482421.11

FE6AN026

21.

22. 23.

24. 25.

26.

27. 28. of Disbursements

**COLUMN A** 

**Total This Period** 

FEC Form 3X (Rev. 02/2003)

# **II. DISBURSEMENTS**

	II. DISBURSEMENTS	
Ope (a)	erating Expenditures: Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	
	(ii) Non-Federal Share	
(b)	Other Federal Operating	
	Expenditures	
(c)	Total Operating Expenditures	F
	(add 21(a)(i), (a)(ii) and (b)) 🕨	
Trar	nsfers to Affiliated/Other Party	Ē
	nmittees	
	ntributions to Jeral Candidates/Committees I Other Political Committees	
	ependent Expenditure	
(use	e Schedule E) ordinated Expenditures Made by Party	
Con	mmittees (2 U.S.C. 441a(d)) e Schedule F)	
(use	e Schedule F)	
Loa	an Repayments Made	
Loa	ins Made	
	funds of Contributions To:	
(a)	Individuals/Persons Other	Г

Than Political Committees .....

(such as PACs) .....

(b) Political Party Committees(c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20))
(a) Shared Federal Election Activity (from Schedule H6)

(i) Federal Share .....

0.00	
0.00	
0.00	
0.00	
0.00	
426500.00	
0.00	
0.00	
0.00	
0.00	
2500.00	
0.00	
0.00	
2500.00	
5192.13	Γ

COLUMN B			
Calendar Year-to-Date			
	0.00		
	0.00		
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L	0.00		
42	6500.00		
	0.00		
L	0.00		
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	2500.00		
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	5192.13		

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434192.13

434192.13

L,	_	 _		_	0.00
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			į		0.00
					0.00

434192.13

434192.13

. . . .

(ii) "Levin" Share ......
(b) Federal Election Activity Paid Entirely With Federal Funds ......
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....

 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

FE6AN026

Page 4

# DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	482035.51	482035.51
34.	Total Contribution Refunds (from Line 28(d))	2500.00	2500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	479535.51	479535.51
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 6 / 322         (check only one)       11a         X       11a       11b         13       14       15       16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	> National Emergency Medicine Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Miguel A Acevedo Segui		Date of Receipt
	Mailing Address 2326 Longmoore Ct		0 5 2 6 2 0 1 1
	City	State Zip Code	Transaction ID: C1303724
	Orlando	FL 32835-5962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	1000.00	
- 3.	Full Name (Last, First, Middle Initial) Ademola Adewale		Date of Receipt
	Mailing Address 2225 Kettle Dr		05 / 26 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: C1293293
	Orlando	FL 32835-8131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1000.00	
— ).	Full Name (Last, First, Middle Initial) James B Aiken	1	Date of Receipt
	Mailing Address 81 Yosemite Dr		0 1 / D D / Y Y Y Y 0 1 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: C1191237
	New Orleans	LA 70131-8661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Dr. James B Aiken	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	2100.00
	TOTAL This Period (last page this line number	<b>-</b>	

(	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 7/322
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
I		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	Statements may not be sold or used by any person e name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	al Action Committee	
۹.	Full Name (Last, First, Middle Initial) James B Aiken		Date of Receipt
	Mailing Address 81 Yosemite Dr		0 2 / 2 5 / Y Y Y Y 0 2 1 1
	City	State Zip Code	Transaction ID: C1239456
	New Orleans	LA 70131-8661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. James B Aiken	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary     General       Other (specify) ▼	500.00	
- 3.	Full Name (Last, First, Middle Initial) James B Aiken	<u> </u>	Date of Receipt
	Mailing Address 81 Yosemite Dr		0 3 / D D / Y Y Y Y 2 5 2 0 1 1
	City	State Zip Code	Transaction ID: C1260516
	New Orleans	LA 70131-8661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. James B Aiken	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	500.00	
-	Full Name (Last, First, Middle Initial) James B Aiken		Date of Receipt
	Mailing Address 81 Yosemite Dr		05 / <sup>D</sup> D D / <u>Y Y Y Y</u> 26 2011
	City	State Zip Code	Transaction ID: C1293303
	New Orleans	LA 70131-8661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. James B Aiken	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)		300.00
╞			
L	TOTAL This Period (last page this line number		

	A (FEC Form 3X)		se separate schedule(s) r each category of the	FOR LINE NUMBER: PAGE 8 / 322 (check only one)	
ITEMIZED RE	CEIPTS		etailed Summary Page	X 11a 11b 11c 12 13 14 15 16	٦17
Any information copi or for commercial pu	ed from such Reports and Sta rposes, other than using the n	atements may not b name and address	be sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	/
NAME OF COMI National Emer	MITTEE (In Full) gency Medicine Political /	Action Committe	ee		
Full Name (Last, James B Aiken	First, Middle Initial)			Date of Receipt	
Mailing Address	81 Yosemite Dr			M M / D D / Y Y Y Y 06 28 2011	
City		State Z	Zip Code	Transaction ID: C1311597	
New Orleans		LA	70131-8661	Amount of Each Receipt this Period	
FEC ID number of federal political co		C		100.00	
Name of Employe Dr. James B Aike	er en	Occupation Emergency Pl	hysician		
Receipt For:		Aggregate Year	-to-Date 🔻		
Other (spec	General cify) <b>▼</b>		500.00	]	
B. Gregory L Almond				Date of Receipt	
Mailing Address	320 W 83rd St			M M / D D / Y Y Y Y 02 22 2011	
City			Zip Code	Transaction ID: C1239418	
New York		NY	10024-4809	Amount of Each Receipt this Period	
FEC ID number of federal political co		С		500.00	
Name of Employe New York Med C litan	er oll/Metropo-	Occupation Emergency Pl			
Receipt For:	General	Aggregate Year	-to-Date 🔻		
Other (spec			500.00		
Full Name (Last, Roy L Alson	First, Middle Initial)			Date of Receipt	
Mailing Address	Department of Emergen Wake Forest Univ Sch o	of Med ED		0 2 / D D / Y Y Y Y 2 5 / 2 0 1 1	
City Winston Saler	2		Zip Code	Transaction ID: C1239458	
FEC ID number of federal political c	of contributing	C	27157-0001	Amount of Each Receipt this Period 150.00	
Name of Employe Wake Forest Uni	er v Sch of	Occupation Emergency Pl	hysician	-	
Med ED Receipt For:		Aggregate Year	•	_	
Primary Other (spec	General cify) <b>▼</b>		300.00		
SUBTOTAL of Rec	eipts This Page (optional)			750.00	
	d (last page this line number or				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9 / 322         (check only one)			
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full)				
National Emergency Medicine Politic	cal Action Committee				
Full Name (Last, First, Middle Initial) Roy L Alson		Date of Receipt			
Mailing Address Department of Emer		05 / 26 / Y Y Y Y 011			
City	State Zip Code	Transaction ID: C1293305			
Winston Salem FEC ID number of contributing federal political committee.	NC 27157-0001	Amount of Each Receipt this Period			
Name of Employer Wake Forest Univ Sch of Med ED Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date				
Primary General Other (specify) ▼	Aggregate Year-to-Date  300.00				
Full Name (Last, First, Middle Initial) Stephen H Andersen, MD, FACEP Mailing Address 12202 E Shangri La	Rd	Date of Receipt			
City	State Zip Code	Transaction ID: C1241835			
Scottsdale	AZ 85259-3301	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Scottsdale Emer Assoc	Occupation Emergency Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00				
Full Name (Last, First, Middle Initial) Stephen H Andersen, MD, FACEP		Date of Receipt			
Mailing Address 12202 E Shangri La	Rd	0 6 0 1 2 0 1 1			
City	State Zip Code	Transaction ID: C1303156			
Scottsdale FEC ID number of contributing federal political committee.	AZ 85259-3301	Amount of Each Receipt this Period			
Name of Employer Scottsdale Emer Assoc	Occupation Emergency Physician	_			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  1100.00				
SUBTOTAL of Receipts This Page (optional)	·	1250.00			
TOTAL This Period (last page this line numb	er only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 10 / 322           (check only one)
Ar	y information copied from such Reports and St for commercial purposes, other than using the	tatements may name and add	v not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Corr	nmittee	
A.	Full Name (Last, First, Middle Initial) Peter G Anderson			Date of Receipt
	Mailing Address 1610 W Oceanfront			04 D D / Y Y Y Y 021 D D / 2011
	City	State	Zip Code	Transaction ID: C1265988
	Newport Beach	CA	92663-4518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fountain Valley Reg Hosp	Occupation Emergen	י cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date	_
	Other (specify) ▼	0 0	250.00	
 В.	Full Name (Last, First, Middle Initial) Joshua S Ardise			Date of Receipt
	Mailing Address 1 Wingover Farm Ct			0 4 / D D / Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: C1272554
	Flemington	NJ	08822-4545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Joshua S Ardise	Occupation Emergen	n cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date	_
	Other (specify) ▼		250.00	
 c.	Full Name (Last, First, Middle Initial) Jeffrey L Arnold			Date of Receipt
	Mailing Address 460 Twin Pines Dr			M M / D D / Y Y Y Y 06 30 2011
	City	State	Zip Code	Transaction ID: C1318511
	Scotts Valley	CA	95066-3920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Jeffrey L Arnold	Occupation Emergen	າ cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)	I		1500.00
	OTAL This Period (last page this line number of			

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11 / 322 (check only one)
ITEMIZED RECEIP	15	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from s or for commercial purposes, o	such Reports and Statements m ther than using the name and a	ay not be sold or used by any pers ddress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE ( National Emergency N	(In Full) Nedicine Political Action Co	mmittee	
Full Name (Last, First, Mic Shobhit Arora	Idle Initial)		Date of Receipt
Mailing Address 405 Na	ature Ln		M         M         /         D         D         /         Y
City	State	Zip Code	Transaction ID: C1303141
Rockville	MD	20850-7767	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			250.00
Name of Employer Doctors Emerg Phys	Occupati Emerge	ion ency Physician	
Receipt For:		te Year-to-Date V	
Primary Ge Other (specify) ▼	eneral	250.00	
Full Name (Last, First, Mic <b>B.</b> Tom Ashar	dle Initial)		Date of Receipt
Mailing Address 30 Bra	ixton St		M M / D D / Y Y Y Y 02 22 2011
City	State	Zip Code	Transaction ID: C1239312
Huntsville	AL	35806-5228	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			250.00
Name of Employer Cullman Regl Med Ctr	Occupati Emerge	ion ency Physician	
Receipt For:		te Year-to-Date 🔻	
Other (specify) ▼	eneral	350.00	
Full Name (Last, First, Mic Tom Ashar	dle Initial)		Date of Receipt
Mailing Address 30 Bra	ixton St		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 5         2 5         2 0 1 1
City	State	Zip Code	Transaction ID: C1292832
Huntsville	AL	35806-5228	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			100.00
Name of Employer Cullman Regl Med Ctr	Occupati Emerge	ion ency Physician	
Receipt For:		te Year-to-Date 🔻	
Other (specify)	eneral	350.00	
SUBTOTAL of Receipts This	s Page (optional)		600.00
	ge this line number only)		

				FOR LINE NUMBER: PAGE 12/322
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12	
г				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Political	Action Cor	mmittee	
∠ A.	Full Name (Last, First, Middle Initial) Brent Asplin			Date of Receipt
	Mailing Address 4198 Berkshire Rd SW			M M / D D / Y Y Y Y 01 31 2011
	City	State	Zip Code	Transaction ID: C1191084
	Rochester	MN	55902-1699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Mayo Clnc-Chair Dept of	Occupatio	on	7
	EM		ncy Physician	_
	Receipt For:	Aggregat	te Year-to-Date 🔻	_
	Other (specify)		249.99	
		0 0	0 0 0 0 0 0 0	-
- В.	Full Name (Last, First, Middle Initial) Brent Asplin			Date of Receipt
	Mailing Address 4198 Berkshire Rd SW			02 25 2011
	City	State	Zip Code	Transaction ID: C1239455
	Rochester	MN	55902-1699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Mayo Clnc-Chair Dept of	Occupatio	on	1
	EM		ncy Physician	_
	Receipt For:	Aggregat	te Year-to-Date 🔻	_
	Other (specify) ▼		249.99	
-	Full Name (Last, First, Middle Initial)			
C.	Brent Asplin Mailing Address 4198 Berkshire Rd SW			Date of Receipt
		Maining Address 4198 Berkshire Rd SW		
	City	State	Zip Code	Transaction ID: C1260517
	Rochester	MN	55902-1699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Mayo Cinc-Chair Dept of EM	Occupation Emerger	on Incy Physician	
	Receipt For:		te Year-to-Date V	-
	Primary General		249.99	
	Other (specify) <b>v</b>		249.99	1
Γ				249.99
Ļ	SUBTOTAL of Receipts This Page (optional)		······	243.33
	TOTAL This Period (last page this line number of	only)		
L				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 13/322           (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to s	13 14 15 16 1 of or the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)           National Emergency Medicine Politi		
Full Name (Last, First, Middle Initial) Andrew Luke Aswegan		Date of Receipt
Mailing Address 41 Forsythia Ln		0 4 / D D / Y Y Y Y 0 2 0 1 1
City	State Zip Code	Transaction ID: C1283644
Bear	DE 19701-6301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Union Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	]
Primary     General       Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Bruce S Auerbach, MD, FACEP		Date of Receipt
Mailing Address 211 Park St		0 1 / D D / Y Y Y Y 0 1 2 2 2 2 0 1 1
City	State Zip Code	Transaction ID: C1178311
Attleboro	MA 02703-3143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Sturdy Mem Emer Phys	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify)	400.00	
Full Name (Last, First, Middle Initial) Bruce S Auerbach, MD, FACEP		Date of Receipt
Mailing Address 211 Park St		M M / D D / Y Y Y Y 02 / 22 / 2011
City	State Zip Code	Transaction ID: C1191376
Attleboro	MA 02703-3143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Sturdy Mem Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 400.00	
SUBTOTAL of Receipts This Page (optional	)	1200.00
TOTAL This Period (last page this line numb		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 14/322		
		for each category of the	(check only one)		
		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee				
	NAME OF COMMITTEE (In Full)				
	National Emergency Medicine Politic	al Action Committee			
Α.	Full Name (Last, First, Middle Initial) Bruce S Auerbach, MD, FACEP	Date of Receipt			
	Mailing Address 211 Park St		0 2 / D D / Y Y Y Y 0 2 3 / 2 3 / 2 0 1 1		
	City	State Zip Code	Transaction ID: C1269357		
	Attleboro	MA 02703-3143	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	-100.00		
	Name of Employer Sturdy Mem Emer Phys	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date ▼			
	Other (specify) ▼	400.00			
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В.	Full Name (Last, First, Middle Initial) Bruce S Auerbach, MD, FACEP		Date of Receipt		
υ.	Mailing Address 211 Park St		0 3 2 5 2 0 1 1		
	City	State Zip Code	Transaction ID: C1260472		
	Attleboro	MA 02703-3143	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	100.00		
	Name of Employer Sturdy Mem Emer Phys	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary     General       Other (specify)     ▼	400.00			
С.	Full Name (Last, First, Middle Initial) Bruce S Auerbach, MD, FACEP		Date of Receipt		
0.	Mailing Address 211 Park St		0 5 2 6 2 0 1 1		
	City	State Zip Code	Transaction ID: C1293304		
	Attleboro	MA 02703-3143	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	100.00		
	Name of Employer Sturdy Mem Emer Phys	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date V			
	Other (specify) ▼	400.00			
	SUBTOTAL of Receipts This Page (optional)		100.00		
	TOTAL This Period (last page this line number				
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SCHEDULE A (FEC FO ITEMIZED RECEIPTS	Drm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 15/322           (check only one)         X           X         11a           11b         11c           12         13           14         15           15         16
Any information copied from such F or for commercial purposes, other t	Reports and Statements may not be sold or used by any perso than using the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Fu		
Full Name (Last, First, Middle Ir Bruce S Auerbach, MD, FACEP	nitial)	Date of Receipt
Mailing Address 211 Park S	St	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1311592
Attleboro	MA 02703-3143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Sturdy Mem Emer Phys	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary       General         Other (specify) ▼	400.00	]
Full Name (Last, First, Middle Ir Neal Finley Aulick, II	nitial)	Date of Receipt
Mailing Address 11 Aaronw	oods Ct	M M / D D / Y Y Y Y 06 20 2011
City	State Zip Code	Transaction ID: C1318250
Wheeling	WV 26003-9358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	1000.00
Name of Employer EMP of Ohio Co PLLC	Occupation Emergency Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	]
Full Name (Last, First, Middle Ir Rashid J Baddoura	nitial)	Date of Receipt
Mailing Address 120 Height	is Rd	M · M         /         D · D         /         Y · Y · Y · Y         Y           04         11         2011
City	State Zip Code	Transaction ID: C1283521
Ridgewood	NJ 07450-2412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Valley Hospital	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page	ge (optional)	2100.00
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Use separate schedule(s) TreMZED RECEPTS       (check only one) (check only one) (ch			Г		FOR LINE NUMBER: PAGE 16/322
Arty information copied from such Reports and Statements may not be add or used by any person for the purpose, of soliciling contributions for multice.       Any information copied from such Reports and Statements may not be add or used by any person for the purpose, of soliciling contributions formittee.         And C P COMMITTEE (in Full)       NAME OP COMMITTEE (in Full)         NAME OP COMMITTEE (in Full)       NAME OP COMMITTEE (in Full)         National Emergency Medicine Political Action Committee       Full Nume (Last, First, Middle Inite)         Any wind data frag, barrier of contributing federal political contributin		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		for each category of the	
Ary Information copid from such Reports and Statements may not be sold or used or used to contributions from such committee         NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         A.       Main Queres, Middle Initia)         Main Queres, 15047 Berkshire Cir         City       State         Truckee       CA         A.       Giry         Truske       C         Primary       C         Bien Altrod Barnewold, MD, FACEP         Maing Address       68 Greenlay MAve         Oity       State         Primary       General         Other of contributing       C         Bien Altrod Barnewold, MD, FACEP       Maine Gargengue Year-to-Dale V         Maing Address       68 Greenlay MAve         Oity       State       Zip Code         Maine Maing Address       68 Greenlay MAve         Oity       State       Zip Code         Maine Maine Address       68 Greenlay MAve         Oity       State       Zip Code         Maine Maine Address       68 Greenlay MAve         Oity       State       Zip Code         Maine Address       68 Greenlay MAve       Transacti					
A.       Autional Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)       Auto Elsae         Maling Address       15047 Borkshire Cir         City       State       Zip Code         Trackee       CA       9515-1188         FEC ID number of contributing federal political committee       C       Amount of Each Receipt Mis Period         Name of Employer       Cocupation       Emergency Physician         Period for (specify)       State       Zip Code         Maling Address       66 Greenlawn Ave       500.00         City       State       Zip Code         Period for (specify)       State       Zip Code         Maling Address       66 Greenlawn Ave       State         City       State       Zip Code         Maling Address       68 Greenlawn Ave       State         City       State       Zip Code         Maling Address       68 Greenlawn Ave       State         City       State       Zip Code         Newton Center       Maling Address       69 Greenlawn Ave         City       State       Zip Code         Newton Genter       Maling Address       69 Greenlawn Ave         City       State	[	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions
A.       Full Name (Last, First, Middle Initial)         Maing Address       15047 Berkshire Cir         City       State         Truckee       CA         FEC ID number of contributing       C         Truckee       CA         FEC ID number of contributing       C         Truckee       CA         Plane of Employer       Coupetion         Water Med Cir       Coupetion         Primary       General         Other (specify)       State         B.       Full Name (Last, First, Middle Initial)         Bite Affect Searce       GG Coupetion         Primary       General         Other (specify)       State         City       State         Name of Employer       Coupetion         New England Med Cir       C         Name of Employer       Agregate Year-to-Date         Name of Employer       Mate Address         Primary       General       Goupation         Name of Employer	k				
A.       Make E Easier       Date of Receipt         Mailing Address       15047 Berkshire Cir       0,3       0,2       0,3       0,2       0,3       0,2       0,3       0,2       0,3       0,2       0,3       0,2       0,3       0,2       0,3       0,2       0,3       0,2       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3       0,2       0,1       0,3		National Emergency Medicine Politica	al Action Comn	nittee	
City       State       Zip Code         Trackee       CA       95161-1186         FEC ID number of contributing       C       Amount of Each Receipt this Period         Manne of Employee       Occupation       Emergency Physician         Receipt For:       Oggespate Year-to-Date ▼       500.00         B.       Brien Alfred Barnewok, MD, FACEP       Date of Receipt this Period         Maing Address       68 Greenlawn Ave       C         City       State       Zip Code         Newton Center       MA       02459-1714         FEC ID number of contributing       Emergency Physician         Newton Center       MA       02459-1714         FEC ID number of contributing       Emergency Physician         Newton Center       Aggregate Year-to-Date ▼         Newton Center       MA       02459-1714         FEC ID number of contributing       Emergency Physician         Receipt fire:       Aggregate Year-to-Date ▼         Newton Center       MA       02459-1714         FEC ID number of contributing       Emergency Physician <th>A.</th> <th></th> <th colspan="3"></th>	A.				
Tuckee       CA       96161-1186         FEC ID number of contributing federal political committee       C       Amount of Each Receipt Ihis Period         Name of Employer Wates Med Ctr       C       Solo.00         Peccipt For: Other (specify) ♥       Occupation Emergency Physician       Date of Receipt Mailing Address 68 Greenlawn Ave         City       State       Zip Code         Name of Employer Primary       General       Occupation Emergency Physician         Receipt For: Physician       MA       02459-1714         FEC ID number of contributing federal political committee       C       MA         Other (specify) ♥       Occupation Emergency Physician Physician       Aggregate Year-to-Date ♥         Primary       General       Occupation Emergency Physician Physician       Date of Receipt         Name of Employer Physician       Aggregate Year-to-Date ♥       Name of Enciptote Physician       Date of Receipt         City       State       Zip Code       Name of Enciptote Physician       Name of Enciptote Physician         City       State       Zip Code       Name of Enciptote Physician       Name of Enciptote Physician         Primary       General       Occupation Physician       Occupation Physician       Name of Enciptote Physician         Primary       General       Occupatio		Mailing Address 15047 Berkshire Cir			
FEC ID number of contributing federal political committee.       C       500.00         Name of Employer Wates WebCotr       Occupation Emergency Physician       Aggregate Vear-to-Date ▼         Preceipt For: Other (specify) ▼       Aggregate Vear-to-Date ▼       Date of Receipt         B.       Full Name (Last, First, Middle Initial)       Site       Zip Code         Date of Receipt For: Other (specify) ▼       State       Zip Code       Date of Receipt         B.       Maing Address       68 Greenlawn Ave       U 3 1 / 2 0 1 1       Transaction Ib: C1191085         Amount of Each Receipt There Prog       MA       02459-1714       Transaction Ib: C1191085         Name of Employer Prog       General       Occupation Emergency Physician       Bas.3.33         Name of Employer Prog       General       Occupation Emergency Physician       Bas.3.33         Name of Employer Prog       General       Occupation Emergency Physician       Transaction Ib: C129460         Name of Employer Prog       Maing Address 68 Greentawn Ave       Occupation Emergency Physician       Transaction Ib: C129460         Name of Employer Prog       Maing Address 68 Greentawn Ave       Occupation Emergency Physician       Amount of Each Receipt His Proiod         City       State       Zip Code       Maing Addresse 68 Greentawn Ave       Maing Address 68 Greentawn Ave				Zip Code	Transaction ID: C1260579
federal political committee.       0.000         Name of Empipyer       Occupation         Beregency Physician       Agregate Year-to-Date ▼         Primary       General         Other (specify) ▼       500.00         B.       Brien Alfred Barnework, MD, FACEP         Maling Address       68 Greenlawn Ave         City       State         Primary       General         Other (specify)       State         Zip Code       MA         Newton Center       MA         Primary       General         Occupation       C         Newton Center       MA         Primary       General         Occupation       C         Newton Center       MA         Primary       General         Occupation       C         Newton Center       Agregate Year-to-Date ▼         Primary       General         Other (specify) ▼       333.32         Full Name (Last, First, Middle Initial)         Receptif For:       Primary         Primary       General         Other (specify) ▼       333.32         C.       Brien Alfred Barnework, MD, FACEP         Mailing Address		Truckee	CA	96161-1186	Amount of Each Receipt this Period
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Receipt For:       General       Aggregate Year-to-Date ▼         B.       Biten Alfred Barnevolt. MD, FACEP       Date of Receipt         Mailing Address       68 Greenlawn Ave       Differentiation         City       State       Zip Code         Newton Center       MA       02459-1714         FEC ID number of contributing federal political committee.       Occupation         Primary       General       Occupation         Ctity       State       Zip Code         Newton Center       MA       02459-1714         Receipt For:       Primary       Cocupation         Primary       General       Occupation         Newton Center<		Name of Employer Wahoe Med Ctr		v Physician	
B.       Full Name (Last, First, Middle Initial) Biten Africed Barnevolt, MD, FACEP       Date of Receipt         Mailing Address       68 Greenlawn Ave       Image: State       Zip Code         City       State       Zip Code       Image: State       Date of Receipt         Provide an evolt, MD, FACEP       MA       02459-1714       Transaction ID: C1191085         FEC ID number of contributing federal political committee.       C       Image: State       Zip Code         New ton Center       MA       02459-1714       Transaction ID: C1191085         Amount of Each Receipt this Period       Emergency Physician       Receipt For:       83.33         Primary       General       Occupation       Transaction ID: C1293460       Amount of Each Receipt this Period         C.       Brien Affred Barnevolt, MD, FACEP       Maling Address       68 Greenlawn Ave       Transaction ID: C1293460         City       State       Zip Code       MA       02459-1714       Transaction ID: C1293460         Receipt For:       Primary       General       Occupation       Manount of Each Receipt this Period         FeC ID number of contributing       C       MA       02459-1714       Transaction ID: C1293460         Amount of Each Receipt this Period       MA       02459-1714       Full Name (Last, Fi		Receipt For:			_
B.       Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt, MD, FACEP       Date of Receipt         Mailing Address       68 Greenlawn Ave       01///2011         City       State       Zip Code         Newton Center       MA       02459-1714         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employeer New England Med Ctr Emer Phys.       Aggregate Year-to-Date ▼       Date of Receipt         C.       Brien Alfred Barnewolt, MD, FACEP       Date of Receipt         Mailing Address       68 Greenlawn Ave       25///2011         City       State       Zip Code         Mailing Address       68 Greenlawn Ave       25///2011         City       State       Zip Code         Mailing Address       68 Greenlawn Ave       25///2011         City       State       Zip Code         Mailing Address       68 Greenlawn Ave       25///2011         City       State       Zip Code       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       0       25///2011       25///2011         Receipt For:       Mae of Employeer       0       333.32       Amount of Each Receipt this Period         R			, iggi ogulo i		1
B.       Brien Alfred Barnewolt, MD, FACEP         Mailing Address       68 Greenlawn Ave         City       State       Zip Code         Newton Center       MA       02459-1714         FEC ID number of contributing rederal political committee.       C       Amount of Each Receipt His Period         Name of Employer Phys.       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼         Pininary       General       Other (specify) ▼       Date of Receipt       Date of Receipt         C.       Brien Alfred Barnewolt, MD, FACEP       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       68 Greenlawn Ave       Image: State       Zip Code         City       State       Zip Code       Amount of Each Receipt His Period         City       State       Zip Code       Amount of Each Receipt His Period         FEC ID number of contributing rederal political committee.       C       Image: State       Zip Code         Name of Employer Phys.       MA       02459-1714       Transaction ID: C1239460         Name of Employer New England Med Ctr Emer Phys.       Aggregate Year-to-Date ▼       Image: State       State         Name of Employer Physician       Aggregate Year-to-Date ▼       State       State       State		Other (specify) <b>▼</b>		500.00	
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FEC ID number of contributing federal political committee.       C       83.33         Name of Employer New England Med Ctr Emer Phys.       Occupation Emergency Physician       83.33         Receipt For: Other (specify) ♥       Aggregate Year-to-Date ♥       0         C.       Full Name (Last, First, Middle Initial) Brien Altred Barnewolt, MD, FACEP       Date of Receipt         Mailing Address       68 Greenal wn Ave       0       2 5 1 2 0 1 1         City       State       Zip Code       Ma 02459-1714         FEC ID number of contributing federal political committee.       C       Ma 02459-1714         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer New England Med Ctr Emer Phys.       Occupation Emergency Physician       Aggregate Year-to-Date ♥         Primary       General       Occupation Emergency Physician       Aggregate Year-to-Date ♥         Primary       General       333.32       6666.66         SUBTOTAL of Receipts This Page (optional)       6666.66		City	State	Zip Code	Transaction ID: C1191085
federal political committee.       C       00.000         Name of Employer New England Med Ctr Emer Phys.       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       333.32         C.       Brien Alfred Barnewolt, MD, FACEP         Mailing Address       68 Greenlawn Ave         City       State         Zip Code       MA         Newton Center       MA         Pingard Med Ctr Emer       Occupation         Pic ID number of contributing federal political committee.       C         Name of Employer New England Med Ctr Emer       Occupation Emergency Physician         Primary       General Other (specify) ▼       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       83.33         SUBTOTAL of Receipts This Page (optional)       666.66		Newton Center	MA	02459-1714	Amount of Each Receipt this Period
Phys       Entergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       333.32         C.       Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt, MD, FACEP       Date of Receipt         Mailing Address       68 Greenlawn Ave       0 2 5 2 0 1 1         City       State       Zip Code         Newton Center       MA       02459-1714         FEC ID number of contributing tederal political committee.       C       83.33         Name of Employer       Occupation Emergency Physician       83.33         Receipt For:       Aggregate Year-to-Date ▼       83.33         Primary       General       Occupation Emergency Physician       666.66         SUBTOTAL of Receipts This Page (optional)       666.66       666.66			C		83.33
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Other (specify) ▼       333.32         Full Name (Last, First, Middle Initial)       Brien Alfred Barnewolt, MD, FACEP         Mailing Address       68 Greenlawn Ave         City       State       Zip Code         Newton Center       MA       02459-1714         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation       Brienergency Physician         Receipt For:       Aggregate Year-to-Date       T         Primary       General       333.32         SUBTOTAL of Receipts This Page (optional)       666.66			· · · ·		
C.       Brien Alfred Barnewolt, MD, FACEP       Date of Receipt         Mailing Address       68 Greenlawn Ave       02       0 2 5       2 0 1 1         City       State       Zip Code       Transaction ID: C1239460       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       83.33       83.33         Name of Employer New England Med Ctr Emer Phys.       Occupation Emergency Physician       83.32         Receipt For:       Aggregate Year-to-Date ▼       333.32         SUBTOTAL of Receipts This Page (optional)       6666.66				333.32	]
Mailing Address       68 Greenlawn Ave         City       State       Zip Code         Newton Center       MA       02459-1714         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer New England Med Ctr Emer Phys       Occupation Emergency Physician       83.33         Receipt For:       Aggregate Year-to-Date ▼       333.32         SUBTOTAL of Receipts This Page (optional)       666.66	- -				Data of Passint
City       State       Zip Code       Transaction ID: C1239460         Newton Center       MA       02459-1714       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer New England Med Ctr Emer Phys       Occupation Emergency Physician       83.33         Receipt For:       Aggregate Year-to-Date ▼       333.32         Unter (specify) ▼       General       333.32         SUBTOTAL of Receipts This Page (optional)       6666.66	0.	· · ·			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.       C       83.33         Name of Employer New England Med Ctr Emer Phys       Occupation Emergency Physician       83.33         Receipt For:       Aggregate Year-to-Date ▼       333.32         Primary       General Other (specify) ▼       333.32         SUBTOTAL of Receipts This Page (optional)       666.66		City	State	Zip Code	
federal political committee.       0         Name of Employer New England Med Ctr Emer Phys       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       333.32		Newton Center	MA	02459-1714	Amount of Each Receipt this Period
New England Med Ctr Emer       Emergency Physician         Phys       Emergency Physician         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       333.32         SUBTOTAL of Receipts This Page (optional)       666.66			C		83.33
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify)       333.32    SUBTOTAL of Receipts This Page (optional)				y Physician	-
Other (specify) ▼       333.32         SUBTOTAL of Receipts This Page (optional)       666.66					
				333.32	]
		SUBTOTAL of Receipts This Page (optional)		·····	666.66
TOTAL This Period (last page this line number only)	ŀ				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 17 / 322         (check only one)       11a         X       11a       11b         13       14       15       16       17
or for commercial purposes, other than using the	Statements may not be sold or used by any perso ne name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt, MD, FACEP		Date of Receipt
Mailing Address 68 Greenlawn Ave		03 25 Y Y Y Y 011 25 2011
City	State Zip Code	Transaction ID: C1260519
Newton Center	MA 02459-1714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer New England Med Ctr Emer	Occupation	
Phys Receipt For:	Emergency Physician Aggregate Year-to-Date	-1
Primary General Other (specify) ▼	333.32	
Full Name (Last, First, Middle Initial)		
Brien Alfred Barnewolt, MD, FACEP Mailing Address 68 Greenlawn Ave		Date of Receipt
City	State Zip Code	Transaction ID: C1272778
Newton Center	MA 02459-1714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer New England Med Ctr Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.32	
Full Name (Last, First, Middle Initial) Markintosh Barthelemy		Date of Receipt
Mailing Address 900 Barnegat Blvd N		02 17 Y Y Y 02 17 2011
City	State Zip Code	Transaction ID: C1191181
Barnegat	NJ 08005-2574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		666.66
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC ITEMIZED RECEIP	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 18 / 322           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from su or for commercial purposes, of	uch Reports and Statements ma ther than using the name and ac	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (I National Emergency M	n Full) Iedicine Political Action Co	mmittee	
Full Name (Last, First, Mide A. Dennis M Beck	dle Initial)		Date of Receipt
	Parker Rd Med Svcs		05 / 06 / Y Y Y Y 011
City	State	Zip Code	Transaction ID: C1285851
Aurora FEC ID number of contribu	ting CO	80014-2938	Amount of Each Receipt this Period
federal political committee.			
Name of Employer Beacon Med Svcs	Occupation Emerge	on ncy Physician	
Receipt For:		e Year-to-Date V	
Other (specify) ▼	neral	1000.00	
Full Name (Last, First, Mide B. Andrew I Bern	dle Initial)		Date of Receipt
Mailing Address 9846 N	IW 18th St		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 1         3 1         2 0 1 1
City	State	Zip Code	Transaction ID: C1191239
Coral Springs	FL	33071-5826	Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		83.33
Name of Employer Inphynet Team Hlth	Occupation Emerge	on ncy Physician	
Receipt For:		e Year-to-Date 🔻	
Primary     Gen       Other (specify) ▼	neral	499.98	
Full Name (Last, First, Mide Andrew I Bern	dle Initial)		Date of Receipt
Mailing Address 9846 N	IW 18th St		M M / D D / Y Y Y Y Y 02 / 25 / 2011
City	State	Zip Code	Transaction ID: C1239459
Coral Springs	FL	33071-5826	Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		83.33
Name of Employer Inphynet Team Hlth	Occupation Emerge	on ncy Physician	
Receipt For: Primary Ger Other (specify) ▼	neral Aggregat	e Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This	Page (optional)		1166.66
	e this line number only)		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 19/322 (check only one)		
I	TEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)				
	National Emergency Medicine Political	Action Committee			
A.	Full Name (Last, First, Middle Initial) Andrew I Bern	Date of Receipt			
	Mailing Address 9846 NW 18th St		03 / 25 / Y Y Y Y 011		
	City	State Zip Code	Transaction ID: C1260514		
	Coral Springs	FL 33071-5826	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	83.33		
	Name of Employer Inphynet Team Hith	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date	1		
	Primary General	499.98			
	Other (specify)				
- В.	Full Name (Last, First, Middle Initial) Andrew I Bern		Date of Receipt		
<b>D</b> .	Mailing Address 9846 NW 18th St		0 4 2 6 2 0 1 1		
	City	State Zip Code	Transaction ID: C1272779		
	Coral Springs	FL 33071-5826	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	83.33		
	Name of Employer Inphynet Team Hith	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date V	-		
	Primary General	499.98			
	Other (specify)				
- C.	Full Name (Last, First, Middle Initial) Andrew I Bern	1	Date of Receipt		
	Mailing Address 9846 NW 18th St		05 26 Y Y Y Y 05 11		
	City	State Zip Code	Transaction ID: C1293307		
	Coral Springs	FL 33071-5826	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	83.33		
	Name of Employer Inphynet Team Hlth	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary     General       Other (specify) ▼	499.98			
ſ	SUBTOTAL of Receipts This Page (optional)	I	249.99		
F	TOTAL This Period (last page this line number	-			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 20 / 322         (check only one)       11a         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	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Andrew I Bern	Date of Receipt	
	Mailing Address 9846 NW 18th St	M         M         /         D         D         Y	
	City	State Zip Code	Transaction ID: C1311594
	Coral Springs	FL 33071-5826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Inphynet Team Hlth	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	499.98	
– В.	Full Name (Last, First, Middle Initial) John M Bernard		Date of Receipt
	Mailing Address 99 Route 37 W Cmnty Med Ctr ED		0 2 / D D / Y Y Y Y 0 2 / 17 / 2 0 1 1
	City	State Zip Code	Transaction ID: C1191182
	Toms River FEC ID number of contributing federal political committee.	NJ 08755-6423	Amount of Each Receipt this Period 500.00
	·		
	Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary     General       Other (specify)     ▼	500.00	
– C.	Full Name (Last, First, Middle Initial) Benjamin Bernstein		Date of Receipt
	Mailing Address 4 South St		M M / D D / Y Y Y Y 06 23 2011
	City	State Zip Code	Transaction ID: C1318324
	Great Neck	NY 11023-1219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Emergency Medical Associa- tes	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1583.33
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 322		
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)		
I			Detailed Summary Page			
Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	13     14     15     16     17       In for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)					
	National Emergency Medicine Politica	> National Emergency Medicine Political Action Committee				
Α.	Full Name (Last, First, Middle Initial) Michael Bessette	Date of Receipt				
	Mailing Address 651 W Mount Pleasan EMA	t Ave		M         M         /         D         D         /         Y		
	City State		Zip Code	Transaction ID: C1251359		
	Livingston	NJ	07039-1600	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer EMA	Occupatio				
		1 · · · · · ·	ncy Physician	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	1000.00			
- В.	Full Name (Last, First, Middle Initial) Kiran Beyer			Date of Receipt		
	Mailing Address 3337 SE Alder St			M M / D D / Y Y Y Y 0 4 05 2011		
	City	State	Zip Code	Transaction ID: C1266007		
	Portland	OR	97214-3121	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer NW Acute Care Spec	Occupatio				
		, I – – – – – – – – – – – – – – – – – –	ncy Physician			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	250.00			
- C.	Full Name (Last, First, Middle Initial) John D Bibb	1		Date of Receipt		
	Mailing Address 16449 Akron St			M         M         /         D         D         Y		
	City	State	Zip Code	Transaction ID: C1241823		
	Pacific Plsds	CA	90272-2304	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Cedars Sinai Medical Cent- er	Occupatio Emerger	on ncy Physician			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary     General       Other (specify) ▼	0 0	1000.00	]		
Γ	SUBTOTAL of Receipts This Page (optional)			2250.00		
┝						
	TOTAL This Period (last page this line number	only)		•		

~				FOR LINE NUMBER: PAGE 22/322
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
П	<b>TEMIZED RECEIPTS</b>		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Curriniary Page	13 14 15 16 17
A oi	ny information copied from such Reports and S r for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
Ν	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	I Action Con	nmittee	
ے ہے۔ م	Full Name (Last, First, Middle Initial) Stewart E Bick	Date of Receipt		
	Mailing Address 1149 W 116th St			M M / D D / Y Y Y Y 04 19 2011
	City	State	Zip Code	Transaction ID: C1270146
	<u>Carmel</u>	IN	46032-9512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St Vincent Hosp & Hlth Cre	Occupatio		
	Ctr	1 I	ncy Physician	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	
 3.	Full Name (Last, First, Middle Initial) Dale Scott Birenbaum	<b>ا</b> ــــــــــــــــــــــــــــــــــــ		Date of Receipt
	Mailing Address 3298 Kentshire Blvd			05 / <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>A</sup> <sup>Y</sup>
	City	State	Zip Code	Transaction ID: C1293354
	Ocoee	FL	34761-4621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupatio		7
		1 · · · · ·	ncy Physician	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		1000.00	
 >.	Full Name (Last, First, Middle Initial) Gregory J Bjerke	I		Date of Receipt
	Mailing Address 2973 Peterson Pkwy N	J		M M / D D / Y Y Y Y 03 / 04 / 2011
	City	State	Zip Code	Transaction ID: C1241837
	Fargo	ND	58102-1752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Sanford-Meritcare	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
	SUBTOTAL of Receipts This Page (optional)	I		2500.00
F	(optional)			-
1	<b>FOTAL</b> This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 23 / 322 (check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and Si or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Frederick C Blum, MD, FACEP	Date of Receipt		
	Mailing Address 1470 Point Marion Rd			M M / D D / Y Y Y Y 01 31 2011
	City	State	Zip Code	Transaction ID: C1191086
	Morgantown	WV	26508-1454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer WV Univ Hosps	Occupatio	on ncy Physician	
	Receipt For:	, I	e Year-to-Date V	
	Primary General		249.99	1
	Other (specify)			1
в.	Full Name (Last, First, Middle Initial) Frederick C Blum, MD, FACEP			Date of Receipt
	Mailing Address 1470 Point Marion Rd			02 25 2011
	City	State	Zip Code	Transaction ID: C1239461
	<u>Morgantown</u>	WV	26508-1454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer WV Univ Hosps	Occupatio Emerger	n ncy Physician	
	Receipt For:	, I – – – – –	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	249.99	]
- C.	Full Name (Last, First, Middle Initial) Frederick C Blum, MD, FACEP			Date of Receipt
0.	Mailing Address 1470 Point Marion Rd			0 3 2 5 2 0 1 1
	City	State	Zip Code	Transaction ID: C1260520
	Morgantown	WV	26508-1454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer WV Univ Hosps	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	249.99	]
ſ	SUBTOTAL of Receipts This Page (optional)			249.99
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form	<b>3X)</b> Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 24 / 322 (check only one)			
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Report or for commercial purposes, other than u	ts and Statements may not be sold or used by any persor using the name and address of any political committee to s	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)					
National Emergency Medicine F	Political Action Committee				
Full Name (Last, First, Middle Initial) Peter Blume	Peter Blume				
Mailing Address 20 Ridge Rd		M         M         /         D         D         /         Y			
City	State Zip Code	Transaction ID: C1265990			
Concord	NH 03301-3010	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Concord Emer Med Assoc	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date V	1			
Primary General	1000.00				
Other (specify)					
Full Name (Last, First, Middle Initial) Brooks F Bock		Date of Receipt			
Mailing Address 1700 Lions Ride	ge Loop	M M / D D / Y Y Y Y 05 13 2011			
City	State Zip Code	Transaction ID: C1288542			
Vail	CO 81657-5757	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Med Ctr Emer Svcs	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date V	_			
Primary General					
Other (specify) ▼	1000.00				
Full Name (Last, First, Middle Initial) Brian M Boesiger		Date of Receipt			
Mailing Address 419 E Cave Ct		M M / D D / Y Y Y Y 03 17 2011			
City	State Zip Code	Transaction ID: C1257130			
Boise	ID 83702-5064	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer ID Emer Phys PA	Occupation Emergency Physician	1			
Receipt For:	Aggregate Year-to-Date ▼				
Primary     General       Other (specify) ▼	250.00				
SUBTOTAL of Repaints This Page (as	tional)	2250.00			
SUBTUTAL OF RECEIPTS THIS Page (op					
TOTAL This Period (last page this line	number only)	L			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 25 / 322         (check only one)       11a         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)	itatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	National Emergency Medicine Politica	Action Committee	
A.	Full Name (Last, First, Middle Initial) Ethan A Booker		Date of Receipt
	Mailing Address 417 T St NW		0 1 2 2 2 2 0 1 1
	City	State Zip Code	Transaction ID: C1187694
	Washington	DC 20001-1808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Washington Hosp Ctr	Occupation Emergency Physician	
	Receipt For: 2011	Aggregate Year-to-Date V	
	X     Primary     General       Other (specify) ▼	1100.00	
в.	Full Name (Last, First, Middle Initial) Ethan A Booker		Date of Receipt
	Mailing Address 417 T St NW		M M / D D / Y Y Y Y 05 31 2011
	City	State Zip Code	Transaction ID: C1293335
	Washington	DC 20001-1808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Washington Hosp Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1100.00	
C.	Full Name (Last, First, Middle Initial) Ashley E Booth, MD, FACEP		Date of Receipt
	Mailing Address 655 W 8th St Shands Jacksonville E		
	City Jacksonville	State Zip Code FL 32209-6511	Transaction ID: C1260471 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Univ of FL	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary     General       Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	1350.00
	TOTAL This Period (last page this line number		

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 322 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
_			Detailed Suttituary Faye	
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions osolicit contributions from such committee.		
Γ	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Political	Action Cor	mmittee	
١.	Full Name (Last, First, Middle Initial) Ashley E Booth, MD, FACEP			Date of Receipt
	Mailing Address 655 W 8th St Shands Jacksonville Ed	duc		M         M         /         D         D         Y
	City	State	Zip Code	Transaction ID: C1311561
	Jacksonville	FL	32209-6511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of FL	Occupatio	on	
		Emerger	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		500.00	
_	Other (specify) <b>v</b>	0 0		
	Full Name (Last, First, Middle Initial)			Data of Descript
8.	Keith Thomas Borg Mailing Address 145 Oyster Point Row			Date of Receipt
	City	State	Zip Code	Transaction ID: C1191245
	Charleston	SC	29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Med Univ of SC	Occupatio Emerger	on ncy Physician	_
	Receipt For:		e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		600.00	]
	Full Name (Last, First, Middle Initial) Keith Thomas Borg			Date of Receipt
	Mailing Address 145 Oyster Point Row			0 2 2 5 2 0 1 1
	City	State	Zip Code	Transaction ID: C1239464
	Charleston	SC	29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Med Univ of SC	Occupatio Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary General			
	Other (specify)	0 0	600.00	
Γ	SUBTOTAL of Receipts This Page (optional)			450.00
F	TOTAL This Period (last page this line number of		•	
L		y/		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 27/322 (check only one) X 11a 11b 11c 12
Г	Any information copied from such Reports and S	Statements ma	Detailed Summary Page	
	or for commercial purposes, other than using the	e name and ad	dress of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	I Action Con	nmittee	
۹.	Full Name (Last, First, Middle Initial) Keith Thomas Borg	Date of Receipt		
	Mailing Address 145 Oyster Point Row	,		03 / <sup>D</sup> D / <u>Y Y Y Y</u> 25 / 2011
	City	State	Zip Code	Transaction ID: C1260513
	Charleston	SC	29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Med Univ of SC	Occupatio	on ncy Physician	
	Receipt For:	- I	e Year-to-Date V	
	Primary General	Ayyreyale		
	Other (specify)	0 0	600.00	
- 3.	Full Name (Last, First, Middle Initial) Keith Thomas Borg	•		Date of Receipt
	Mailing Address 145 Oyster Point Row	,		05 10 Y Y Y Y 021 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: C1287432
	Charleston	SC	29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Med Univ of SC	Occupatio	on ncy Physician	
	Receipt For:	1 · · · · ·	e Year-to-Date V	
	Primary General	Aggregate		
	Other (specify)		600.00	
- ).	Full Name (Last, First, Middle Initial) Keith Thomas Borg			Date of Receipt
	Mailing Address 145 Oyster Point Row	,		05 26 2011
	City	State	Zip Code	Transaction ID: C1293306
	Charleston	SC	29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Med Univ of SC	Occupatio Emerger	on ncy Physician	
	Receipt For:	1	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	600.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		300.00
┝	CODICIAL OF HEGELPIS THIS FAYE (OPHOLIA!)			
	TOTAL This Period (last page this line number	only)		

				FOR LINE NUMBER: PAGE 28/322
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
г				13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the			
			,	
	National Emergency Medicine Political	Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Keith Thomas Borg	Date of Receipt		
	Mailing Address 145 Oyster Point Row			
	City	State	Zip Code	06 28 2011
	Charleston	Scale	29412-3632	Transaction ID: C1311593 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer	Occupatio	on	-
	Name of Employer Med Univ of SC	· · ·	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		600.00	1
	Other (specify)			1
-	Full Name (Last, First, Middle Initial)	1		
В.	Samuel Francis Bosco			Date of Receipt
	Mailing Address 6 Fox Glove Ct	03		
	City	State	Zip Code	Transaction ID: C1241845
	Wynantskill	NY	12198-7801	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.			
	Name of Employer	Occupatio		7
	St Peters Hosp	, · · · · · · ·	ncy Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		1000.00	
			<u> </u>	
~ -	Full Name (Last, First, Middle Initial)			Date of Respirat
C.	Bradford J Bowls Mailing Address 121 NW Ivanhoe Blvd			Date of Receipt
				05 26 2011
	City	State	Zip Code	Transaction ID: C1293287
	Orlando	FL	32804-5958	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	·			_
	Name of Employer FL Emer Phys Kang & Assoc	Occupatio	on ncy Physician	
	Receipt For:	, <b>.</b>	e Year-to-Date V	
	Primary General	- iggi ogun		1
	Other (specify) 🔻		1000.00	1
Г		1		
	SUBTOTAL of Receipts This Page (optional)			2100.00
ŀ			·	-
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 29 / 322         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17			
Any information copied from such Reports an or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to so				
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Committee				
Full Name (Last, First, Middle Initial) Michael Francis Boyle	· · · · · · · · · · · · · · · · · · ·				
Mailing Address 12505 Nathaniel Oa	aks Dr	05 / 27 / Y Y Y 2011			
City	State Zip Code	Transaction ID: C1303390			
Herndon	VA 20171-1732	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer BestPractices Inc	Occupation				
Receipt For:	Emergency Physician Aggregate Year-to-Date	-			
Primary General					
Other (specify)	500.00				
Full Name (Last, First, Middle Initial)G Richard Braen	•	Date of Receipt			
Mailing Address 100 High St SUNY/ Buffalo Gen		0 6 / 2 2 / Y Y Y Y 0 1 1			
City Buffalo	State Zip Code NY 14203-1126	Transaction ID: C1308508			
FEC ID number of contributing federal political committee.	NY 14203-1126	Amount of Each Receipt this Period			
Name of Employer SUNY/ Buffalo Gen Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
Other (specify)	250.00				
Full Name (Last, First, Middle Initial) Alkesh Brahmbhatt		Date of Receipt			
Mailing Address 1441 Langham Ter		05 26 Y Y Y Y 011 D D 7 Y Y Y Y Y			
City	State Zip Code	Transaction ID: C1293340			
Lake Mary	FL 32746-1967	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
Other (specify)	1000.00				
SUBTOTAL of Receipts This Page (optional	)	1750.00			
TOTAL This Period (last page this line number	<u>,                                     </u>				

	CHEDULE A (FEC Form 3X)	000 0000	FOR LINE NUMBER: PAGE 30 / 322 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
ہ م	Any information copied from such Reports and r for commercial purposes, other than using the than the second seco	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Politic	cal Action Committee	
<i>ب</i> ۹.	Full Name (Last, First, Middle Initial) Sabina A Braithwaite	Date of Receipt	
	Mailing Address PO Box 780809		M M / D D / Y Y Y Y 01 31 2011
	City	State Zip Code	Transaction ID: C1191241
	Wichita	KS 67278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Univ of VA, ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	249.99	
_	Full Name (Last, First, Middle Initial) Sabina A Braithwaite		Date of Receipt
•	Mailing Address PO Box 780809		0 2 2 5 2 0 1 1
	City	State Zip Code	Transaction ID: C1239462
	Wichita	KS 67278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Univ of VA, ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	249.99	]
. –	Full Name (Last, First, Middle Initial) Sabina A Braithwaite		Date of Receipt
	Mailing Address PO Box 780809		M M / D D / Y Y Y Y 03 25 2011
	City	State Zip Code	Transaction ID: C1260512
	Wichita	KS 67278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Univ of VA, ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	249.99	]
	SUBTOTAL of Receipts This Page (optional)	·	249.99
F	TOTAL This Period (last page this line number		

;	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31/322
			for each category of the	(check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions oslicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Cor	mmittee	
Α.	Full Name (Last, First, Middle Initial) Antonio L Brandt, MD, FACEP	Date of Receipt		
	Mailing Address 3322 150th PI SE			0 2 / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	City	State	Zip Code	Transaction ID: C1191216
	Mill Creek	WA	98012-4862	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer North Sound Emer Med	Occupation Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary General		200.00	
_	Other (specify) ▼	0 0		
в.	Full Name (Last, First, Middle Initial) Antonio L Brandt, MD, FACEP			Date of Receipt
Б.	Mailing Address 3322 150th PI SE			02 22 2011
	City	State	Zip Code	Transaction ID: C1239325
	Mill Creek	WA	98012-4862	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer North Sound Emer Med	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		200.00	
- C.	Full Name (Last, First, Middle Initial) Antonio L Brandt, MD, FACEP			Date of Receipt
0.	Mailing Address 3322 150th PI SE			0 2 2 5 2 0 1 1
	City	State	Zip Code	Transaction ID: C1260677
	Mill Creek	WA	98012-4862	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		-200.00
	Name of Employer North Sound Emer Med	Occupatio Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	200.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		200.00
ŀ	TOTAL This Period (last page this line number		•	
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 32 / 322         (check only one)       11a         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	Statements may r e name and addre	not be sold or used by any pers less of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Comn	nittee	
Α.	Full Name (Last, First, Middle Initial) Michael J Bresler	Date of Receipt		
	Mailing Address 1025 Wilmington Way	M M         /         D D         /         Y		
	City	State	Zip Code	Transaction ID: C1241836
	Emerald Hills	CA	94062-4069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mills Hosp	Occupation Emergency	y Physician	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary     General       Other (specify) ▼		250.00	]
в.	Full Name (Last, First, Middle Initial) Robert B Bristow			Date of Receipt
	Mailing Address 11 Wildcliff Rd			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1303638
	New Rochelle FEC ID number of contributing federal political committee.	NY C	10805-3803	Amount of Each Receipt this Period
	Name of Employer NY Presbyterian Med Ctr	Occupation Emergency	y Physician	_
	Receipt For:	- · · ·	'ear-to-Date ▼	
	Primary     General       Other (specify) ▼		250.00	]
с.	Full Name (Last, First, Middle Initial) Douglas P Brosnan, MD, JD	1		Date of Receipt
	Mailing Address 1420 East Roseville Pa Ste 140-107	arkway St		$\begin{array}{c c} \begin{array}{c} M & M \\ 0 & 6 \end{array} & \left( \begin{array}{c} D & D \\ 3 & 0 \end{array} \right) & \left( \begin{array}{c} Y & Y & Y \\ 2 & 0 & 1 \end{array} \right) \\ \end{array}$
	City	State	Zip Code	Transaction ID: C1318526
	Roseville	CA	95661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Douglas P Brosnan	Occupation Emergency	y Physician	
	Receipt For:	Aggregate Y	ear-to-Date V	_
	Primary     General       Other (specify) ▼	0 0 0	1000.00	
	SUBTOTAL of Receipts This Page (optional)		······	1500.00
	TOTAL This Period (last page this line number	r only)		

ç	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 33 / 322			
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)			
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)					
	National Emergency Medicine Politica	I Action Committee				
۹.	Full Name (Last, First, Middle Initial) James Tracy Brown	Date of Receipt				
	Mailing Address 12528 Sr 78	03 / D D / Y Y Y Y 2011				
	City	State Zip Code	Transaction ID: C1253715			
	Havana	IL 62644-6866	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	500.00			
	Name of Employer OSF St Francis Med Ctr	Occupation Emergency Physician				
	Receipt For:	Aggregate Year-to-Date ▼	1			
	Primary     General       Other (specify)     ▼	600.00				
- 3.	Full Name (Last, First, Middle Initial) James Tracy Brown		Date of Receipt			
	Mailing Address 12528 Sr 78	0 5 / 0 3 / Y Y Y Y 0 1 1				
	City	State Zip Code	Transaction ID: C1283767			
	Havana	IL 62644-6866	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	100.00			
	Name of Employer OSF St Francis Med Ctr	Occupation Emergency Physician	-			
	Receipt For:	Aggregate Year-to-Date 🔻				
	Primary     General       Other (specify)     ▼	600.00				
-	Full Name (Last, First, Middle Initial) Timothy K Brown	I	Date of Receipt			
	Mailing Address 1830 Bro Mor St		M M / D D / Y Y Y Y 06 06 2011			
	City	State Zip Code	Transaction ID: C1295228			
	Saginaw	MI 48602-4844	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1000.00			
	Name of Employer Covenant HithCare	Occupation Emergency Physician	]			
	Receipt For:	Aggregate Year-to-Date V				
	Primary     General       Other (specify)     ▼	1000.00				
Γ	SUBTOTAL of Receipts This Page (optional)	L	1600.00			
┝	CODICINE OF HOUSING THIS I AGE (Optional)	P				
	TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 34 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica			
لا A.	Full Name (Last, First, Middle Initial) W Richard Bukata	Date of Receipt		
	Mailing Address 227 W Orange Grove	M         M         /         D         D         /         Y		
	City	State	Zip Code	Transaction ID: C1260536
	Sierra Madre FEC ID number of contributing federal political committee.	CA	91024-2427	Amount of Each Receipt this Period 500.00
	Name of Employer Center for Med Ed Inc	Occupatio	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	- I	e Year-to-Date 500.00	]
- B.	Full Name (Last, First, Middle Initial) Timothy F Bumpas Mailing Address 115 Sparling Rd			Date of Receipt
	City	State	Zip Code	0 4 2 5 2 0 1 1 Transaction ID: C1272564
	Hot Springs	AR	71913-8857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SJRHC	Occupatio Emerger	<sup>on</sup> ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 250.00	]
- C.	Full Name (Last, First, Middle Initial) Amy E Burford	1		Date of Receipt
	Mailing Address 32 Laurel Wood Rd			M         M         /         D         D         Y
	City Newport News	State VA	Zip Code 23602-6111	Transaction ID: C1311618
	FEC ID number of contributing federal political committee.	C	23002-0111	Amount of Each Receipt this Period
	Name of Employer Riverside Reg Med Ctr	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	r only)		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 35 / 322       (check only one)     (check only one)       X     11a     11b     11c     12       13     14     15     16     12
	Any information copied from such Reports and soft for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica		
Z A.	Full Name (Last, First, Middle Initial) Michael Burton	Date of Receipt	
	Mailing Address 3875 Geist Rd Ste E2	M M / D D / Y Y Y Y 06 27 2011	
	City	State Zip Code	Transaction ID: C1318261
	Fairbanks	AK 99709-3549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Golden Heart Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	250.00	
- 3.	Full Name (Last, First, Middle Initial) Amabel-Jovan C Cabatu		Date of Receipt
	Mailing Address 14081 Portrush Dr		05 / 26 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: C1293355
	<u>Orlando</u>	FL 32828-8241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
;.	Full Name (Last, First, Middle Initial) Joseph J Calabro		Date of Receipt
·-	Mailing Address 15 Hance Road		0 5 2 4 2 0 1 1
	City	State Zip Code	Transaction ID: C1291749
	Fair Haven	NJ 07704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer PPE	Occupation President & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	L	2250.00

	CHEDULE A (FEC Form 3X)	Use separate so		FOR LINE NUMBER: PAGE 36 / 322 (check only one)		
IT	EMIZED RECEIPTS	for each categor Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17		
Ar or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee					
	NAME OF COMMITTEE (In Full)	Action Committee				
	National Emergency Medicine Political	Action Committee		1		
	Full Name (Last, First, Middle Initial) Timothy Calicott	Date of Receipt				
	Mailing Address 14623 Chambery Dr	M M / D D / Y Y Y Y 03 04 2011				
	City	State Zip Code		Transaction ID: C1241833		
	Little Rock	AR 72211-5586		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	0	250.00		
	Name of Employer Conway Reg Med Ctr	Occupation Emergency Physician				
	Receipt For:	Aggregate Year-to-Date V		1		
	Primary General		050.00			
	Other (specify)		250.00			
	Full Name (Last, First, Middle Initial) Anthony Catapano			Date of Receipt		
	Mailing Address 4305 Autumn Dr			M M / D D / Y Y Y Y 02 17 2011		
	City	State Zip Code		Transaction ID: C1191183		
	Tinton Falls	NJ 07753-7451		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician				
	Receipt For:	Aggregate Year-to-Date V				
	Primary     General       Other (specify) ▼		500.00			
	Full Name (Last, First, Middle Initial) Michael Goodwin Cetta			Date of Receipt		
-	Mailing Address 13011 Boswell Ct			05 17 2011		
	City	State Zip Code		Transaction ID: C1289789		
	Potomac	MD 20854-6361		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		2000.00		
	Name of Employer MEP	Occupation Emergency Physician				
	Receipt For:	Aggregate Year-to-Date ▼		1		
	Primary General Other (specify) ▼		2000.00			
s	UBTOTAL of Receipts This Page (optional)		<b>⊾</b>	2750.00		
	UP I TRE OF HOUSIPIS THIS Faye (Uplivid)		····· <b>P</b>			
Т	OTAL This Period (last page this line number	only)	►			

SCHEDULE A (FEC Form 3	X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 322
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports a	Ind Statements may not be sold or used by any person g the name and address of any political committee to s	13 14 15 16 17
NAME OF COMMITTEE (In Full)		
National Emergency Medicine Pol	tical Action Committee	
Full Name (Last, First, Middle Initial) Kahang Lee Chan		Date of Receipt
Mailing Address 3839 Brantley Plac		05 / 26 / Y Y Y Y 2011
City Apopka	State Zip Code FL 32703-6855	Transaction ID: C1293356 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Neil L Christen		Date of Receipt
Mailing Address 4805 Laurel Trce		M M / D D / Y Y Y Y 03 07 2011
City	State Zip Code	Transaction ID: C1256768
Anniston FEC ID number of contributing federal political committee.	AL 36207-9300	Amount of Each Receipt this Period
Name of Employer NE Alabama Reg Med Ctr	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael C Christopher		Date of Receipt
Mailing Address 6149 E Wilshire D	r	M M / D D / Y Y Y Y 01 31 2011
City	State Zip Code	Transaction ID: C1191254
Scottsdale FEC ID number of contributing federal political committee.	AZ 85257-1959	Amount of Each Receipt this Period 83.33
Name of Employer EMPower Emer Phys PC	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	
SUBTOTAL of Receipts This Page (option	al)	1583.33
TOTAL This Period (last page this line nur	nber only)	

SCHEDULE A ( ITEMIZED REC	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 38 / 322           (check only one)         X           X         11a           11b         11c           13         14           15         16           17
Any information copied f or for commercial purpo NAME OF COMMIT	ses, other than using the name and	may not be sold or used by any per- d address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	ncy Medicine Political Action	Committee	
Full Name (Last, Firs Michael C Christophe			Date of Receipt
Mailing Address 6	149 E Wilshire Dr		M M / D D / Y Y Y Y 02 25 2011
City	State	e Zip Code	Transaction ID: C1239467
Scottsdale	AZ	85257-1959	Amount of Each Receipt this Period
FEC ID number of conference of conference of the federal political communication of the federal political communication of the federal political communication of the federal politication of the fede			83.33
Name of Employer EMPower Emer Phy	s PC Occup Emer	pation gency Physician	
Receipt For:		egate Year-to-Date 🔻	
Other (specify)	General	249.99	
Full Name (Last, Firs Michael C Christophe			Date of Receipt
Mailing Address 6	149 E Wilshire Dr		03 / D D / Y Y Y Y 03 25 2011
City	State	•	Transaction ID: C1260509
Scottsdale	AZ	85257-1959	Amount of Each Receipt this Period
FEC ID number of co federal political comr			83.33
Name of Employer EMPower Emer Phy		gency Physician	
Receipt For: Primary	General	egate Year-to-Date 🔻	
Other (specify)	-	249.99	
Full Name (Last, Firs Leonardo Cisneros	t, Middle Initial)		Date of Receipt
Mailing Address 5	206 Overview Ct		05 / P D / Y Y Y Y 05 26 2011
City	State	I	Transaction ID: C1293343
Orlando	FL	32819-3853	Amount of Each Receipt this Period
FEC ID number of co federal political comr	nittee.		1000.00
Name of Employer FL Emer Phys Kang		gency Physician	
Receipt For: Primary	Aggre	egate Year-to-Date 🔻	_
Other (specify)	-	1000.00	
SUBTOTAL of Receip	s This Page (optional)		1166.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 39 / 322           (check only one)         11a         11b         11c         12           X         11a         114         15         16         17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) Nathaniel W Clark		Date of Receipt
Mailing Address 1216 E Newton St		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1267702
Seattle	WA 98102-4104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dr. Nathaniel W Clark	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) R Carter Clements	1	Date of Receipt
Mailing Address 5558 Taft Ave		0 1 / D D / Y Y Y Y 0 1 3 1 2 0 1 1
City	State Zip Code	Transaction ID: C1191258
Oakland	CA 94618-1519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer OakCare Med Grp Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) R Carter Clements	I	Date of Receipt
Mailing Address 5558 Taft Ave		M M / D D / Y Y Y Y 02 25 2011
City	State Zip Code	Transaction ID: C1239469
Oakland	CA 94618-1519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer OakCare Med Grp Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary       General         Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (ontion	nal)	680.00
	nber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 40 / 322       (check only one)     I1c     12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to s	13     14     15     16     17       for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit		
Full Name (Last, First, Middle Initial) R Carter Clements		Date of Receipt
Mailing Address 5558 Taft Ave		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 3         2 5         2 0 1 1
City	State Zip Code	Transaction ID: C1260511
Oakland	CA 94618-1519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer OakCare Med Grp Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) R Carter Clements		Date of Receipt
Mailing Address 5558 Taft Ave		M M / D D / Y Y Y Y 04 26 2011
City	State Zip Code	Transaction ID: C1272781
Oakland	CA 94618-1519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer OakCare Med Grp Inc	Occupation Emergency Physician	]
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) R Carter Clements		Date of Receipt
Mailing Address 5558 Taft Ave		M M / D D / Y Y Y Y 05 26 2011
City	State Zip Code	Transaction ID: C1293309
Oakland	CA 94618-1519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer OakCare Med Grp Inc	Occupation Emergency Physician	]
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (optiona	I)	270.00
TOTAL This Period (last page this line num	· · · · · ·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 41 / 322         (check only one)       X         X       11a       11b       11c       12         I3       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 Politica	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial)		
Α.	R Carter Clements		Date of Receipt
	Mailing Address 5558 Taft Ave		0 6 2 8 2 0 1 1
	City	State Zip Code	Transaction ID: C1311589
	<u>Oakland</u>	CA 94618-1519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		90.00
	Name of Employer OakCare Med Grp Inc	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date V	1
	Primary     General       Other (specify) ▼	540.00	
- 3.	Full Name (Last, First, Middle Initial) Daniel J Cole		Date of Receipt
	Mailing Address 802 Kenyon Rd Trinity Regl Hosp ED		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1239393
	Fort Dodge	IA 50501-5740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Trinity Regl Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000.00	
- ).	Full Name (Last, First, Middle Initial) Amy Ruben Conley, MD, FACEP	1	Date of Receipt
	Mailing Address 6419 Renwick Cir		0 3 / <sup>D</sup> D / Y Y Y Y 0 3 2 5 2 0 1 1
	City	State Zip Code	Transaction ID: C1260469
	Tampa	FL 33647-1173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Tampa Bay Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	500.00	
Γ		<u> </u>	1340.00
┝	SUBTOTAL of Receipts This Page (optional) .	••••••	
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 42 / 322         (check only one)       11a         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	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Amy Ruben Conley, MD, FACEP		Date of Receipt
	Mailing Address 6419 Renwick Cir		0 6 2 8 2 0 1 1
	City	State Zip Code	Transaction ID: C1311568
	<u>Tampa</u>	FL 33647-1173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Tampa Bay Emer Phys	Occupation Emergency Physician	
		Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	500.00	
- B.	Full Name (Last, First, Middle Initial) Douglas Mark Connor		Date of Receipt
	Mailing Address 5 Hillside Rd		0 6 / D D / Y Y Y Y 0 6 28 2011
	City	State Zip Code	Transaction ID: C1311627
	Concord	NH 03301-2516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Concord Emer Med Assoc	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
- C.	Full Name (Last, First, Middle Initial) Marco Coppola, DO, FACEP	1	Date of Receipt
	Mailing Address 7105 Waldon Ct		05 / <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>V</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State Zip Code	Transaction ID: C1294338
	Colleyville	TX 76034-7319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Questcare Med Svcs	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)		1750.00
	TOTAL This Period (last page this line number	only)	•

SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 43 / 322 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 18 \\ \hline 17 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline $
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Peter W Corrigan		Date of Receipt
Mailing Address 1723 Alta Oaks Dr		0 3 0 1 0 0 1 Y Y Y Y Y 0 3 0 1 2 0 1 1
City	State Zip Code	Transaction ID: C1240393
Arcadia	CA 91006-1702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Huntington Memorial Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
<ul> <li>Primary</li> <li>General</li> <li>Other (specify) ▼</li> </ul>	250.00	
Full Name (Last, First, Middle Initial) Chris Courtney, MD, FACEP	1	Date of Receipt
Mailing Address 9883 E Desert Jewe		M M         /         D D         Y
City	State Zip Code	Transaction ID: C1311630
Scottsdale	AZ 85255-9222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Scottsdale Emer Assoc	Occupation Emergency Physician	_
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify)     ▼	250.00	
Full Name (Last, First, Middle Initial) Kathleen Cowling		Date of Receipt
Mailing Address 3400 Midland Rd		03 / D D / Y Y Y Y 03 / 14 / 2011
City	State Zip Code	Transaction ID: C1253722
Saginaw	MI 48603-9634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer Covenant HithCare	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	)	1500.00
TOTAL This Period (last page this line numb	<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 44 / 322         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	for the purpose of soliciting contributions
National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Robert J Cox		Date of Receipt
Mailing Address 817 Thomaston S	St	M         M         /         D         D         Y
City	State Zip Code	Transaction ID: C1260470
Barnesville	GA 30204-1729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer EmergiNet/Summit Med Svcs	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Geoffrey M Crockett		Date of Receipt
Mailing Address 652 Pioneer Fork	Road	0 4 / 0 1 / Y Y Y Y 0 4 0 1 / 2 0 1 1
City	State Zip Code	Transaction ID: C1262134
Salt Lake City	UT 84108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Intermountain Health Care	Occupation Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary       General         Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Daniel E Culhane		Date of Receipt
Mailing Address 22 Highland Dr		06 / <sup>y</sup> y y y y 2011
City	State Zip Code	Transaction ID: C1318523
Sn Luis Obisp	CA 93405-1018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer French Hosp ED	Occupation Emergency Physician	]
Receipt For:	Aggregate Year-to-Date	
Primary       General         Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optio	nal)	1500.00
	imber only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 45 / 322           (check only one)         11a           X         11a           13         14           15         16           17
ہم م	Any information copied from such Reports and S r for commercial purposes, other than using the	itatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Wesley A Curry		Date of Receipt
	Mailing Address 1082 Richmond Dr		M M / D D / Y Y Y Y 06 30 2011
	City	State Zip Code	Transaction ID: C1318519
	Claremont	CA 91711-3350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Pomona Valley Hosp Med Ctr	Occupation Emergency Physician	
	ED Receipt For:	Aggregate Year-to-Date ▼	-
	Other (specify)	1000.00	]
— В.	Full Name (Last, First, Middle Initial) James Michael Cusick		Date of Receipt
	Mailing Address 10309 E Lake Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1191251
	Englewood	CO 80111-5499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Natl Med Dir AMR	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Other (specify)	499.98	]
 C.	Full Name (Last, First, Middle Initial) James Michael Cusick	I	Date of Receipt
	Mailing Address 10309 E Lake Dr		02 25 YYYY 011 25 2011
	City	State Zip Code	Transaction ID: C1239465
	Englewood	CO 80111-5499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.33
	Name of Employer Natl Med Dir AMR	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	499.98	
	SUBTOTAL of Receipts This Page (optional)	۱ 	1166.66
	TOTAL This Period (last page this line number		

ç	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 46/322
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	⊥ ly not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	I Action Cor	nmittee	
	Full Name (Last, First, Middle Initial) James Michael Cusick			Date of Receipt
	Mailing Address 10309 E Lake Dr			0 3 / 2 5 / Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: C1260507
	Englewood	CO	80111-5499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Natl Med Dir AMR	Occupatio Emerger	on ncy Physician	
	Receipt For:	- I	e Year-to-Date V	
	Primary General		499.98	
_	Other (specify)	0 0	499.90	
. –	Full Name (Last, First, Middle Initial) James Michael Cusick			Date of Receipt
	Mailing Address 10309 E Lake Dr			M M / D D / Y Y Y Y 04 26 2011
	City	State	Zip Code	Transaction ID: C1272780
	Englewood	CO	80111-5499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Natl Med Dir AMR	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	499.98	
_	Full Name (Last, First, Middle Initial) James Michael Cusick			Date of Receipt
-	Mailing Address 10309 E Lake Dr			05 26 2011
	City	State	Zip Code	Transaction ID: C1293308
	Englewood	CO	80111-5499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Natl Med Dir AMR	Occupatio Emerger	on ncy Physician	
	Receipt For:	1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		499.98	
Γ	CURTOTAL of Doppinto This Dopp (antigral)	<u> </u>		249.99
F	JUDIVIAL OF RECEIPTS I HIS Page (optional)			
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			• 249.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	
A C	Any information copied from such Reports and So or for commercial purposes, other than using the	atements may not be sold or used by name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) James Michael Cusick		Date of Receipt
	Mailing Address 10309 E Lake Dr		0 6 / D D / Y Y Y Y 2 8 2 0 1 1
	City	State Zip Code	Transaction ID: C1311595
	Englewood	CO 80111-5499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Natl Med Dir AMR	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary   General     Other (specify)	49	99.98
— В.	Full Name (Last, First, Middle Initial) Randal L Dabbs		Date of Receipt
	Mailing Address 1431 Centerpoint Blvd Team Health MidSouth		M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 1
	City Knoxville	State Zip Code TN 37932-1983	Transaction ID: C1283522
	FEC ID number of contributing federal political committee.	TN 37932-1983	Amount of Each Receipt this Period 1000.00
	Name of Employer Team Health MidSouth	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary   General     Other (specify)	100	00.00
– c.	Full Name (Last, First, Middle Initial) Rachel A Dahms		Date of Receipt
	Mailing Address 804 Ross Rd		M M / D D / Y Y Y Y 06 03 2011
	City	State Zip Code	Transaction ID: C1303185
	Hudson	WI 54016-7655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Regions Hosp ED	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	30	00.00
	SUBTOTAL of Receipts This Page (optional)		1383.33
	TOTAL This Period (last page this line number of		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 48 / 322         (check only one)
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any person ing the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	plitical Action Committee	
Full Name (Last, First, Middle Initial) A. Mark J K Dalton		Date of Receipt
Mailing Address 13 Madeline Ct		M M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1191184
Farmingdale FEC ID number of contributing federal political committee.	NJ 07727-3882	Amount of Each Receipt this Period 500.00
Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) David Dansky Mailing Address PO Box S		Date of Receipt
		04 25 2011
City <u>Carmel By The</u>	State Zip Code CA 93921-0589	Transaction ID: C1272548
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer CHOMP	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Steven Edward Davis		Date of Receipt
Mailing Address 444 Dillon Cir NE	1	M M / D D / Y Y Y Y 06 10 2011
City	State Zip Code	Transaction ID: C1303184
North Canton FEC ID number of contributing federal political committee.	OH 44720-7863	Amount of Each Receipt this Period 500.00
Name of Employer Canton Aultman Emer Phys	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	onal)	1250.00
TOTAL This Period (last page this line n	umber only)	

	EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 49 / 322         (check only one)       X       11a       11b       11c       12         13       14       15       16       17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions
$\sum$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
ـــــــــــــــــــــــــــــــــــــ	Full Name (Last, First, Middle Initial) Matthew Deibel		Date of Receipt
	Mailing Address 4090 Morningside Ln		05 / <sup>D</sup> D D / <u>Y Y Y Y</u> 2011
	City	State Zip Code	Transaction ID: C1293298
	Saginaw	MI 48603-1185	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Covenant HithCare	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	500.00	
 3.	Full Name (Last, First, Middle Initial) Charles Deng		Date of Receipt
	Mailing Address 3962 Aspen St		0 6 / D D / Y Y Y Y Y 0 6 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: C1318512
	Irvine	CA 92606-2132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Holy Cross Medical Center ED	Occupation Emergency Physician	_
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	1000.00	
 C.	Full Name (Last, First, Middle Initial) Paul DePonte		Date of Receipt
	Mailing Address 107 Baytree Ct		05 / Y Y Y Y 26 2011
	City	State Zip Code	Transaction ID: C1293338
	Winter Spgs	FL 32708-5122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	1000.00	
s	UBTOTAL of Receipts This Page (optional)		2500.00
	OTAL This Period (last page this line number of		

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 Political A Full Name (Last, First, Middle Initial) Laurence R DesRochers Mailing Address 640 Harbor Rd City	Action Committee          State       Zip Code         NJ       08724-4716         Occupation	Date of Receipt 0 2 / 0 1 7 2 0 1 1 Transaction ID: C1191185 Amount of Each Receipt 500.00
Full Name (Last, First, Middle Initial) Laurence R DesRochers Mailing Address 640 Harbor Rd City	State Zip Code NJ 08724-4716	M M / D D / Y Y Y Y 0 2 17 2 0 1 1 Transaction ID: C1191185 Amount of Each Receipt this Period
A. Laurence R DesRochers Mailing Address 640 Harbor Rd City	NJ         08724-4716           C         Occupation	M M / D D / Y Y Y Y 0 2 17 2 0 1 1 Transaction ID: C1191185 Amount of Each Receipt this Period
City	NJ         08724-4716           C         Occupation	0 2 1 7 2 0 1 1 Transaction ID: C1191185 Amount of Each Receipt this Period
-	NJ         08724-4716           C         Occupation	Amount of Each Receipt this Period
	C	
Brick	Occupation	500.00
FEC ID number of contributing federal political committee.		-
Name of Employer Jersey Emer Med Spec	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Laurence R DesRochers		Date of Receipt
Mailing Address 640 Harbor Rd		02 / 25 / Y Y Y Y 02 2011
City	State Zip Code	Transaction ID: C1239482
Brick	NJ 08724-4716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Laurence R DesRochers		Date of Receipt
Mailing Address 640 Harbor Rd		05 / 26 / Y Y Y Y 011
City	State Zip Code	Transaction ID: C1293312
Brick	NJ 08724-4716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		125.00
Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)	L	750.00
TOTAL This Period (last page this line number or		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 51 / 322 (check only one)
•			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	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Com	imittee	
A.	Full Name (Last, First, Middle Initial) John J Devlin			Date of Receipt
	Mailing Address 2714 Gum Rd			0 2 2 4 Y Y Y Y 0 1 1
	City	State	Zip Code	Transaction ID: C1240313
	Chesapeake	VA	23321-1516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Naval Med Ctr Portsmouth	Occupation Emergen	r cy Physician	
	Receipt For:		Year-to-Date V	1
	Primary General		300.00	
	Other (specify)			
в.	Full Name (Last, First, Middle Initial) John J Devlin			Date of Receipt
	Mailing Address 2714 Gum Rd			M M / D D / Y Y Y Y 06 07 2011
	City	State	Zip Code	Transaction ID: C1303189
	Chesapeake	VA	23321-1516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Naval Med Ctr Portsmouth	Occupation Emergen	י cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary     General       Other (specify)	0 0	300.00	
– C.	Full Name (Last, First, Middle Initial) Robert A Di Lorenzo	1		Date of Receipt
	Mailing Address 4734 Cypress Ford Dr	•		M M / D D / Y Y Y Y 05 25 2011
	City	State	Zip Code	Transaction ID: C1293299
	<u>Fuquay Varina</u>	NC	27526-9081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Raleigh Emer Med Assoc Inc	Occupation Emergen	r cy Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			550.00
F	TOTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 52 / 322 (check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	I Action Con	nmittee	
٨.	Full Name (Last, First, Middle Initial) George Scott Dilts	Date of Receipt		
	Mailing Address 2585 Merganzer Pt			M M / D D / Y Y Y Y 03 28 2011
	City	State	Zip Code	Transaction ID: C1260542
	Sumter	SC	29150-3195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Toumey Medical Center	Occupatio	on ncy Physician	
	Receipt For:	- I	e Year-to-Date V	
	Primary General	33-334	600.00	
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial) George Scott Dilts			Date of Receipt
	Mailing Address 2585 Merganzer Pt			0 6 / 2 9 / Y Y Y Y 0 1 1
	City	State	Zip Code	Transaction ID: C1318268
	Sumter	SC	29150-3195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Toumey Medical Center	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	600.00	
-	Full Name (Last, First, Middle Initial) Jno Jacob Disch	1		Date of Receipt
•	Mailing Address 3892 Savoy Dr			0 3 0 4 2 0 1 1
	City	State	Zip Code	Transaction ID: C1241825
	Cleveland	OH	44126-1766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Akron Gen Med Ctr	Occupatio Emerger	on ncy Physician	
	Receipt For:	- I	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		1100.00
┝	SUBTUTAL OF NEUCEIPIS THIS Page (optional)			
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 53 / 322       (check only one)     X       X     11a       11b     11c
Any information copied from such Reports	and Statements may not be sold or used by any person ng the name and address of any political committee to	13 14 15 16 17
NAME OF COMMITTEE (In Full) National Emergency Medicine Po		Solicit contributions from SUCH Committee.
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 462 Madison Ave		03 / D D / Y Y Y Y 25 / 2011
City Glencoe	State Zip Code IL 60022-1857	Transaction ID: C1260468
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer Marc Dorfman, MD, FACEP	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Marc Dorfman Mailing Address 462 Madison Ave		Date of Receipt
		06 28 2011
City Glencoe	State Zip Code IL 60022-1857	Transaction ID: C1311563 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		125.00
Name of Employer Marc Dorfman, MD, FACEP	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael Thomas Dorrity		Date of Receipt
Mailing Address 1124 Willoughby	Ln	03 01 Y Y Y Y 03 01 2011
City Mt Placeant	State Zip Code SC 29466-9039	Transaction ID: C1240385
Mt Pleasant FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer MSU-Sparrow Hospital	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	500.00
	Imber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER:         PAGE 54 / 322           (check only one)         (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	Statements may not b e name and address of	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Committe	e e	
A.	Full Name (Last, First, Middle Initial) Christopher I Doty			Date of Receipt
	Mailing Address 176 Sterling Pl			03 / <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City		ip Code	Transaction ID: C1260476
	Brooklyn	<u>NY</u> 1	1217-3325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SUNY Downstate Med Ctr	Occupation Emergency Ph	nysician	
	Receipt For:	Aggregate Year-	to-Date 🔻	
	Primary     General       Other (specify)		500.00	
- В.	Full Name (Last, First, Middle Initial) Christopher I Doty			Date of Receipt
	Mailing Address 176 Sterling Pl			M         M         /         D         D         /         Y
	City		ip Code	Transaction ID: C1311570
	Brooklyn	<u>NY</u> 1	1217-3325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b>		250.00
	Name of Employer SUNY Downstate Med Ctr	Occupation Emergency Ph		
	Receipt For: Primary General	Aggregate Year-	to-Date 🔻	
	Other (specify) ▼		500.00	
- с.	Full Name (Last, First, Middle Initial) Marc M Dreier			Date of Receipt
	Mailing Address 295 Richards Rd			M M         /         D D         /         Y
	City		ip Code	Transaction ID: C1288541
	Ridgewood	NJ C	07450-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer The Valley Hosp	Occupation Emergency Ph	•	
	Receipt For: Primary General	Aggregate Year-	to-Date 🔻	
	Other (specify) ▼		2500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	•		3000.00
Ī	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 55 / 322           (check only one)         X           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Cor	nmittee	
∡ A.	Full Name (Last, First, Middle Initial) James R Dudley			Date of Receipt
	Mailing Address 618 Hospital Rd Riverside Tappahanno	ck Hosp		0 1 0 1 Y Y Y Y 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: C1191259
	Tappahannock	VA	22560-5000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Riverside Tappahannock Ho-	Occupatio		_
	sp	, I – – – – – – – – – – – – – – – – – –	ncy Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) $\bigtriangledown$	0.0	300.00	
- В.	Full Name (Last, First, Middle Initial) James R Dudley			Date of Receipt
	Mailing Address 618 Hospital Rd Riverside Tappahanno			0 2 / 2 5 / Y Y Y Y 2 0 1 1
	City	State VA	Zip Code	Transaction ID: C1239471
	Tappahannock	VA	22560-5000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Riverside Tappahannock Ho-	Occupatio	on ncy Physician	
	<u>sp</u> Receipt For:	, I – – – – –	e Year-to-Date V	
	Primary General Other (specify) ▼		300.00	]
- C.	Full Name (Last, First, Middle Initial) James R Dudley	I		Date of Receipt
	Mailing Address 618 Hospital Rd Riverside Tappahanno			M M / D D / Y Y Y Y 0 3 / 25 / 2011
	City	State	Zip Code	Transaction ID: C1260506
	Tappahannock	VA	22560-5000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Riverside Tappahannock Ho-	Occupatio	on ncy Physician	
	<u>sp</u> Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		300.00	]
Γ	CLIPTOTAL of Dopping This Dopp (aptigral)	1		150.00
┝	SUBTOTAL of Receipts This Page (optional)		······	
	TOTAL This Period (last page this line number	only)		

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 56 / 322         (check only one)       110         X       11a       11b       11c       12         13       14       15       16       17
or for	commercial purposes, other than using the n	tements may not be sold or used by any persor ame and address of any political committee to s	for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full) ational Emergency Medicine Political A	Action Committee	
<b>4.</b> <u>Ja</u>	III Name (Last, First, Middle Initial) mes R Dudley		Date of Receipt
Ma	ailing Address 618 Hospital Rd Riverside Tappahannock	Hosp	04 26 Y Y Y Y 04 26 2011
Ci		State Zip Code	Transaction ID: C1272783
<u></u>	appahannock	VA 22560-5000	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	50.00
Na Ri sp	ame of Employer iverside Tappahannock Ho- o	Occupation Emergency Physician	
	eceipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	300.00	
	III Name (Last, First, Middle Initial) Imes R Dudley		Date of Receipt
	ailing Address 618 Hospital Rd Riverside Tappahannock		05 <sup>7</sup> 26 <sup>7</sup> 2011
Ci T	ty appahannock	State Zip Code VA 22560-5000	Transaction ID: C1293310
FE	EC ID number of contributing deral political committee.	VA 22560-5000	Amount of Each Receipt this Period
Na Ri sp	ame of Employer iverside Tappahannock Ho- o	Occupation Emergency Physician	
Re	eceipt For:	Aggregate Year-to-Date V	
_	Primary General Other (specify) ▼	300.00	
	II Name (Last, First, Middle Initial) mes R Dudley		Date of Receipt
_	ailing Address 618 Hospital Rd Riverside Tappahannock		0 6 / 2 8 / 2 0 1 1
Ci T:	ty appahannock	State Zip Code VA 22560-5000	Transaction ID: C1311590 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.		50.00
Na Ri sp	ame of Employer iverside Tappahannock Ho- )	Occupation Emergency Physician	
	eceipt For:	Aggregate Year-to-Date V	
_	Primary   General     Other (specify)   The second seco	300.00	
SUB	TOTAL of Receipts This Page (optional)		150.00
	AL This Period (last page this line number or		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 57 / 322           (check only one)         (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	Statements ma	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Con	nmittee	
۷ A.	Full Name (Last, First, Middle Initial) Robert Brian Dunne			Date of Receipt
	Mailing Address 51800 9 Mile Rd			03 / D D / Y Y Y Y 03 10 2011
	City	State	Zip Code	Transaction ID: C1251361
	Northville	MI	48167-9773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Emer Med Specialists PC	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary     General       Other (specify)	0 0	1000.00	]
в.	Full Name (Last, First, Middle Initial) James K Dwyer			Date of Receipt
	Mailing Address 1 Mein Dr			05 / 28 / Y Y Y 2011
	City	State	Zip Code	Transaction ID: C1303415
	New City	NY	10956-6712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Nyack Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	500.00	]
- c.	Full Name (Last, First, Middle Initial) Paul R Dwyer			Date of Receipt
	Mailing Address 2490 Bluff Meadows D	)r SE		01 / Y Y Y 01 31 2011
	City	State	Zip Code	Transaction ID: C1191261
	Grand Rapids	MI	49546-7906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Metropolitan Hosp	Occupatio Emerger	<sup>on</sup> ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			1750.00
ľ	TOTAL This Period (last page this line number	only)		

Detailed durining yr age       13       14       15       11         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit contributions from such committee       1000         NAME OF COMMITTEE (In Full)       National Emergency Medicine Political Action Committee       Date of Receipt         James S Eadie       Date of Receipt       Date of Receipt       0         Mailing Address       201 N Lowell Ln       Date of Receipt       1000         Name of Employeer       C       Immount of Each Receipt this Peringly (Intersection Discillar)       Any ount of Each Receipt this Peringly (Intersection Discillar)         B.       Frank J Edwards       Date of Receipt       1000       0         Primary General       C	Y Y 11
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee         NAME OF COMMITTEE (In Full)       National Emergency Medicine Political Action Committee         A.       Full Name (Last, First, Middle Initial)         James S Eadie       Date of Receipt         Mailing Address       201 N Lowell Ln         City       State       Zip Code         A.       TX       78733         FEC ID number of contributing       C       Transaction ID: C1304856         Amount of Each Receipt mergency Physician       Receipt For:       1000.00         Name of Employer       Occupation       Date of Receipt         Sodus       NY       14551-9610       Transaction ID: C1239397         Amount of Each Receipt Thesp       Occupation       Transaction ID: C1239397         Sodus       NY       14551-9610       Transaction ID: C1239397         Amount of Each Receipt This       Mailing Address       5725 Sodus Shrs         Name of Employer	Y Y Y 1 1
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         James S Eadle         Mailing Address       201 N Lowell Ln         City       State       Zip Code         Austin       TX       78733         FEC ID number of contributing       C       Interpret Address         Primary       General       Occupation         Bergenzet For:       Aggregate Year-to-Date       Interpret Address         Full Name (Last, First, Middle Initial)       Farak J Edwards       Date of Receipt         Mailing Address       5725 Sodus Shrs       Occupation         FEC ID number of contributing       C       Interpret Address         Primary       General       000.00       Interpret Address         Frank J Edwards       Date of Receipt       02.2 (2.0 )         City       State       Zip Code       Tarasaction ID: C1239397         Amount of Each Receipt Initial       Farak J Edwards       Date of Receipt         Mailing Address       5725 Sodus Shrs       Occupation       Emergency Physician         Receipt For:       Primary       General       Occupation       Date of Receipt         Mailing Address       5725 Sodus Shrs       Zis 0.0 )       Date of Receipt <th>1,1</th>	1,1
James S Eadie       Date of Receipt         Mailing Address       201 N Lowell Ln         City       State       Zip Code         Austin       TX       78733         FEC ID number of contributing federal political committee.       C       Transaction ID: C1304856         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date       ✓         Primary       General       1000.00         Other (specify)       Tassaction ID: C1239397         Address       5725 Sodus Shrs         City       State       Zip Code         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       Occupation         Mailing Address       5725 Sodus Shrs       Date of Receipt         City       State       Zip Code         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       Occupation         Primary       General       Occupation         Primary       General       Occupation         Primary       General       Occupation         Primary       General       Occupation         Primary       Gen	1,1
Mailing Address       201 N Lowell Ln         City       State       Zip Code         Austin       TX       78733         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Peri 1000         Name of Employer Self-Employed       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       1000.00         Other (specify) ▼       State       Zip Code         State       Zip Code       Mailing Address         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       C         City       State       Zip Code         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       C         PEC ID number of contributing federal political committee.       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       Amount of Each Receipt this Peri         Name of Employer Myers Cmntty Hosp       Occupation Emergency Physician       Amount of Each Receipt this Peri         Primary       General       Other (specify) ▼       250.00       Date of Receipt         City       Frank J Edwards       States       5725 Sodus Shrs       Date of Rec	1,1
Austin       TX       78733         FEC ID number of contributing federal political committee.       C       1000         Name of Employer Self-Employed       Occupation Emergency Physician       1000.00         Receipt For:       Aggregate Year-to-Date ▼       1000.00         Full Name (Last, First, Middle Initial) Frank J Edwards       Date of Receipt         Malling Address       5725 Sodus Shrs       Date of Receipt this Peri 1000.00         City       State       Zip Code NY       14551-9610         FEC ID number of contributing federal political committee.       C       Tansaction ID: C1239397         Amount of Each Receipt this Peri 150       Sodus       NY       14551-9610         Receipt For:       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Tansaction ID: C1239397         Name of Employer Myers Commy Hosp       Occupation Emergency Physician       Tansaction ID: C1239397       Amount of Each Receipt this Peri 150         Name of Employer Myers Commy Hosp       Aggregate Year-to-Date ▼       Tansaction ID: C1239397         Aggregate Year-to-Date ▼       Emergency Physician       Tansaction ID: C1239397         Aggregate Year-to-Date ▼       State of Receipt       Tansaction ID: C1239397         Aggregate Year-to-Date ▼       State of Receipt       Tansaction ID: C1239397	od
FEC ID number of contributing federal political committee.       C       1000         Name of Employer Self-Employed       Occupation Emergency Physician       1000.00         Receipt For:       Aggregate Year-to-Date ▼       0 Date of Receipt         Other (specify) ▼       1000.00       Date of Receipt         City       State       Zip Code         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       C         Name of Employer Sodus       Occupation Emergency Physician       Date of Receipt         Name of Employer Sodus       Occupation Emergency Physician       Tansaction ID: C1239397         Aggregate Year-to-Date       150         Primary       General Other (specify) ▼       Occupation Emergency Physician         Receipt For:       Occupation Emergency Physician       150         Name of Employer Myers Cmity Hosp       Occupation Emergency Physician       Date of Receipt         Full Name (Last, First, Middle Initial)       Frank J Edwards       Date of Receipt         Full Name (Last, First, Middle Initial)       Edwards       Date of Receipt         Frank J Edwards       Date of Receipt       M M / D D / Y Y Y	od
federal political committee.       Image: committee.       Image: committee.       Image: committee.         Name of Employer Self-Employed       Occupation Emergency Physician       Image: committee.       Image: committee.         Primary       General Other (specify) ▼       Image: committee.       Image: committee.       Image: committee.         Full Name (Last, First, Middle Initial) Frank J Edwards       NY       14551-9610       Image: committee.         Mailing Address       5725 Sodus Shrs       Image: committee.       Image: committee.       Image: committee.         Name of Employer Myers Crinity Hosp       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Image: committee.         Name of Employer Myers Crinity Hosp       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Image: committee.         Primary       General Other (specify)       Occupation Emergency Physician       Date of Receipt         Full Name (Last, First, Middle Initial) Frank J Edwards       Date of Receipt       Date of Receipt         Mailing Address       5725 Sodus Shrs       Image: committee.       Image: committee.	
Self-Employed ^       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1000.00         Frank J Edwards       Date of Receipt         Mailing Address       5725 Sodus Shrs         City       State       Zip Code         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       C       150         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       150         Primary       General       Other (specify) ▼       Date of Receipt this Peril         Fach Viewards       Occupation       Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       250.00       Date of Receipt         Full Name (Last, First, Middle Initial)       Frank J Edwards       Date of Receipt       Milling Address         Frank J Edwards       Mailing Address       5725 Sodus Shrs       Date of Receipt	.00
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       Frank J Edwards         Mailing Address       5725 Sodus Shrs         City       State       Zip Code         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Myers Cmnty Hosp       Emergency Physician         Receipt For:       Aggregate Year-to-Date       ▼         Primary       General       250.00         Other (specify) ▼       Date of Receipt       150	
Primary       General         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       Frank J Edwards         Mailing Address       5725 Sodus Shrs         City       State       Zip Code         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Peri         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       150         Primary       General       250.00       Date of Receipt         State       State       250.00       Transaction ID: C1239397	
Frank J Edwards       Date of Receipt         Mailing Address       5725 Sodus Shrs         City       State       Zip Code         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       C         Name of Employer Myers Cmnty Hosp       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)         Frank J Edwards       Date of Receipt         Mailing Address       5725 Sodus Shrs	
Mailing Address       5725 Sodus Shrs         City       State       Zip Code         Sodus       NY       14551-9610         FEC ID number of contributing federal political committee.       C         Name of Employer Myers Cmnty Hosp       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)         Frank J Edwards       Date of Receipt         Mailing Address       5725 Sodus Shrs	
Sodus     NY     14551-9610       FEC ID number of contributing federal political committee.     C     150       Name of Employer Myers Cmnty Hosp     Occupation Emergency Physician     150       Receipt For: Primary     General Other (specify) ▼     Occupation Emergency Physician     150       Full Name (Last, First, Middle Initial) Frank J Edwards     Date of Receipt     Date of Receipt	Y Y 11
FEC ID number of contributing federal political committee.       150         Name of Employer Myers Cmnty Hosp       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼         Culture       250.00         Full Name (Last, First, Middle Initial) Frank J Edwards       Date of Receipt         Mailing Address       5725 Sodus Shrs	
federal political committee.       Image: Committee.         Name of Employer Myers Cmnty Hosp       Occupation Emergency Physician         Receipt For: Primary       Aggregate Year-to-Date         Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial) Frank J Edwards       Date of Receipt         Mailing Address       5725 Sodus Shrs	od
Myers Cmnty Hosp       Emergency Physician         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Frank J Edwards       Date of Receipt         Mailing Address       5725 Sodus Shrs	.00
Primary       General         Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)       Frank J Edwards         Mailing Address       5725 Sodus Shrs	
Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)       Frank J Edwards         Mailing Address       5725 Sodus Shrs	
Frank J Edwards Date of Receipt	
Mailing Address         5725 Sodus Shrs           03         01         20	
	Y Y 11
City State Zip Code Transaction ID: C1256968	
Sodus NY 14551-9610 Amount of Each Receipt this Peri	od
FEC ID number of contributing federal political committee.	.00
Name of Employer Myers Cmnty HospOccupation Emergency Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary       General         Other (specify) ▼       250.00	
SUBTOTAL of Receipts This Page (optional) 1250	
TOTAL This Period (last page this line number only)	.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER:       PAGE 59 / 322         (check only one)       X         X       11a       11b       11c       12         I3       14       15       16       17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold name and address of any	or used by any person political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee		
Full Name (Last, First, Middle Initial) Irv E Edwards, MD, FACEP			Date of Receipt
Mailing Address 111 N Sepulveda Blvd Ste 210			03 / 25 / Y Y Y Y 011
City	State Zip Coo		Transaction ID: C1260458
Manhattan Bch FEC ID number of contributing	CA 90266-	-6849	Amount of Each Receipt this Period 2500.00
federal political committee.	<b>C</b>		
Name of Employer Chino Valley Med Ctr	Occupation Emergency Physici	an	
Receipt For:	Aggregate Year-to-Dat	te 🔻	
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		0.00	
Full Name (Last, First, Middle Initial) Ann Egland	I		Date of Receipt
Mailing Address 15095 Cedar Brook Pl			M         M         /         D         D         Y
City	State Zip Coo	de	Transaction ID: C1321330
Hughesville	MD 20637-	-2315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dr. Ann Egland	Occupation Emergency Physici	an	
Receipt For:	Aggregate Year-to-Dat	te 🔻	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Richard J Eisenhut, Jr	1		Date of Receipt
Mailing Address 1090 Old Moore Rd			03 / 04 / Y Y Y Y 011
City	State Zip Coo		Transaction ID: C1241818
Martinsville	IN 46151-	9049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer EmCare	Occupation Emergency Physici	an	
Receipt For:	Aggregate Year-to-Dat	te 🔻	
Primary     General       Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)	1		3250.00
TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)	Use separate schedu	
I	TEMIZED RECEIPTS	for each category of t	
		Detailed Summary Pa	
			any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Christopher D D Elliott		Date of Receipt
	Mailing Address 3196 Hikina Rd		03 / D D / Y Y Y Y 28 / 2011
	City	State Zip Code	Transaction ID: C1260538
	Koloa	HI 96756-8500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	200.00
	Name of Employer Dr. Christopher D Elliott	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
_	Other (specify)	300	
В.	Full Name (Last, First, Middle Initial) Christopher D D Elliott		Date of Receipt
	Mailing Address 3196 Hikina Rd		05 / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State Zip Code	Transaction ID: C1288626
	<u>Koloa</u>	HI 96756-8500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. Christopher D Elliott	Occupation	
		Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	300	0.00
- C.	Full Name (Last, First, Middle Initial) Angelo L Falcone		Date of Receipt
	Mailing Address 20251 Century Blvd Montgomery Emer Phy	S	0 5 / 1 7 / Y Y Y Y 0 1 1 7 2 0 1 1
	City	State Zip Code	Transaction ID: C1289788
	Germantown	MD 20874-1199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000.00
	Name of Employer Montgomery Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	2000	0.00
ſ	SUBTOTAL of Receipts This Page (optional)		2300.00
┝	contractor neocipio (init age (optional)		
	TOTAL This Period (last page this line number	only)	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 61 / 322           (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using the	d Statements may he name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Corr	nmittee	
۷ A.	Full Name (Last, First, Middle Initial) David Farman			Date of Receipt
	Mailing Address 2257 Tanya Dr			M M / D D / Y Y Y Y 03 10 2011
	City	State	Zip Code	Transaction ID: C1251401
	Avon	IN	46123-7437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hendricks Regi Hith	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify)	0 0	500.00	]
- В.	Full Name (Last, First, Middle Initial) Michael Fawcett	-		Date of Receipt
	Mailing Address 4408 Hanover St			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1256770
	Dallas	TX	75225-6750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Presbyterian Hosp	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	300.00	]
- с.	Full Name (Last, First, Middle Initial) Michael Fawcett			Date of Receipt
	Mailing Address 4408 Hanover St			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1291302
	Dallas	ТХ	75225-6750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Presbyterian Hosp	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 300.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			800.00
F	TOTAL This Period (last page this line number			

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 62 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
or for co	rmation copied from such Reports and Sta mmercial purposes, other than using the r E OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
> Nati	onal Emergency Medicine Political	Action Con	nmittee	
	Name (Last, First, Middle Initial) am Basil Felegi			Date of Receipt
	ng Address 731 Red Lion Way			M M / D D / Y Y Y Y 0 3 17 2011
City		State	Zip Code	Transaction ID: C1256804
<u>Brid</u>	gewater	NJ	08807-1668	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		1000.00
Nam Morr	e of Employer istown Mem Hosp ED	Occupation Emergen	n Icy Physician	
Rece	ipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
	Vame (Last, First, Middle Initial) E Felten			Date of Receipt
Maili	ng Address 11122 S Harvard Ave			M M / D D / Y Y Y Y 06 / 06 / 2011
City	_	State	Zip Code	Transaction ID: C1303197
<u>Tuls</u>		OK	74137-7810	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		1000.00
St Fr	e of Employer ancis Hosp	Occupation Emergen	<sup>n</sup> icy Physician	
Rece	eipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) <b>▼</b>	0 0	1000.00	
	Name (Last, First, Middle Initial) ew N Fenton, MD, FACEP			Date of Receipt
Maili	ng Address 730 3rd St E			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: C1257089
	oma	CA	95476-7110	Amount of Each Receipt this Period
feder	ID number of contributing al political committee.	C		1000.00
	e of Employer a Valley Emer Med Grp		icy Physician	
Rece	eipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) <b>▼</b>	0 0	1000.00	
SUBTO	TAL of Receipts This Page (optional)			3000.00
	. This Period (last page this line number o		•	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 63 / 322
			Use separate schedule(s) for each category of the	(check only one)
			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	Statements ma e name and ad	ay not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Wesley Fields, III			Date of Receipt
	Mailing Address 24411 Health Center I		06 / 0 0 / Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: C1318513
	Laguna Hills	CA	92653-3698	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Saddleback Hosp ED	Occupatio		
	Receipt For:		ncy Physician e Year-to-Date 🔻	_
	Primary General	Ayyreyall		1
	Other (specify)	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) J Clifford Clifford Findeiss	-		Date of Receipt
	Mailing Address 2824 NE 27th St			0 3 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: C1269046
	<u>Ft Lauderdale</u>	FL	33306-1913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer J Clifford Finderss, MD	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	2100.00	]
C.	Full Name (Last, First, Middle Initial) J Clifford Clifford Findeiss	1		Date of Receipt
0.	Mailing Address 2824 NE 27th St			0 5 2 6 2 0 1 1
	City	State	Zip Code	Transaction ID: C1294323
	<u>Ft Lauderdale</u>	FL	33306-1913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer J Clifford Findeiss, MD	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		2100.00	
	SUBTOTAL of Receipts This Page (optional)			3100.00
	TOTAL This Period (last page this line number	r only)	······	
		- /		

Ċ	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 64 / 322
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		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	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	al Action Committee	
۹.	Full Name (Last, First, Middle Initial) John T Finnell, II		Date of Receipt
	Mailing Address 505 S 5th St		0 2 / 2 5 / Y Y Y 0 2 1 1
	City	State Zip Code	Transaction ID: C1239490
	Zionsville	IN 46077-1745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Indiana Univ Schl of Med	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     Image: Constraint of the second	250.00	
-	Full Name (Last, First, Middle Initial) Angela Siler Fisher		Date of Receipt
	Mailing Address 79 Lakeside Grn		03 / <sup>D D</sup> / <u>Y Y Y Y</u> 25 2011
	City	State Zip Code	Transaction ID: C1260451
	The Woodlands	TX 77382-2078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Greater Houston Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date  V	
	Primary     General       Other (specify)     Image: Constraint of the second	500.00	
;.	Full Name (Last, First, Middle Initial) Angela Siler Fisher		Date of Receipt
	Mailing Address 79 Lakeside Grn		M M / D D / Y Y Y Y 06 28 2011
	City	State Zip Code	Transaction ID: C1311564
	The Woodlands	TX 77382-2078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Greater Houston Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	750.00
┢	COLOTAL OF HOOGING THIS Fage (optional)		
	TOTAL This Period (last page this line number	r only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 65 / 322         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Diana L Fite		Date of Receipt
	Mailing Address 15806 Maple Falls Ct		M         M         /         D         D         Y
	City	State Zip Code	Transaction ID: C1191263
	Tomball	TX 77377-8762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	599.98	
— В.	Full Name (Last, First, Middle Initial) Diana L Fite	I	Date of Receipt
	Mailing Address 15806 Maple Falls Ct		02 / 25 / Y Y Y Y 02 2011
	City	State Zip Code	Transaction ID: C1239485
	Tomball	TX 77377-8762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	599.98	
— C.	Full Name (Last, First, Middle Initial) Diana L Fite		Date of Receipt
	Mailing Address 15806 Maple Falls Ct		03 / 25 / Y Y Y Y Y 03 25 2011
	City	State Zip Code	Transaction ID: C1260503
	Tomball	TX 77377-8762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	599.98	
	SUBTOTAL of Receipts This Page (optional)	L	249.99
	<b>FOTAL</b> This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 66 / 322         (check only one)       X         X       11a       11b       11c       12         I3       14       15       16       17
A c	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Diana L Fite		Date of Receipt
	Mailing Address 15806 Maple Falls Ct		0 4 / 2 6 / Y Y Y Y Y 0 4 2 6 2 0 1 1
	City	State Zip Code	Transaction ID: C1272785
	Tomball	TX 77377-8762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	599.98	
— В.	Full Name (Last, First, Middle Initial) Diana L Fite	1	Date of Receipt
	Mailing Address 15806 Maple Falls Ct		05 / Y Y Y Y 05 / 01 / 2011
	City	State Zip Code	Transaction ID: C1283755
	Tomball	TX 77377-8762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	599.98	
 C.	Full Name (Last, First, Middle Initial) Diana L Fite	1	Date of Receipt
	Mailing Address 15806 Maple Falls Ct		05 / 26 / Y Y Y Y 011 / 2011
	City	State Zip Code	Transaction ID: C1293313
	Tomball	TX 77377-8762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary   General     Other (specify)   The second seco	599.98	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	266.66
	TOTAL This Period (last page this line number	-	

				FOR LINE NUMBER: PAGE 67 / 322
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and ac	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Co	mmittee	
⊻ A.	Full Name (Last, First, Middle Initial) Diana L Fite			Date of Receipt
	Mailing Address 15806 Maple Falls Ct	0 6 2 8 Y Y Y Y Y 0 1 1		
	City	State	Zip Code	Transaction ID: C1311591
	Tomball	TX	77377-8762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Meth Willowbrook Hosp ED	Occupatio	on ency Physician	
	Receipt For:		te Year-to-Date V	
	Primary General			
	Other (specify)	0.0	599.98	
- В.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz			Date of Receipt
	Mailing Address 6021 90th St			0 1 3 1 2 0 1 1
	City	State	Zip Code	Transaction ID: C1191267
	Lubbock	TX	79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Covenant Med Grp	Occupation Emerge	on ency Physician	
	Receipt For:		te Year-to-Date V	-
	Primary General	33 - 34	499.98	
	Other (specify)			J
- С.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz			Date of Receipt
	Mailing Address 6021 90th St			M M / D D / Y Y Y Y 02 25 2011
	City	State	Zip Code	Transaction ID: C1239489
	Lubbock	TX	79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Covenant Med Grp	Occupation Emerge	on ncy Physician	
	Receipt For:		te Year-to-Date V	1
	Primary General Other (specify) <del>•</del>		499.98	]
г				
	SUBTOTAL of Receipts This Page (optional)			249.99
F	TOTAL This Deviat (last mark this line as )	w only '	 _	
L	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 68 / 322
		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	I Action Committee	
A.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz		Date of Receipt
	Mailing Address 6021 90th St		03 / 25 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: C1260502
	Lubbock	TX 79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.33
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General	499.98	
_	Other (specify) <b>v</b>		
В.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz		Date of Receipt
	Mailing Address 6021 90th St		04 / D D / Y Y Y Y 04 26
	City	State Zip Code	Transaction ID: C1272784
	Lubbock	TX 79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	499.98	
- C.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz	1	Date of Receipt
	Mailing Address 6021 90th St		05 26 2011
	City	State Zip Code	Transaction ID: C1293315
	Lubbock	TX 79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	499.98	
ſ	SUBTOTAL of Receipts This Page (optional)	۱	249.99
F	TOTAL This Period (last page this line number		
L		- ,,	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 69 / 322         (check only one)       11a         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	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz		Date of Receipt
	Mailing Address 6021 90th St		06 / D D / Y Y Y Y 28 / 2011
	City	State Zip Code	Transaction ID: C1311586
	Lubbock	TX 79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	499.98	
- В.	Full Name (Last, First, Middle Initial) Kelly Foley		Date of Receipt
	Mailing Address 1133 Pond Cypress Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1191265
	Virginia Bch	VA 23455-6859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	700.00	
- с.	Full Name (Last, First, Middle Initial) Kelly Foley		Date of Receipt
	Mailing Address 1133 Pond Cypress Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1239488
	Virginia Bch	VA 23455-6859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
ſ	SUBTOTAL of Receipts This Page (optional)	L	283.33
	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 70 / 322         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any pe name 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 Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Kelly Foley		Date of Receipt
	Mailing Address 1133 Pond Cypress Dr		M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 1 1
	City	State Zip Code	Transaction ID: C1256937
	Virginia Bch	VA 23455-6859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	700.00	
- В.	Full Name (Last, First, Middle Initial) Kelly Foley		Date of Receipt
	Mailing Address 1133 Pond Cypress Dr		03 / 25 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: C1260505
	Virginia Bch	VA 23455-6859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	700.00	
- С.	Full Name (Last, First, Middle Initial) Kelly Foley		Date of Receipt
	Mailing Address 1133 Pond Cypress Dr		M M / D D / Y Y Y Y 05 04 2011
	City	State Zip Code	Transaction ID: C1284767
	Virginia Bch	VA 23455-6859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
[	SUBTOTAL of Receipts This Page (optional)		300.00
	TOTAL This Period (last page this line number		•

	EDULE A (FEC Form 3X) /IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 71 / 322       (check only one)     X       X     11a       11b     11c
Any in or for c	formation copied from such Reports and Sta commercial purposes, other than using the n	atements may name and addr	not be sold or used by any perso ress of any political committee to	13     14     15     16     17       In for the purpose of soliciting contributions solicit contributions from such committee.
	ME OF COMMITTEE (In Full) ational Emergency Medicine Political /	Action Com	mittee	
	l Name (Last, First, Middle Initial) ly Foley			Date of Receipt
Ma	iling Address 1133 Pond Cypress Dr			05 / D D / Y Y Y Y 05 26 2011
City		State	Zip Code	Transaction ID: C1293316
<u>Vir</u>	ginia Bch	VA	23455-6859	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		100.00
Nai Err	me of Employer ter Phys of Tidewater	Occupation Emergenc	y Physician	
Ree	ceipt For:	Aggregate `	Year-to-Date 🔻	
	Primary   General     Other (specify)	0 0	700.00	]
B. Kel	I Name (Last, First, Middle Initial) ly Foley			Date of Receipt
Ma	iling Address 1133 Pond Cypress Dr			0 6 / D D / Y Y Y Y 0 6 2 8 2 0 1 1
City	y	State	Zip Code	Transaction ID: C1311587
<u>Vir</u>	rginia Bch	VA	23455-6859	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		100.00
Err	me of Employer her Phys of Tidewater	· · ·	y Physician	
Re	ceipt For: Primary General	Aggregate `	Year-to-Date 🔻	
	Other (specify) ▼	0 0	700.00	
	I Name (Last, First, Middle Initial) nnis M Ford			Date of Receipt
Ma	iling Address 8033 Bayridge Ave			04 25 2011
City	-	State	Zip Code	Transaction ID: C1272803
	g Harbor	WA	98332-1875	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Na St	me of Employer Johns Med Ctr	Occupation Emergenc	y Physician	
Re	ceipt For:	Aggregate	Year-to-Date 🔻	
	Primary   General     Other (specify)	0 0	250.00	
SUBT	TOTAL of Receipts This Page (optional)			450.00
	AL This Period (last page this line number of		· · ·	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 72 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	National Emergency Medicine Political	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Frank Fower		Date of Receipt
	Mailing Address 10832 Wrightwood Ln		M M / D D / Y Y Y Y 02 18 2011
	City	State Zip Code	Transaction ID: C1191225
	Studio City	CA 91604-3952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Hollywood Presbyterian Ho-	Occupation	
	sp Receipt For:	Emergency Physician Aggregate Year-to-Date	
	Primary General Other (specify) ▼	225.00	]
	Full Name (Last, First, Middle Initial) Frank Fower		Date of Receipt
	Mailing Address 10832 Wrightwood Ln		02 / D D / Y Y Y Y 02 22 2011
	City	State Zip Code	Transaction ID: C1239362
	Studio City	CA 91604-3952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		125.00
	Name of Employer Hollywood Presbyterian Ho- sp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	225.00	]
— ;.	Full Name (Last, First, Middle Initial) Frank Fower		Date of Receipt
	Mailing Address 10832 Wrightwood Ln		M M / D D / Y Y Y Y 02 25 2011
	City	State Zip Code	Transaction ID: C1260687
	Studio City	CA 91604-3952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	-125.00
	Name of Employer Hollywood Presbyterian Ho-	Occupation Emergency Physician	
	sp Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	225.00	]
	SUBTOTAL of Receipts This Page (optional)	L	125.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 73 / 322           (check only one)         73           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	National Emergency Medicine Politica	al Action Com	nmittee	
А.	Full Name (Last, First, Middle Initial) Frank Fower			Date of Receipt
	Mailing Address 10832 Wrightwood Ln	03 / Y Y Y Y 03 24 2011		
	City	State	Zip Code	Transaction ID: C1269101
	Studio City	CA	91604-3952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Hollywood Presbyterian Ho-	Occupation	n Icy Physician	
	<u>sp</u> Receipt For:	1	e Year-to-Date V	-
	Primary General Other (specify) ▼		225.00	]
- В.	Full Name (Last, First, Middle Initial) Thomas Webster Fowlie, Jr			Date of Receipt
	Mailing Address 32 Kingswood Ct			M M / D D / Y Y Y Y 02 17 2011
	City	State	Zip Code	Transaction ID: C1191186
	Belle Mead	NJ	08502-5227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Jersey Emer Med Spec	Occupation Emergen	<sup>n</sup> icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	
- C.	Full Name (Last, First, Middle Initial) Scott H Freedman	1		Date of Receipt
	Mailing Address 12814 Doe Ln			M M / D D / Y Y Y Y 05 17 2011
	City	State	Zip Code	Transaction ID: C1289787
	Gaithersburg	MD	20878-6105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer MEP	Occupation Emergen	<sup>n</sup> Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	2000.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			2600.00
F	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 74/322           (check only one)         11a           X         11a           13         14           15         16           17
or for commercial purposes, other than using	nd Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	itical Action Committee	
Full Name (Last, First, Middle Initial)           Dan BG Freess, MD		Date of Receipt
Mailing Address 612 Fern St		05 / D D / Y Y Y Y 05 / 06 / 2011
City	State Zip Code	Transaction ID: C1285856
West Hartford	CT 06107-1417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Univ Connecticut	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Howard Ian Friedman		Date of Receipt
Mailing Address 1350 Liverpool Dr		06 / 30 / Y Y Y Y 011
City	State Zip Code	Transaction ID: C1319906
Pasadena	CA 91103-1926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer Pomona Valley Hospital Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify)     ▼	1000.00	
Full Name (Last, First, Middle Initial) Vidor E Friedman		Date of Receipt
Mailing Address 13061 Water Point	t Blvd	05 / 26 / Y Y Y Y 011
City	State Zip Code	Transaction ID: C1293291
Windermere	FL 34786-5818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (option	al)	3000.00
	nber only)	

9	SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 322 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and ad	y not be sold or used by any perso dress of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee	
لا A.	/ Full Name (Last, First, Middle Initial) Vicki Kay Friend			Date of Receipt
	Mailing Address 5753 Aloma Woods	Blvd		05 26 2011
	City	State	Zip Code	Transaction ID: C1293351
	<u>Oviedo</u>	FL	32765-9437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupatio Emerger	n ncy Physician	-
	Receipt For:		e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
- В.	Full Name (Last, First, Middle Initial) Wayne S Friestad			Date of Receipt
	Mailing Address 1528 Langham Ter			M M / D D / Y Y Y Y Y 0 4 20 2011
	City	State	Zip Code	Transaction ID: C1270756
	Lake Mary	<u> </u>	32746-1971	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer FL Emer Phys Kang & Assoc		ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1500.00	
- C.	Full Name (Last, First, Middle Initial) Wayne S Friestad			Date of Receipt
	Mailing Address 1528 Langham Ter			M M / D D / Y Y Y Y 05 26 2011
	City	State	Zip Code	Transaction ID: C1293357
	Lake Mary	FL	32746-1971	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupatio Emerger	<sup>n</sup> ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	<b>I</b>		2500.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 76 / 322           (check only one)         (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	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Com	nmittee	
A.	Full Name (Last, First, Middle Initial) Brett A Gamma			Date of Receipt
	Mailing Address 14930 Finegan Farm D	Dr		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1289793
	Germantown FEC ID number of contributing federal political committee.	MD C	20874-3605	Amount of Each Receipt this Period
	Name of Employer Shadyy Grove Adventist Ho- sp	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 2000.00	]
- B.	Full Name (Last, First, Middle Initial) Brent F Gardner Mailing Address 640 E Club Cir			Date of Receipt
				05 / 26 / Y Y Y 26 2011
	City	State FL	Zip Code	Transaction ID: C1293339
	Longwood FEC ID number of contributing federal political committee.	C	32779-2256	Amount of Each Receipt this Period
	Name of Employer FL Emer Phys Kang & Assoc	, I – Ŭ	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  1000.00	]
- C.	Full Name (Last, First, Middle Initial) Ann Marie Garritano			Date of Receipt
	Mailing Address 19001 Audette St.			03 / D D / Y Y Y Y 03 01 2011
	City	State	Zip Code	Transaction ID: C1240457
	Dearborn FEC ID number of contributing federal political committee.	C	48124	Amount of Each Receipt this Period 1000.00
	Name of Employer MCES	Occupation physician		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1000.00	]
	SUBTOTAL of Receipts This Page (optional)			4000.00
Ī	TOTAL This Period (last page this line number	only)		

ę	SCHEDULE A (FEC Form 3X)		Jse separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 322 (check only one)				
I	TEMIZED RECEIPTS	f	or each category of the Detailed Summary Page	X 11a 11b 11c 12				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not a name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	NAME OF COMMITTEE (In Full)						
	Full Name (Last, First, Middle Initial)							
۹.	Christopher M Gentle	Date of Receipt						
	Mailing Address 10131 Roulette Dr			M         M         /         D         D         /         Y				
	City	State	Zip Code	Transaction ID: C1257146				
	Hagerstown	MD	21740-1492	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Washington Cnty Hosp	Occupation Emergency	Physician	_				
	Receipt For:	Aggregate Yea	ar-to-Date 🔻					
	Primary     General       Other (specify) ▼		250.00	]				
-	Full Name (Last, First, Middle Initial) Michael Joseph Gerardi	<u> </u>		Date of Receipt				
	Mailing Address 29 Heritage Ct			M         M         /         D         D         /         Y				
	City	State	Zip Code	Transaction ID: C1303421				
	Randolph	NJ	07869-3534	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Emer Med Assoc	Occupation Emergency	Physician					
	Receipt For:	Aggregate Yea	ar-to-Date 🔻					
	Primary     General       Other (specify)     ▼		1000.00	]				
-	Full Name (Last, First, Middle Initial) David Ghilarducci	1		Date of Receipt				
	Mailing Address 268 Calvin Pl			M         M         /         D         D         /         Y				
	City	State	Zip Code	Transaction ID: C1241850				
	Santa Cruz	CA	95060-3126	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Dr. David Ghilarducci	Occupation Emergency	Physician					
	Receipt For:	Aggregate Yea	ar-to-Date 🔻					
	Primary     General       Other (specify) ▼	0 0 0	500.00	]				
Γ	SUBTOTAL of Receipts This Page (optional)	I	•	1750.00				
┢								
L	TOTAL This Period (last page this line number	(iiiy)						

		FOR LINE NUMBER: PAGE 78/322
SCHEDULE A (FEC Form 3		(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
	and Statements may not be sold or used by any person ng the name and address of any political committee to s	
NAME OF COMMITTEE (In Full)		
National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial) A. Thomas Giles		Date of Receipt
Mailing Address 1212 Cypress PI		0 2 / 1 7 / Y Y Y Y 0 2 1 1 7 2 0 1 1
City	State Zip Code	Transaction ID: C1191187
Forked River	NJ 08731-4530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	1
Primary General	500.00	
Other (specify)		
Full Name (Last, First, Middle Initial) William S Gilmore	·	Date of Receipt
Mailing Address 4518 Chouteau A	ve	03 / 28 / Y Y Y Y 2011
City	State Zip Code	Transaction ID: C1260576
Saint Louis	MO 63110-1518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Washington Univ Sch of Med	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	300.00	
Other (specify) 🔻		
Full Name (Last, First, Middle Initial) William S Gilmore		Date of Receipt
Mailing Address 4518 Chouteau A	ve	0 4 / D D / Y Y Y Y 0 2 0 1 1
City	State Zip Code	Transaction ID: C1283671
Saint Louis	MO 63110-1518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Washington Univ Sch of Med	Occupation Emergency Physician	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	300.00	
SURTOTAL of Receipte This Page (option	nal)	800.00
ODICIAL OF RECEIPTS THIS Fage (Optio	• • • • • • • • • • • • • • • • • • •	
TOTAL This Period (last page this line nu	umber only)	

ę	SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 79 / 322 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may	y not be sold or used by any perso dress of any political committee to	13     14     15     16     17       con for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Beth Girgis			Date of Receipt
	Mailing Address 140 New Briton Ct			02 18 2011
	City	State	Zip Code	Transaction ID: C1191201
	Bradenton	FL	34212-9367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Emer Phy of St Pe	Occupation Emergen	n ncy Physician	
	Receipt For:	<u>~</u>	e Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	200.00	]
-	Full Name (Last, First, Middle Initial) Beth Girgis			Date of Receipt
	Mailing Address 140 New Briton Ct			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1239317
	Bradenton	FL	34212-9367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Emer Phy of St Pe	Occupation Emergen	<sup>n</sup> ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	200.00	]
. –	Full Name (Last, First, Middle Initial) Beth Girgis			Date of Receipt
	Mailing Address 140 New Briton Ct			02 25 YYYY 02 25 2011
	City	State	Zip Code	Transaction ID: C1260667
	Bradenton	FL	34212-9367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		-200.00
	Name of Employer Emer Phy of St Pe	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	200.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		200.00
┢				
L	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X)	Γ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 322 (check only one)
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 12 \\ \hline 11 \\ \hline 12 \\ \hline 13 \\ \hline 14 \\ \hline 11 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 11 \\ \hline 11$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Comn	nittee	
Α.	Full Name (Last, First, Middle Initial) Len Glover			Date of Receipt
	Mailing Address 1209 Rutherford Rdg			M M / D D / Y Y Y Y 03 14 2011
	City	State	Zip Code	Transaction ID: C1253709
	<u>O Fallon</u>	IL	62269-7027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Midwest Emer Dept Serv	Occupation	y Physician	
	Receipt For:		/ear-to-Date V	_
	Primary General	, iggi oguto i		1
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Jacob K Goertz	•		Date of Receipt
	Mailing Address 235 W 102nd St			05 06 2011
	City	State	Zip Code	Transaction ID: C1287434
	New York	NY	10025-8434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Long Island Jewish Hosp	Occupation Emergency	y Physician	_
	Receipt For:	Aggregate Y	/ear-to-Date ▼	
	Primary     General       Other (specify)     ▼		250.00	]
-	Full Name (Last, First, Middle Initial)	1		
C.	Steven Paul Gohsler Mailing Address 6 Byram Ct			Date of Receipt
	City	State	Zip Code	Transaction ID: C1303425
	Mendham	NJ	07945-2932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Morristown Memorial Hosp	Occupation Emergency	y Physician	
	Receipt For:	Aggregate Y	lear-to-Date ▼	
	Primary     General       Other (specify)     ▼	0 0 0	250.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	r only)	·····	

SCHEDULE A (FEC	Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 322 (check only one)					
ITEMIZED RECEIPTS	S	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
Any information copied from suc or for commercial purposes, othe	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In National Emergency Med	Full) dicine Political Action Co	mmittee						
Full Name (Last, First, Middle	e Initial)							
A. David Andrew Goldman Mailing Address 428 Race	coon St		Date of Receipt					
City	State	Zip Code	Transaction ID: C1293290					
Lake Mary	FL	32746-3802	Amount of Each Receipt this Period					
FEC ID number of contributir federal political committee.	ng C		1000.00					
Name of Employer FL Emer Phys Kang & Assoc	c Occupati Emerge	on ncy Physician						
Receipt For:	Aggregat	e Year-to-Date 🔻	_					
Primary     Gene       Other (specify) ▼	eral	1000.00						
Full Name (Last, First, Middle Jeffrey Michael Goodloe	e Initial)		Date of Receipt					
Mailing Address 3720 E 9	99th Pl		05 / 26 / Y Y Y Y 2011					
City	State	Zip Code	Transaction ID: C1293276					
<u>Tulsa</u>	OK	74137-5231	Amount of Each Receipt this Period					
FEC ID number of contributir federal political committee.	ng C		250.00					
Name of Employer OU COM-Tulsa-Dept of EM		ncy Physician						
Receipt For:		e Year-to-Date 🔻	_					
Other (specify)		250.00						
Full Name (Last, First, Middle Mylissa Amy Graber	e Initial)		Date of Receipt					
Mailing Address 7809 Trie	este Pl		M M / D D / Y Y Y Y Y 01 / 31 / 2011					
City	State	Zip Code	Transaction ID: C1191268					
Delray Beach	FL	33446-4403	Amount of Each Receipt this Period					
FEC ID number of contributir federal political committee.	ng C		100.00					
Name of Employer Coral Springs Med Ctr	· · · · · ·	ncy Physician						
Receipt For:		e Year-to-Date 🔻	_					
Other (specify)		300.00						
SUBTOTAL of Receipts This F	Page (optional)		1350.00					
TOTAL This Period (last page								

			[	
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82/322 (check only one)
	ITEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Corr	nmittee	
Α.	Full Name (Last, First, Middle Initial) Mylissa Amy Graber			Date of Receipt
	Mailing Address 7809 Trieste PI			0 2 / 2 5 / Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: C1239975
	Delray Beach	FL	33446-4403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Coral Springs Med Ctr	Occupation	n Icy Physician	_
	Receipt For:		e Year-to-Date V	
	Primary General	Aggregate		1
	Other (specify)	0 0	300.00	
в.	Full Name (Last, First, Middle Initial) Mylissa Amy Graber			Date of Receipt
	Mailing Address 7809 Trieste PI			M M / D D / Y Y Y Y 03 25 2011
	City	State	Zip Code	Transaction ID: C1260501
	Delray Beach	FL	33446-4403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Coral Springs Med Ctr	Occupation	n Icy Physician	
	Receipt For:		e Year-to-Date V	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	300.00	
с.	Full Name (Last, First, Middle Initial) Ronald Eugene Graham	-		Date of Receipt
	Mailing Address 2104 Pell St			M M / D D / Y Y Y Y 03 14 2011
	City	State	Zip Code	Transaction ID: C1253706
	<u>Scottsboro</u>	AL	35769-3940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Ronald Eugene Graham	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
[	SUBTOTAL of Receipts This Page (optional)			1200.00
ŀ				
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 83 / 322 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor he name and address of any political committee to s	for the purpose of soliciting contributions
$\left[ \right]$	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Politic	al Action Committee	
× 4.	Full Name (Last, First, Middle Initial) Keith Grams		Date of Receipt
	Mailing Address 7 Tilsit Way		03 / D D / Y Y Y Y 03 / 10 / 2011
	City	State Zip Code	Transaction ID: C1251400
	Webster	NY 14580-4704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Rochester General Hospital	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	600.00	
- 3.	Full Name (Last, First, Middle Initial) Keith Grams		Date of Receipt
	Mailing Address 7 Tilsit Way		0 6 / 3 0 / Y Y Y Y 0 1 1
	City	State Zip Code	Transaction ID: C1318920
	Webster	NY 14580-4704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Rochester General Hospital	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	600.00	
	Full Name (Last, First, Middle Initial) Michael A Granovsky		Date of Receipt
	Mailing Address 8295 Alvord St		02 / 22 / Y Y Y Y 02 2011
	City	State Zip Code	Transaction ID: C1239421
	Mc Lean	VA 22102-1739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Greater Washington Emer	Occupation Emergency Physician	
	Phys Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) <b>▼</b>	1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1600.00
F			
	TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 84 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports or for commercial purposes, other than usir	and Statements may not be sold or used by any person ng the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Stephen A D Grant		Date of Receipt
Mailing Address 1 Cherry Hills Dr		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1191271
Aiken FEC ID number of contributing federal political committee.	SC 29803-5688	Amount of Each Receipt this Period 83.33
Name of Employer Aiken Emer Med Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Stephen A D Grant Mailing Address 1 Cherry Hills Dr		Date of Receipt
	State Zin Cada	02 25 2011
City Aiken	State Zip Code SC 29803-5688	Transaction ID: C1239976 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Aiken Emer Med Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Stephen A D Grant		Date of Receipt
Mailing Address 1 Cherry Hills Dr		M M / D D / Y Y Y Y 03 25 2011
City	State Zip Code	Transaction ID: C1260498
Aiken FEC ID number of contributing federal political committee.	SC 29803-5688	Amount of Each Receipt this Period 83.33
Name of Employer Aiken Emer Med Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	
SUBTOTAL of Receipts This Page (option	nal)	249.99
TOTAL This Period (last page this line nu	mber only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER:       PAGE 85 / 322         (check only one)
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not b e name and address	e sold or used by any pers of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committe	ee	
بر ۹.	Full Name (Last, First, Middle Initial) Robert D Greenberg			Date of Receipt
	Mailing Address 2401 S 31st St Scott & White			M         M         /         D         D         /         Y
	City		Zip Code	Transaction ID: C1260467
	Temple FEC ID number of contributing federal political committee.	C	76508-0001	Amount of Each Receipt this Period 250.00
	Name of Employer Dept of Emer Med	Occupation Emergency Pl	nysician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date <b>V</b> 500.00	]
— В.	Full Name (Last, First, Middle Initial) Robert D Greenberg			Date of Receipt
	Mailing Address 2401 S 31st St Scott & White			M         M         /         D         D         /         Y
	City State Temple TX		Zip Code 76508-0001	Transaction ID: C1311565
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Dept of Emer Med	Occupation Emergency Pl	nysician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 500.00	]
	Full Name (Last, First, Middle Initial) Rachelle Ann Greenman			Date of Receipt
	Mailing Address 122 Renaissance Driv	/e		05 12 2011
	City		Zip Code	Transaction ID: C1288271
	<u>Cherry Hill</u> FEC ID number of contributing federal political committee.	NJ (	08003	Amount of Each Receipt this Period
	Name of Employer Cooper University Hospital	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date <b>V</b> 500.00	]
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X)	Γ		FOR LINE NUMBER: PAGE 86 / 322
			Use separate schedule(s) for each category of the	(check only one)
1			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politic	al Action Com	mittee	
Α.	Full Name (Last, First, Middle Initial) Christopher Guyer	Date of Receipt		
	Mailing Address 559 E Kirby St			03 / D D / Y Y Y Y 04 2011
	City	State	Zip Code	Transaction ID: C1256779
	Detroit	MI	48202-4120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Wayne State Univ/Detroit	Occupation	y Physician	
	Receipt For:		Year-to-Date V	
	Primary General		300.00	1
	Other (specify)	0 0	300.00	
- В.	Full Name (Last, First, Middle Initial) Christopher Guyer	•		Date of Receipt
	Mailing Address 559 E Kirby St			M M / D D / Y Y Y Y 03 31 2011
	City	State	Zip Code	Transaction ID: C1261968
	Detroit	MI	48202-4120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Wayne State Univ/Detroit	Occupation		
	Recéipt For:	×	y Physician	
	Primary General	Aggregate	Year-to-Date 🔻	1
	Other (specify)	0 0	300.00	
- C.	Full Name (Last, First, Middle Initial) Christopher Guyer			Date of Receipt
	Mailing Address 559 E Kirby St			0 4 2 1 2 0 1 1
	City	State	Zip Code	Transaction ID: C1276400
	Detroit	MI	48202-4120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Wayne State Univ/Detroit	Occupation	y Physician	
	Receipt For:	~	Year-to-Date V	_
	Primary General Other (specify) <b>v</b>		300.00	]
Γ				
	SUBTOTAL of Receipts This Page (optional)		••••••	300.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 87 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee					
Full Name (Last, First, Middle Initial)						
Mailing Address 14 Hearthstone Te	9r	03 / 04 / Y Y Y Y 03 / 04 2011				
City	State Zip Code	Transaction ID: C1258137				
Livingston FEC ID number of contributing federal political committee.	NJ 07039-1806	Amount of Each Receipt this Period 250.00				
Name of Employer Emerg Med Assoc	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00					
Full Name (Last, First, Middle Initial) Eric T Handler Mailing Address 14 Hearthstone Te	er set	Date of Receipt				
City		04 30 2011				
Livingston	State Zip Code NJ 07039-1806	Transaction ID: C1283608 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer Emerg Med Assoc	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00					
Full Name (Last, First, Middle Initial) Jack Handley		Date of Receipt				
Mailing Address 24110 85th Ave S	E	02 18 2011				
City	State Zip Code	Transaction ID: C1191231				
Woodinville FEC ID number of contributing federal political committee.	WA 98072-9587	Amount of Each Receipt this Period 200.00				
Name of Employer Evergreen Hospital Medical Ctr	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00					
SUBTOTAL of Receipts This Page (option	nal)	550.00				
TOTAL This Period (last page this line nur	nber only)					

SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 88 / 322 (check only one)
ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
	Detailed Summary Page	
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
> National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial)	Date of Receipt	
Mailing Address 24110 85th Ave S		0 2 / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 1
City	State Zip Code	Transaction ID: C1239387
Woodinville	WA 98072-9587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Evergreen Hospital Medical	Occupation	
Evergreen Hospital Medical <u>Ctr</u>	Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	200.00	
Other (specify)		
Full Name (Last, First, Middle Initial) Jack Handley		Date of Receipt
Mailing Address 24110 85th Ave S	E	02 / 25 / Y Y Y Y 02 11
City	State Zip Code	Transaction ID: C1260697
Woodinville	WA 98072-9587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-200.00
Name of Employer Evergreen Hospital Medical	Occupation	7
Ctr	Emergency Physician	_
Receipt For:	Aggregate Year-to-Date 🔻	
Primary       General         Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial) Allison Leigh Harvey		Date of Receipt
Mailing Address Five Medical Park Palmetto HIth Ric	k Dr, EM Dept hland	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: C1303227
<u>Columbia</u>	SC 29203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Palmetto Hith Richland	Occupation Emergency Physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	500.00
CODICIAL OF RECEIPTS THIS FAGE (OPTION	•	
TOTAL This Period (last page this line nu	mber only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 89 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17	
Any or f	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica				
	Full Name (Last, First, Middle Initial) Stanley E Heatwole			Date of Receipt	
	Mailing Address 304 College Cir			M M / D D / Y Y Y Y 0 4 27 2011	
	City	State	Zip Code	Transaction ID: C1273026	
	Staunton	VA	24401-2311	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Stonewall Jackson Hosp	Occupation Emergence	cy Physician		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	0 0	250.00	]	
	Full Name (Last, First, Middle Initial) Christopher J J Heberer, MD, FACEP			Date of Receipt	
	Mailing Address 3429 Twin Oaks Ct			M         M         /         D         D         Y	
	City	State	Zip Code	Transaction ID: C1260654	
	W Bloomfield	MI	48324-3250	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Med Ctr Emer Svcs		cy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]	
	Full Name (Last, First, Middle Initial) Carlton E Heine			Date of Receipt	
	Mailing Address 515 Whitecap Rd			M M / D D / Y Y Y Y 02 25 2011	
	City	State	Zip Code	Transaction ID: C1239985	
	Bellingham	WA	98229-8911	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Skagit Valley Hosp	- <u> </u>	cy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]	
s	JBTOTAL of Receipts This Page (optional)			1000.00	
	OTAL This Period (last page this line number				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 90 / 322           (check only one)         X           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)	e name and address of any political committee	son for the purpose of soliciting contributions
	National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Carlton E Heine		Date of Receipt
	Mailing Address 515 Whitecap Rd		05 26 Y Y Y Y 05 2011
	City	State Zip Code	Transaction ID: C1293275
	Bellingham	WA 98229-8911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Skagit Valley Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	500.00	
- B.	Full Name (Last, First, Middle Initial) Marilyn Joan Heine	1	Date of Receipt
	Mailing Address 900 Twining Rd	0 4 / 0 4 / Y Y Y 0 1 1	
	City	State Zip Code	Transaction ID: C1276404
	Dresher	PA 19025-1726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mercy Suburban Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
- C.	Full Name (Last, First, Middle Initial) Orzie Henderson, Jr		Date of Receipt
	Mailing Address 9610 York Woods Dr		04 <sup>/</sup> 19 <sup>/</sup> 2011
	City	State Zip Code	Transaction ID: C1283542
	Saline	MI 48176-9032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Mercy Memorial Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1	750.00
F			
	TOTAL This Period (last page this line number	only)	

Any information copied from such Reports and Statements may not be sold or used or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Charles W Henrichs, III         Mailing Address       800 N Justice St         Margaret R Pardee Meml Hosp         City       State         Zip Code         HendersonvIle       NC         PEC ID number of contributing federal political committee.         Name of Employer HendersonvIle Emer Consultant         Receipt For:       Occupation         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼	d by any person for the purpose of soliciting contributions         committee to solicit contributions from such committee.         Date of Receipt         0 2       2 5         2 5       2 0 1 1         Transaction ID: C1239987         Amount of Each Receipt this Period         250.00
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial) Charles W Henrichs, III         Mailing Address       800 N Justice St Margaret R Pardee Meml Hosp         City       State       Zip Code         HendersonvIle       NC       28791-3410         FEC ID number of contributing federal political committee.       C         Name of Employer Hendersonville Emer Consu- Itant       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼	M M M         P D         Y Y Y Y           0 2         2 5         2 0 1 1           Transaction ID: C1239987         Amount of Each Receipt this Period           250.00         250.00
A.       Charles W Henrichs, III         Mailing Address       800 N Justice St Margaret R Pardee Meml Hosp         City       State       Zip Code         HendersonvIle       NC       28791-3410         FEC ID number of contributing federal political committee.       C         Name of Employer Hendersonville Emer Consu- Itant       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	M M M       P       P       P       Y
Mailing Address       800 N Justice St Margaret R Pardee Meml Hosp         City       State       Zip Code         HendersonvIle       NC       28791-3410         FEC ID number of contributing federal political committee.       C         Name of Employer Hendersonville Emer Consu- Itant       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	M M       /       D D       /       Y Y       Y Y         0 2       2 5       2 0 1 1         Transaction ID: C1239987         Amount of Each Receipt this Period         250.00
City     State     Zip Code       Hendersonvlle     NC     28791-3410       FEC ID number of contributing federal political committee.     C       Name of Employer Hendersonville Emer Consu- Itant     Occupation Emergency Physician       Receipt For:     Aggregate Year-to-Date       Primary     General	Transaction ID: C1239987 Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.       C         Name of Employer Hendersonville Emer Consultant       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	Amount of Each Receipt this Period 250.00
federal political committee.       ✓         Name of Employer Hendersonville Emer Consu- ltant       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
Itant     Emergency Physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	500.00
Itant     Emergency Physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	500.00
Primary General General	500.00
Other (specify)	500.00
Full Name (Last, First, Middle Initial) Charles W Henrichs, III	Date of Receipt
Mailing Address 800 N Justice St Margaret R Pardee Meml Hosp	05 / 26 / Y Y Y Y 2011
City State Zip Code	Transaction ID: C1293278
Hendersonvlle NC 28791-3410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Hendersonville Emer Consu- Itant Emergency Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00
Full Name (Last, First, Middle Initial) Douglas M Hill	Date of Receipt
Mailing Address 9191 Grant St N Suburban Med Ctr	05 / 26 / Y Y Y Y 2011
City State Zip Code	Transaction ID: C1293283
Thornton CO 80229-4361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer Occupation N Suburban Med Ctr Emergency Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼     1	1000.00
SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

ITEMIZED	E A (FEC Form 3X) RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 92 / 322           (check only one)         X           X         11a           11b         11c
		Statements may not be sold or used by any pe the name and address of any political committee	
	OMMITTEE (In Full) mergency Medicine Politic	al Action Committee	
Full Name (L Timothy J Hil	ast, First, Middle Initial) I		Date of Receipt
Mailing Addr	ess 2200 NE 96th St		0 3 / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1
City		State Zip Code	Transaction ID: C1253708
<u>Oklahoma</u>		OK 73131-3504	Amount of Each Receipt this Period
	ber of contributing cal committee.	C	250.00
Name of Em Mercy Hosp	ployer	Occupation Emergency Physician	
Receipt For:		Aggregate Year-to-Date V	
Primar Other	y General (specify) <b>▼</b>	250.00	
Full Name (L Jon Mark Hirs	ast, First, Middle Initial) shon		Date of Receipt
Mailing Addr	ess 1062 River Bay Rd		M M / D D / Y Y Y Y 05 26 2011
City		State Zip Code	Transaction ID: C1293317
<u>Annapolis</u>		MD 21409-4830	Amount of Each Receipt this Period
	ber of contributing cal committee.	C	250.00
Name of Em Univ of MD I	ployer ED	Occupation Emergency Physician	
Receipt For:		Aggregate Year-to-Date ▼	
Primar Other	y General (specify) <b>▼</b>	500.00	
Full Name (L Jon Mark Hirs	ast, First, Middle Initial)		Date of Receipt
Mailing Addr	ess 1062 River Bay Rd		M M / D D / Y Y Y Y 06 28 2011
City		State Zip Code	Transaction ID: C1311588
<u>Annapolis</u>		MD 21409-4830	Amount of Each Receipt this Period
	ber of contributing cal committee.	C	250.00
Name of Em Univ of MD I	ployer ED	Occupation Emergency Physician	
Receipt For:		Aggregate Year-to-Date ▼	
Other	y General (specify) <b>▼</b>	500.00	
	Receipts This Page (ontional)		750.00
		or only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 93 / 322           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	mittee	
۷ A.	Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP	Date of Receipt		
	Mailing Address 12717 Brewster Dr	0 1 / D D / Y Y Y Y 0 1 3 1 2 0 1 1		
	City	State	Zip Code	Transaction ID: C1191275
	Fort Myers	FL	33908-1809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Southwest FL Emer Phys	Occupation Emergenc	cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify)	0 0	416.69	
в.	Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP	•		Date of Receipt
	Mailing Address 12717 Brewster Dr			0 2 / D D / Y Y Y Y 0 2 25 2011
	City State		Zip Code	Transaction ID: C1239981
	Fort Myers	FL	33908-1809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Southwest FL Emer Phys	, I ~	cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	-
	Other (specify)		416.69	
- С.	Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP			Date of Receipt
	Mailing Address 12717 Brewster Dr			03 / D D / Y Y Y Y 03 25 2011
	City	State	Zip Code	Transaction ID: C1260475
	Fort Myers	FL	33908-1809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Southwest FL Emer Phys	Occupation Emergence	cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify) ▼		416.69	
ſ	SUBTOTAL of Receipts This Page (optional)			249.99
ŀ	TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 94 / 322           (check only one)         X           X         11a           11b         11c				
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any person ng the name and address of any political committee to s	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) National Emergency Medicine Po						
Full Name (Last, First, Middle Initial)						
Mailing Address 12717 Brewster D		05 / 27 / Y Y Y Y 01 1				
City Fort Myore	State Zip Code	Transaction ID: C1293279				
Fort Myers FEC ID number of contributing federal political committee.	FL 33908-1809	Amount of Each Receipt this Period 83.37				
Name of Employer Southwest FL Emer Phys	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.69					
Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP Mailing Address 12717 Brewster D	)r	Date of Receipt				
City		06 01 2011 Turne line ID 01202640				
City <u>Fort Myers</u>	State Zip Code FL <u>33908-1809</u>	Transaction ID: C1303649 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		83.33				
Name of Employer Southwest FL Emer Phys	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.69					
Full Name (Last, First, Middle Initial) Steven C Hodges	I	Date of Receipt				
Mailing Address 2832 Cherokee R	d	0 3 / D D / Y Y Y Y 2 0 1 1				
City	State Zip Code	Transaction ID: C1256755				
Birmingham FEC ID number of contributing federal political committee.	AL 35223-2607	Amount of Each Receipt this Period 250.00				
Name of Employer Dr. Steven C Hodges	Occupation Emergency Physician	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optio	inal)	416.70				
	umber only)					

SCHEDULE A (FEC	Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 95/322 (check only one)			
ITEMIZED RECEIPT	S	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Any information copied from suc or for commercial purposes, oth	ch Reports and Statements maner than using the name and ac	o solicit contributions from such committee.				
NAME OF COMMITTEE (In National Emergency Me	n Full) edicine Political Action Co	mmittee				
Full Name (Last, First, Middl						
A. Kenneth L Holbert Mailing Address 130 Lau						
City	State	Zip Code	0 4 2 7 2 0 1 1 Transaction ID: C1283529			
Smyrna	TN	37167-4907	Amount of Each Receipt this Period			
FEC ID number of contributi federal political committee.	ng C		1000.00			
Name of Employer Harton Reg Med Ctr	Occupati Emerge	on ncy Physician	_			
Receipt For:		e Year-to-Date V				
Primary Gen Other (specify) ▼	00 0	1000.00				
Full Name (Last, First, Middl James Richard Holmberg	le Initial)		Date of Receipt			
Mailing Address W310N4	Mailing Address W310N4958 Old Steeple Rd					
City	-		Transaction ID: C1253719			
Hartland	WI	53029-8529	Amount of Each Receipt this Period			
FEC ID number of contributi federal political committee.	ng C		250.00			
Name of Employer Aurora Med Grp	Occupati Emerge	on ncy Physician				
Receipt For:		e Year-to-Date 🔻	_			
Primary Gen Other (specify) ▼		250.00				
Full Name (Last, First, Middl Paul Ronald Hope	le Initial)		Date of Receipt			
Mailing Address 3199 Pa	aper Mill Rd		03 / D D / Y Y Y Y 22 2011			
City	State	Zip Code	Transaction ID: C1269349			
Huntingdon Vy	PA	19006-3717	Amount of Each Receipt this Period			
FEC ID number of contributi federal political committee.	ng C		250.00			
Name of Employer Abington Mem Hosp ED	¥	ncy Physician				
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 350.00				
SUBTOTAL of Receipts This	Page (optional)		1500.00			
TOTAL This Period (last page						

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 96 / 322           (check only one)         11a           X         11a           113         14           15         16           17			
or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee				
Full Name (Last, First, Middle Initial) Paul Ronald Hope					
Mailing Address 3199 Paper Mill Re	d	M M / D D / Y Y Y Y 05 19 2011			
City	State Zip Code	Transaction ID: C1292825			
Huntingdon Vy	PA 19006-3717	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Abington Mem Hosp ED	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼	1			
Other (specify) ▼	350.00				
Full Name (Last, First, Middle Initial) Hans Roberts House					
Mailing Address 200 Hawkins Dr Univ of IA Hosps &		02 / 25 / Y Y Y Y 02 11			
City Iowa City	State Zip Code IA 52242-1007	Transaction ID: C1239984			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer Univ of IA Hosps & Clncs	Occupation Emergency Physician	-			
Receipt For:	Aggregate Year-to-Date ▼	-			
Primary     General       Other (specify)     ▼	250.00				
Full Name (Last, First, Middle Initial) Hans House	I	Date of Receipt			
Mailing Address 1 Lake Pointe Rd		M M / D D / Y Y Y Y 06 13 2011			
City	State Zip Code	Transaction ID: C1302901			
lowa City	IA 52240	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer University of Iowa	Occupation Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (option	nal)	600.00			
	mber only)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used b name and address of any political co	y any person for the purpose of soliciting contributions pommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Marc Roy Houston		Date of Receipt
	Mailing Address 2533 Oregon City Blvc		0 2 / D D / Y Y Y Y 0 2 2 2 2 0 1 1
	City	State Zip Code	Transaction ID: C1239391
	West Linn	OR 97068-3400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Dr. Marc Roy Houston	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	10	00.00
— В.	Full Name (Last, First, Middle Initial) Marc P Hyde		Date of Receipt
	Mailing Address 1200 E 3900 S St Marks Hosp		03 / 14 / Y Y Y Y 2011
	City	State Zip Code UT 84124-1300	Transaction ID: C1253702
	Salt Lake Cty FEC ID number of contributing federal political committee.	UT 84124-1300	Amount of Each Receipt this Period 1000.00
	Name of Employer St Marks Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	10	00.00
– c.	Full Name (Last, First, Middle Initial) Raymond lannaccone		Date of Receipt
	Mailing Address 25 Oakwood Rd		0 1 / Y Y Y Y 0 1 / 2 0 1 1
	City	State Zip Code	Transaction ID: C1191277
	Allendale	NJ 07401-2100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.33
	Name of Employer EMA NY	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	24	49.99
	SUBTOTAL of Receipts This Page (optional)		2083.33
	TOTAL This Period (last page this line number		

ç	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 98 / 322
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
		Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	angle National Emergency Medicine Politica	I Action Committee	
А.	Full Name (Last, First, Middle Initial) Raymond lannaccone		Date of Receipt
	Mailing Address 25 Oakwood Rd		02 / 25 / Y Y Y Y 02 25 2011
	City	State Zip Code	Transaction ID: C1239989
	Allendale	NJ 07401-2100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer EMA NY	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		1
	Other (specify)	249.99	
— В.	Full Name (Last, First, Middle Initial) Raymond lannaccone		Date of Receipt
	Mailing Address 25 Oakwood Rd		03 / 25 / Y Y Y Y 011
	City	State Zip Code	Transaction ID: C1260496
	Allendale	NJ 07401-2100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer EMA NY	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		
	Other (specify) <b>v</b>	249.99	
– c.	Full Name (Last, First, Middle Initial) Frank Anthony Illuzzi		Date of Receipt
	Mailing Address 102 Sasco Hill Rd		M - M         /         D - D         /         Y         Z
	City	State Zip Code	Transaction ID: C1303453
	Fairfield	CT 06824-5645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St Vincents Med Ctr ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	250.00	
Γ	CURTOTAL of Descists This Daws (asthered)	<u> </u>	416.66
┝	SUBTOTAL of Receipts This Page (optional)	••••••	
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 99 / 322       (check only one)     11c     12
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica		
۷ A.	Full Name (Last, First, Middle Initial) William L Indruk		Date of Receipt
	Mailing Address 134 Montclair Ave		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1251365
	Montclair	NJ 07042-4132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Emer Med Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify)     ▼	350.00	
- B.	Full Name (Last, First, Middle Initial) William L Indruk		Date of Receipt
	Mailing Address 134 Montclair Ave		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1269048
	Montclair	NJ 07042-4132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Emer Med Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	350.00	
- C.	Full Name (Last, First, Middle Initial) Ronald Iverson	1	Date of Receipt
	Mailing Address PO Box 805 Emer Med Phys PC		M M / D D / Y Y Y Y 0 4 27 2011
	City	State Zip Code	Transaction ID: C1273020
	Cheyenne	WY 82003-0805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Emer Med Phys PC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	850.00
F	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 100 / 322         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the		on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Peter J Jacoby		Date of Receipt
	Mailing Address 167 Sprain Brook Rd		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1294325
	Woodbury	CT 06798-1914	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer St Marys Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	7
	Primary     General       Other (specify)     ▼	1000.00	]
- В.	Full Name (Last, First, Middle Initial) Donald Nelson Janes, Jr		Date of Receipt
	Mailing Address 48 Tyler Ct		M M         /         D D         /         Y
	City	State Zip Code	Transaction ID: C1269355
	Evington	VA 24550-3718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Centra Health	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	300.00	
- C.	Full Name (Last, First, Middle Initial) Donald Nelson Janes, Jr		Date of Receipt
	Mailing Address 48 Tyler Ct		M M / D D / Y Y Y Y 04 23 2011
	City	State Zip Code	Transaction ID: C1283683
	Evington	VA 24550-3718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Centra Health	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary     General       Other (specify)	300.00	
ſ	SUBTOTAL of Receipts This Page (optional)		1300.00
ŀ	TOTAL This Period (last page this line number		

Mailing Address       3948 Skyline Rd         City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       Anount of Each Receipt this Period         Receipt For:       Other (specify) ▼       300.00       Date of Receipt 0.3 (		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 101 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
National Emergency Medicine Political Action Committee         Ful Name (Last, First, Middle Initial) Chevaeumere R Jayanathan         Maiing Address       1346 Forest Glen Ct         City       State       Zp Code         Torms River       NJ       08725-1385         FEC ID number of contributing federal political committee       C       Image of Receipt         Name of Employer Jersey Emergency Physician       Emergency Physician       Amount of Each Receipt files         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         B.       Maiing Address       3948 Skyline Rd       Image of Employer 1 for an of Employer 1 for a		Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
A.       Chevrakumäärin R. Jayanathan       Date of Receipt         Maling Address       1346 Forest Glen Ct       0.117         City       State       Zip Code         Toms River       NJ       0.8755-1386         FEC: ID number of contributing federal political committee.       C       Amount of Exch Receipt this Period         Receipt For:       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date       500.00         Other (specify)       State       Zip Code         Carlsbad       CA       9208-8745         FEC: ID number of contributing federal political committee.       C       20.11         City       State       Zip Code       20.11         Carlsbad       CA       9208-8745       700.00         Receipt Maling Address       3948 Skyline Rd       20.00       20.00         Name of Employer Princity fere (specify)       C       C       20.00         Name of Employer Princity fere (specify)       C       C       20.00         Name of Employer Princity fere (specify)       State       Zip Code       20.00         City       General       Aggregate Year-to-Date       Amount of Each Receipt this Period         Neil Address       3948 Skyline			Action Cor	nmittee	
City       State       Zp Code         NJ       08755-1386         PEC ID number of contributing federal political committee.       C         Marre of Employer levels political committee.       C         Marre of Employer levels political committee.       C         Primary levels political committee.       C         B.       Net R Joechen Maiing Address 3948 Skyline Rd         City       State       Zip Code         Carlsbad       CA       9208-2745         PEC ID number of contributing federal political committee.       C         Name of Employer fri City fear Mod Grp       Cocupation Emergency Physician         Receipt For: normal (specify)       Aggregate Year-to-Date         Name of Employer fri City fear Mod Grp       Cocupation Emergency Physician         Receipt For: normal (specify)       Aggregate Year-to-Date         Name of Employer fri City fear Mod Grp       Cocupation Emergency Physician         Receipt For: of the (specify)       Aggregate Year-to-Date         Maing Address 3948 Skyline Rd       Transaction ID: C128049         Cty       State       Zip Code         Carlsbad       CA       3200.00         Cty       State       Zip Code         Maing Address 3948 Skyline Rd       Transaction ID: C128049	⊻ A.				Date of Receipt
Toms River     NJ     0875-1385       FEC ID number of contributing federal political committee.     C       Name of Employer Hersey Emer Med Spec     C       Primary     General       Other (specify) ♥     500.00       B.     Neil R Joebchen       Mailing Address     3948 Skyline Rd       City     Carlsbad       Carlsbad     CA       Primary     General       Other (specify) ♥     Occupation       Receipt For:     Aggregate Year-to-Date ♥       Primary     General       City     State       Zarlsbad     CA       Primary     General       Other (specify) ♥     Occupation       Fel Name (Last, First, Middle Initial)       Neil H Joebchen       Mailing Address       3948 Skyline Rd       City       Carlsbad       City       Garlsbad       City       Carlsbad       FEC ID number of contributing tederal policial committee       City       Car		Mailing Address 1346 Forest Glen Ct			
FEC ID number of contributing lederal political committee.       C       500.00         Name of Employer Jersey Emer Med Space       Cocupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       Aggregate Year-to-Date ▼       Date of Receipt         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       3948 Skyline Rd       Date of Receipt         City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing federal political committee.       C         Name of Employer from City Emer Med Grap       Cocupation Emergency Physician       Anount of Each Receipt this Period         Receipt For: Primary       General       Obsection       Aggregate Year-to-Date ▼         Other (specify)       General       300.00       Date of Receipt         Ctip       State       Zip Code       Xint       Zip Code         Carlsbad       CA       92008-2745       Fet Cit D number of contributing federal political committee.       Date of Receipt         Mailing Address       3948 Skyline Rd       Transaction ID: C1269049       Amount of Each Receipt this Period         City       Carlsbad       CA       92008-2745       Fet CiD number of contributing federal political				·	
tederal political committee.       0       00000         Name of Employer Jessey Emer Med Spec       Emergency Physician Emergency Physician       Date of Receipt         Receipt For:    Primary    General Other (specify) ▼       0       0       Date of Receipt         B.       Full Name (Last, First, Middle Initial) Neiii Loebchen       Date of Receipt       0         City       State       Zip Code       200.00         Carlsbad       CA       92008-2745       Amount of Each Receipt his Period         FEC ID number of contributing federal political committee.       C       200.00       Amount of Each Receipt his Period         The of Encloyer Name of Employer The City Emer Med Grp       Cocupation Emergency Physician       Date of Receipt       Amount of Each Receipt his Period         C.       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼			NJ	08755-1386	Amount of Each Receipt this Period
Receipt For:       Agregate Year-to-Date ▼         Primary       General         Other (specify) ▼       State         B.       Neil R Joebchen         Mailing Address       3948 Skyline Rd         City       State         ZarlSbad       CA         Primary       General         Other (specify) ▼       Occupation         End Receipt For:       200.00         Name of Employer       Occupation         Primary       General         Other (specify) ▼       Occupation         End Receipt For:       Occupation         Primary       General         Other (specify) ▼       Occupation         End Receipt For:       Occupation         Primary       General         Other (specify) ▼       Occupation         End Receipt For:       Agregate Year-to-Date ▼         Other (specify) ▼       State       Zip Code         CA       92008-2745         FEC ID number of contributing       C       Occupation         City       State       Zip Code       Amount of Each Receipt Ithis Period         Receipt For:       Agregate Year-to-Date ▼       Agregate Year-to-Date       Noutt of Each Receipt Ithis Period <td></td> <td></td> <td>C</td> <td></td> <td>500.00</td>			C		500.00
Receipt For:       Aggregate Year-to-Date		Name of Employer Jersey Emer Med Spec			
Other (specify) ▼       500.00         B.       Full Name (Last, First, Middle Initial) Neil R Joebchen       Date of Receipt         Mailing Address 3948 Skyline Rd       City       State       Zip Code         Carlsbad       CA       92008-2745       FEC ID number of contributing tederal political committee.       Amount of Each Receipt this Period         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Amount of Each Receipt         Other (specify) ▼       300.00       Image: Sign Code       Sign Code       Image: Sign Code         Name of Employer Tri-City Emer Med Grp       C       Sign Code       Image: Sign Code       Image: Sign Code         Ctity       General       Other (specify) ▼       300.00       Image: Sign Code       Image: Sign Code         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date       Image: Sign Code       Image: Sign Code         City       State       Zip Code       Image: Sign Code       Image: Sign Code       Image: Sign Code         Receipt For:       Onumber of contributing       C       Image: Sign Code       Image: Sign Code       Image: Sign Code         Name of Employer Tri-City Emer Med Grp       Cocupation       Image: Sign Code       Image: Sign Code       Image: Sign Code <tr< td=""><td></td><td></td><td>, I —</td><td></td><td></td></tr<>			, I —		
B.       Neil R Joebchen       Date of Receipt         Mailing Address       3948 Skyline Rd       Image: State in the				500.00	]
City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing rederal political committee.       C       200.00         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       000.00       01 1 2 0 1.1         Cty       State       Zip Code       200.00         Mailing Address       3948 Skyline Rd       300.00       01 2 0 1.1         City       State       Zip Code       10 2 0 1.1         City       Garlsbad       C       200.00         Receipt For:       Aggregate Year-to-Date       ▼         Mailing Address       3948 Skyline Rd       300.00         City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing rederal political committee.       C       100.00         Name of Employeer       Occupation Emergency Physician       Transaction ID: C1269049         Amount of Each Receipt this Period       100.00       100.00         Name of Employeer       Occupation Emergency Physician       300.00       100.00         New of Kener Med Grp       General       300.00       100.00 <th>– B.</th> <th></th> <th>I</th> <th></th> <th>Date of Receipt</th>	– B.		I		Date of Receipt
Carlsbad       CA       9208-2745       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       200.00         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Receipt For:       Other (specify) ▼       300.00       Date of Receipt         C:       Full Name (Last, First, Middle Initial)       Neil R Joebchen       Date of Receipt         Mailing Address       3948 Skyline Rd       C       301 / 2011         City       State       Zip Code       Zansbad         FEC ID number of contributing tederal political committee.       C       100.00         FEC ID number of contributing tederal political committee.       C       100.00         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Receipt For:       Occupation Emergency Physician       Aggregate Year-to-Date ▼       100.00         SUBTOTAL of Receipts This Page (optional)       300.00       800.00       0		Mailing Address 3948 Skyline Rd			
FEC ID number of contributing federal political committee.       C       200.00         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       200.00         Receipt For: Primary       General Other (specify) ♥       Aggregate Year-to-Date ♥       Date of Receipt         Mailing Address       3948 Skyline Rd       300.00       Date of Receipt         Ctiv       State       Zip Code       Transaction ID: C1269049         Amount of Each Receipt this Period       C       100.00         FEC ID number of contributing federal political committee.       Occupation Emergency Physician       Transaction ID: C1269049         Amount of Each Receipt this Period       C       100.00       100.00         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       Aggregate Year-to-Date ▼       100.00         SUBTOTAL of Receipts This Page (optional)       300.00       800.00       100.00       100.00		•		•	
federal political committee.       C       200.00         Name of Employer Thr-City Emer Med Grp       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       300.00       Other (specify) ▼         C.       Full Name (Last, First, Middle Initial) Neil R Joebchen       Date of Receipt         Mailing Address       3948 Skyline Rd       Date of Receipt         City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing federal political committee.       C         Name of Employer Thr-City Emer Med Grp       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300.00			CA	92008-2745	Amount of Each Receipt this Period
Tri-City Emer Med Grp       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       300.00         C.       Full Name (Last, First, Middle Initial)         Neil R Joebchen       Date of Receipt         Mailing Address 3948 Skyline Rd       0 300.00         City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing federal political committee.       C         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       300.00         SUBTOTAL of Receipts This Page (optional)       800.00			C		200.00
Primary       General         Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       3948 Skyline Rd         City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Tri-City Emer Med Grp       Occupation         Primary       General         Other (specify) ▼       300.00		Name of Employer Tri-City Emer Med Grp			
Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Neil R Joebchen       Date of Receipt         Mailing Address 3948 Skyline Rd       0 3 1 2 0 1 1         City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       300.00       300.00         SUBTOTAL of Receipts This Page (optional)       800.00			Aggregate	e Year-to-Date 🔻	_
C.       Neil R Joebchen         Mailing Address       3948 Skyline Rd         City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       100.00         Receipt For:       Aggregate Year-to-Date       100.00         SUBTOTAL of Receipts This Page (optional)       800.00			0 0	300.00	]
Mailing Address 3948 Skyline Rd         City       State       Zip Code         Carlsbad       CA       92008-2745         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       100.00         Receipt For:       Aggregate Year-to-Date ▼       300.00         SUBTOTAL of Receipts This Page (optional)       800.00	– C.		I		Date of Receipt
Carlsbad       CA       92008-2745         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       100.00         Receipt For:       Aggregate Year-to-Date ▼       300.00         Other (specify) ▼       General       300.00         SUBTOTAL of Receipts This Page (optional)       ●					M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.       C       100.00         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       100.00         Receipt For:       Aggregate Year-to-Date ▼       300.00         Primary       General       300.00       800.00         SUBTOTAL of Receipts This Page (optional)       ▲       800.00		•			
federal political committee.       Image: Committee.       Image: Committee.       Image: Committee.         Name of Employer Tri-City Emer Med Grp       Occupation Emergency Physician       Image: Committee.       Image: Committee.         Receipt For: Primary       General Other (specify) ♥       Aggregate Year-to-Date ♥       Image: Committee.       Image: Committee.         SUBTOTAL of Receipts This Page (optional)       Image: Committee.       Image: Committee.       Image: Committee.			CA	92008-2745	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300.00         SUBTOTAL of Receipts This Page (optional)       800.00			C		100.00
Primary       General         Other (specify) ▼       300.00         SUBTOTAL of Receipts This Page (optional)       800.00		Name of Employer Tri-City Emer Med Grp			
Other (specify) ▼       300.00         SUBTOTAL of Receipts This Page (optional)       800.00			Aggregate	e Year-to-Date 🔻	_
				300.00	]
	Γ	SUBTOTAL of Receipts This Page (ontional)	I		800.00
TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 102/322
	TEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	
A O	Any information copied from such Reports and r for commercial purposes, other than using t	l Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politic	cal Action Corr	nmittee	
بر ۹.	Full Name (Last, First, Middle Initial) David Peter John			Date of Receipt
	Mailing Address 2100 Dorchester Ave Caritas Carney Hosp			M M / D D / Y Y Y Y 03 25 2011
	City	State	Zip Code	Transaction ID: C1260457
	Boston	MA	02124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Caritas Carney Hosp Dept	Occupation		_
	of EM Receipt For:	¥¥	cy Physician	
	Primary General	Aggregate	e Year-to-Date	
	Other (specify)		600.00	1
	Full Name (Last, First, Middle Initial) David Peter John			Date of Receipt
	Mailing Address 2100 Dorchester Ave Caritas Carney Hosp			M M / D D / Y Y Y Y 06 28 2011
	City	State	Zip Code	Transaction ID: C1311566
	Boston	MA	02124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Caritas Carney Hosp Dept	Occupation	n Icy Physician	
	of EM Receipt For:		e Year-to-Date V	_
	Primary General	Aggregate		1
	Other (specify)	0.0	600.00	
	Full Name (Last, First, Middle Initial) Timothy James Johnson			Date of Receipt
	Mailing Address 6609 Southdale Rd			05 / Y Y Y Y 04 2011
	City	State	Zip Code	Transaction ID: C1284775
	Minneapolis	MN	55435-1650	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Emerg Phys PA	Occupation Emergen	n Icy Physician	
	Receipt For:		Year-to-Date V	
	Primary     General       Other (specify) ▼		300.00	]
Γ				900.00
Ľ	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 103/322       (check only one)     11c     12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to s	13     14     15     16     17       a for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Jon James James Johnston		Date of Receipt
Mailing Address 912 Wall Ave		04 05 Y Y Y Y 04 05 2011
City	State Zip Code	Transaction ID: C1276281
Pitcairn	PA 15140-1030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer 12 Speight Rd	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) Jon James James Johnston		Date of Receipt
Mailing Address 912 Wall Ave		0 6 / D D / Y Y Y Y Y 0 7 / 2 0 1 1
City	State Zip Code	Transaction ID: C1303695
Pitcairn	PA 15140-1030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		200.00
Name of Employer 12 Speight Rd	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Jonathan S Jones, MD		Date of Receipt
Mailing Address 2500 N State St Univ of MS Med Ctr		05 / 27 / Y Y Y Y 01 1
City	State Zip Code	Transaction ID: C1293280
Jackson	MS 39216-4500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Univ of MS Med Ctr Phys	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optiona	۲ ۱)	550.00
	ber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may n	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 104 / 322           (check only one)
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addre	ess of any political committee to	solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Comm	nittee	_
Α.	Full Name (Last, First, Middle Initial) Randy S Jotte			Date of Receipt
	Mailing Address 120 Orchard Avenue			05 / 13 / Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: C1288528
	Webster Groves	MO	63119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Washington University	Occupation Physician		
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0 0		
в.	Full Name (Last, First, Middle Initial) Bradley Judson, MD	·		Date of Receipt
	Mailing Address 338 Robinson Rd			05 / 26 / Y Y Y Y 011
	City	State	Zip Code	Transaction ID: C1294339
	Boxborough	MA	01719-1820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Emerson Hosp Emer Phys PC	Occupation Emergency	y Physician	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary     General       Other (specify) ▼		500.00	]
C.	Full Name (Last, First, Middle Initial) Bradley Judson, MD	1		Date of Receipt
	Mailing Address 338 Robinson Rd			M M / D D / Y Y Y Y 06 02 2011
	City	State	Zip Code	Transaction ID: C1293462
	Boxborough	MA	01719-1820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Emerson Hosp Emer Phys PC	Occupation Emergency	y Physician	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	_
	Primary     General       Other (specify) ▼	0 0 0	500.00	]
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number	<sup>r</sup> only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each cat	e schedule(s) egory of the mmary Page	FOR LINE NUMBER:       PAGE 105 / 322         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may not be sold or name and address of any pol	used by any person itical committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee		
 A.	Full Name (Last, First, Middle Initial) Steven B Kailes			Date of Receipt
	Mailing Address 1998 Rivergate Dr			M M / D D / Y Y Y Y 01 31 2011
	City	State Zip Code		Transaction ID: C1191279
	Fleming Isle	FL 32003-86	86	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician		
	Receipt For: Primary General	Aggregate Year-to-Date	▼	
	Other (specify) ▼		499.98	
В.	Full Name (Last, First, Middle Initial) Steven B Kailes			Date of Receipt
	Mailing Address 1998 Rivergate Dr			02 / D D / Y Y Y Y 02 25 2011
	City	State Zip Code		Transaction ID: C1239990
	Fleming Isle	FL 32003-86	86	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician		
	Receipt For: Primary General	Aggregate Year-to-Date	▼	
	Other (specify) ▼		499.98	
 C.	Full Name (Last, First, Middle Initial) Steven B Kailes			Date of Receipt
	Mailing Address 1998 Rivergate Dr			03 / <sup>D</sup> D / <sup>Y</sup> Y Y Y 25 2011
	City	State Zip Code		Transaction ID: C1260494
	Fleming Isle	FL 32003-86	86	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician		
	Receipt For: Primary General	Aggregate Year-to-Date	▼	
	Other (specify) ▼		499.98	
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	249.99
	OTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 106 / 322         (check only one)       11a         X       11a       11b         13       14       15       16       17
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ng the name and address of any political committee to	n for the purpose of soliciting contributions
National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Steven B Kailes		Date of Receipt
Mailing Address 1998 Rivergate D	r	
City	State Zip Code	Transaction ID: C1272786
Fleming Isle	FL 32003-8686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Southeast Emer Consultant	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	499.98	
Full Name (Last, First, Middle Initial) Steven B Kailes		Date of Receipt
Mailing Address 1998 Rivergate D	r	05 / 26 / Y Y Y Y 011
City	State Zip Code	Transaction ID: C1293318
Fleming Isle	FL 32003-8686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.33
Name of Employer Southeast Emer Consultant	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date	
Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) Steven B Kailes		Date of Receipt
Mailing Address 1998 Rivergate D	r	0 6 / 2 8 / Y Y Y Y 0 1 1
City	State Zip Code	Transaction ID: C1311585
Fleming Isle	FL 32003-8686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.33
Name of Employer Southeast Emer Consultant	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date	
Other (specify) ▼	499.98	
SUBTOTAL of Receipts This Page (optio	nal)	249.99
	imber only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 107 / 322         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 20 Club Dr		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1276522
Summit	NJ 07901-3138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Emergency Medical Associa-	Occupation Emergency Physician	
tes Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Amit S Kalaria		Date of Receipt
Mailing Address 17804 Cricket Hill	Drive	M M / D D / Y Y Y Y 03 21 2011
City	State Zip Code	Transaction ID: C1269106
Germantown	MD 20874	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer MEP	Occupation Physician	-
Receipt For:	Aggregate Year-to-Date ▼	_
Primary     General       Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Amit S Kalaria		Date of Receipt
Mailing Address 17804 Cricket Hill	Drive	05 24 Y Y Y Y 05 24 2011
City	State Zip Code	Transaction ID: C1291759
Germantown	MD 20874	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer MEP	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  1100.00	
SUBTOTAL of Receipts This Page (optior	nal)	1400.00
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IEDULE A (FEC Form 3X)         MIZED RECEIPTS         Information copied from such Reports and commercial purposes, other than using the ME OF COMMITTEE (In Full)         Attended to the mergency Medicine Political         II Name (Last, First, Middle Initial)         hyut Kamat         atiling Address       19 Everett Ave         C ID number of contributing         deral political committee.         Imme of Employer         hiv Emer Med Fndtn         exceipt For:         Primary         General         Other (specify) ▼         II Name (Last, First, Middle Initial)         hong C Kang         atiling Address       2420 Sand Lake Rd	e name and address of any political comm	e       X       11a       11b       11c       12         ge       X       11a       11b       11c       12         13       14       15       16       17         ny person for the purpose of soliciting contributions from such committee.       Date of Receipt         03       22       2011         Transaction ID: C1269356         Amount of Each Receipt       250.00
Iformation copied from such Reports and commercial purposes, other than using the ME OF COMMITTEE (In Full) ational Emergency Medicine Political ational Emergency Medicine Political II Name (Last, First, Middle Initial) hyut Kamat atiling Address 19 Everett Ave 19 Everett Av	Detailed Summary Page         Statements may not be sold or used by are name and address of any political command         al Action Committee         State       Zip Code         RI       02906-3321         C         Occupation         Emergency Physician         Aggregate Year-to-Date	e       X       11a       11b       11c       12         13       14       15       16       17         ny person for the purpose of soliciting contributions from such committee.       Date of Receipt       0         0       0       2       2       1         Transaction ID:       C1269356       Amount of Each Receipt this Period
commercial purposes, other than using the ME OF COMMITTEE (In Full) attional Emergency Medicine Politica attional Emergency Medicine Politica II Name (Last, First, Middle Initial) hyut Kamat atting Address 19 Everett Ave served attractional committee.	Statements may not be sold or used by ar e name and address of any political comm al Action Committee State Zip Code RI 02906-3321 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Jet       13       14       15       16       17         ny person for the purpose of soliciting contributions from such committee.       Date of Receipt       0       10       10       10       10       17         Date of Receipt       0       3       2       2       2       1       1         Transaction ID:       C1269356       Amount of Each Receipt this Period       250.00       250.00
commercial purposes, other than using the ME OF COMMITTEE (In Full) attional Emergency Medicine Politica attional Emergency Medicine Politica II Name (Last, First, Middle Initial) hyut Kamat atting Address 19 Everett Ave served attractional committee.	e name and address of any political comm al Action Committee State Zip Code RI 02906-3321 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt Date of Receip
ational Emergency Medicine Politica II Name (Last, First, Middle Initial) hyut Kamat ailing Address 19 Everett Ave Ty rovidence C ID number of contributing deral political committee. The ferme Med Findth aceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) deny C Kang	State       Zip Code         RI       02906-3321         C       Occupation         Emergency Physician         Aggregate Year-to-Date       ▼	M M     /     D     /     Y     Y     Y     Y       0 3     /     2 2     /     2 2 0 1 1       Transaction ID: C1269356       Amount of Each Receipt this Period       250.00
II Name (Last, First, Middle Initial) hyut Kamat ailing Address 19 Everett Ave y ovidence C ID number of contributing deral political committee. Ime of Employer hiv Emer Med Fndtn ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) deny C Kang	State       Zip Code         RI       02906-3321         C       Occupation         Emergency Physician         Aggregate Year-to-Date       ▼	M M     /     D     /     Y     Y     Y     Y       0 3     /     2 2     /     2 0 1 1       Transaction ID: C1269356       Amount of Each Receipt this Period       250.00
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ITEMIZED RECEIPTS       for each category of the Detailed Summary Page       X 11a 11b 11c 12 13 16 17         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)       Jay A Kaplan         Mailing Address 300 Oak Ave       Date of Receipt         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         City       General         Other (specify)       Aggregate Year-to-Date         Primary       General         Other (specify)       1599.98		SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 109 / 322 (check only one)
Ary information copied from such Reports and Statements may not be soft or used by any person to the purpose of soft-file committee       NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)       National Emergency Medicine Political Action Committee       Date of Receipt         Ig A Kaplan       Maim Actines 300 Oak Ave       City       State       Zp Code         State Anselmo       CA       945602 203       FeE Committee       FeI Name (Last, First, Middle Initia)         Ig A Kaplan       City       State       Zp Code       Transaction Dic City 23/3       Z 2 5/2 2 0 1.1         City       State       Zp Code       Transaction Dic City 23/3       Z 2 5/2 0 1.1       Transaction Dic City 23/3         Receipt For:       Opticular Committee       Opticular Committee       Maim of Each Receipt Berlind       Maim of Each Receipt Berlind         Receipt For:       Opticular Committee       Opticular Committee       Maim of Each Receipt Berlind         B.       Maim of Lipsely (in City)       State       Zip Code       Transaction Dic Cit256902         Amount of Each Receipt Interpreter       Opticular Committee       Amount of Each Receipt Interpreter       Maim of 20 0.1       Z 2 0.1.1         Transaction Dic Cit25690       State       Zip Code       Transaction Dic Cit25690       Amount of Each Receipt Interpreter         City		ITEMIZED RECEIPTS		X 11a 11b 11c 12
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A.       Full Name (Last, First, Middle Initial) Jay A Kapian       Date of Receipt         A.       Maling Address 300 Oak Ave       Date of Receipt         City       State       Zip Code         San Anselmo       CA       949692703         FEC ID number of contributing federal policial committee.       Occupation         B.       Maing Address       300 Oak Ave         Other (specify)       Occupation         B.       Full Name (Last, First, Middle Initial) Jay A Kapian       Date of Receipt         Maling Address       300 Oak Ave       Transaction ID: C1229435         City       Conoral       Occupation         EVEI Name (Last, First, Middle Initial) Jay A Kapian       Date of Receipt         Maling Address       300 Oak Ave       Transaction ID: C1256992         Anselmo       CA       94960 2703         FED ID number of contributing federal policial committee.       C         Other (spacify)       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date V       100.00         Other (spacify)       Occupation       Emergency Physician         Receipt For:       Option       Emergency Physician         Receipt For:       Option       Emergency Physician				
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 110 / 322         (check only one)       11a         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	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave		0 4 / D D / Y Y Y Y 2 0 1 1
	City	State Zip Code	Transaction ID: C1272788
	San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer CEP America	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary     General       Other (specify)     ▼	1599.98	
- B.	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave		05 / P D / Y Y Y Y 26 / 2011
	City	State Zip Code	Transaction ID: C1293320
	San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
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	Name of Employer CEP America	Occupation Emergency Physician	_
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	Primary     General       Other (specify)     ▼	1599.98	
- C.	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave		M · M         /         D · D         /         Y · Y · Y         Y         Y · Y         Y
	City	State Zip Code	Transaction ID: C1311582
	San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer CEP America	Occupation Emergency Physician	
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			FOR LINE NUMBER: PAGE 111/322
	SCHEDULE A (FEC Form 3X)		
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	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any e name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Politic	al Action Committee	
A.	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1318527
	San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
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	Name of Employer CEP America	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	1599.98	
в.	Full Name (Last, First, Middle Initial) Joseph Jay Kaplan		Date of Receipt
	Mailing Address PO Box 6394		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1240399
	Columbus	GA 31917-6394	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Joseph Jay Kaplan, MD, FA- CEP	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	350.00	
	Other (specify)		
с.	Full Name (Last, First, Middle Initial) Joseph Jay Kaplan		Date of Receipt
	Mailing Address PO Box 6394		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1288608
	Columbus	GA 31917-6394	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Joseph Jay Kaplan, MD, FA- CEP	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	350.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1350.00
┝			
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 112/322         (check only one)       Image: Comparison of the state o					
A	Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica							
لا A.	Full Name (Last, First, Middle Initial) Kamil Karroum		Date of Receipt					
	Mailing Address 56 Moore Rd		0 2 / D D / Y Y Y Y 0 2 17 2 0 1 1					
	City	State Zip Code	Transaction ID: C1191189					
	Marlboro	NJ 07746-2103	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	500.00					
	Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary     General       Other (specify)     ▼	500.00						
— В.	Full Name (Last, First, Middle Initial) Bradley J Kaufman	1	Date of Receipt					
	Mailing Address 159 Stratford St. Sout	h	M         M         /         D         D         /         Y					
	City	State Zip Code	Transaction ID: C1301816					
	Roslyn Heights	NY 11577	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	400.00					
	Name of Employer North Shore-LIJ Medical Center	Occupation Physician						
	Receipt For:	Aggregate Year-to-Date V						
	Primary     General       Other (specify)     ▼	400.00						
– C.	Full Name (Last, First, Middle Initial) Donald R Keir		Date of Receipt					
	Mailing Address 65 Highbridge Blvd		03 / D D / Y Y Y Y 03 14 2011					
	City	State Zip Code	Transaction ID: C1253718					
	Medford	NJ 08055-3341	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer Virtua Meml Hosp	Occupation Emergency Physician						
	Receipt For:	Aggregate Year-to-Date V						
	Primary     General       Other (specify) ▼	250.00						
Γ	SUBTOTAL of Receipts This Page (optional)		1150.00					
F	TOTAL This Period (last page this line number							

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 113/322         (check only one)       11a         X       11a         13       14         15       16         17				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee					
∠ A.	Full Name (Last, First, Middle Initial) Michael Anthony Kelly		Date of Receipt				
	Mailing Address 1 Pavilion Dr		05 / D D / Y Y Y Y 05 / 18 / 2011				
	City	State Zip Code	Transaction ID: C1291284				
	Daniels	WV 25832-9705	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		500.00				
	Name of Employer Raleigh Genl Hosp	Occupation Emergency Physician					
	Receipt For:	Aggregate Year-to-Date ▼	-				
	Primary     General       Other (specify) ▼	500.00					
- В.	Full Name (Last, First, Middle Initial) James F Kenny	1	Date of Receipt				
	Mailing Address 96 Aspinwall St		05 / <sup>D</sup> 06 / <del>Y</del> Y Y Y Y 05 <b>D</b> 06				
	City	State Zip Code	Transaction ID: C1285344				
	Staten Island	NY 10307-1627	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer Staten Island University Hosp Receipt For:	Occupation Emergency Physician					
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
– C.	Full Name (Last, First, Middle Initial) Alan L Kenwood		Date of Receipt				
	Mailing Address Mendham Twp 6 S Hill Ct		M         M         /         D         D         /         Y				
	City	State Zip Code	Transaction ID: C1276294				
	Morristown	NJ 7960	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	100.00				
	Name of Employer Emer Med Assoc	Occupation Emergency Physician					
	Receipt For:	Aggregate Year-to-Date 🔻					
	Primary     General       Other (specify) ▼	350.00					
Γ	SUBTOTAL of Receipts This Page (optional)	·	1100.00				
F	TOTAL This Period (last page this line number						

(	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 114/322
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	y not be sold or used by any perso dress of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politic	al Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Alan L Kenwood			Date of Receipt
	Mailing Address Mendham Twp 6 S Hill Ct			04 / 20 / Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: C1270750
	<u>Morristown</u>	NJ	7960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emer Med Assoc	Occupatio		
	Receipt For:		ncy Physician e Year-to-Date 🔻	_
	Primary General	Aggregat		1
	Other (specify)		350.00	
в.	Full Name (Last, First, Middle Initial) Derik K King			Date of Receipt
	Mailing Address 6 Clermont Ln			02 18 2011
	City	State	Zip Code	Transaction ID: C1191217
	Saint Louis	MO	63124-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Emerg Consultants Inc	Occupatio		
	Receipt For:		ncy Physician e Year-to-Date 🔻	_
	Primary General	Aggregat		1
	Other (specify)	0.0	500.00	
- C.	Full Name (Last, First, Middle Initial) Derik K King	•		Date of Receipt
	Mailing Address 6 Clermont Ln			M M / D D / Y Y Y Y 02 22 2011
	City	State	Zip Code	Transaction ID: C1239326
	Saint Louis	MO	63124-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Emerg Consultants Inc	Occupatio Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date V	1
	Primary     General       Other (specify) ▼		500.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			1250.00
┝			••••••	
	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 115/322 (check only one)				
Г	Any information conied from each Departs and	Ctotomonto	Detailed Summary Page					
	or for commercial purposes, other than using th	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
Ν	NAME OF COMMITTEE (In Full)							
	> National Emergency Medicine Politica	al Action Cor	mmittee					
× .	Full Name (Last, First, Middle Initial) Derik K King			Date of Receipt				
	Mailing Address 6 Clermont Ln			M M / D D / Y Y Y Y 02 / 25 / 2011				
	City	State	Zip Code	Transaction ID: C1260678				
	Saint Louis	MO	63124-1304	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		-500.00				
	Name of Employer Emerg Consultants Inc	Occupatio	on ncy Physician					
	Receipt For:		e Year-to-Date V					
	Primary General Other (specify)		500.00	]				
	Full Name (Last, First, Middle Initial) Benjamin Kitagawa			Date of Receipt				
•	Mailing Address 1626 Montview Blvd			03 01 2011				
	City	State	Zip Code	Transaction ID: C1240410				
	Greeley	CO	80631-5345	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer North Colorado Med Ctr	Occupatio Emerger	on ncy Physician					
	Receipt For:	Aggregat	e Year-to-Date 🔻					
	Primary     General       Other (specify) ▼	0 0	600.00	]				
_	Full Name (Last, First, Middle Initial) Benjamin Kitagawa			Date of Receipt				
	Mailing Address 1626 Montview Blvd			0 6 3 0 Y Y Y Y Y 0 2 0 1 1				
	City	State	Zip Code	Transaction ID: C1318921				
	Greeley	CO	80631-5345	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer North Colorado Med Ctr	Occupation Emerger	on ncy Physician					
	Receipt For:	Aggregat	e Year-to-Date 🔻					
	Primary     General       Other (specify) ▼	0 0	600.00	]				
Γ	SUBTOTAL of Receipts This Page (optional) .	<u> </u>		100.00				
F			•					
	<b>TOTAL</b> This Period (last page this line numbe	i only)						

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 116/322
	ITEMIZED RECEIPTS		for each category of the	(check only one)
•			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	Statements ma e name and ad	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) Paul Daniel Kivela, MD, FACEP			Date of Receipt
	Mailing Address 1370 Trancas St			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C1294324
	Napa	CA	94558-2912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Napa Valley Emer Med Grp	Occupatio Emerger	n ncy Physician	_
	Receipt For:		e Year-to-Date 🔻	
	Primary General		1000.00	1
_	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) Ronald John Klebacher			Date of Receipt
	Mailing Address 23 Saltspray Dr			M         M         /         D         D         Y
	City	State	Zip Code	Transaction ID: C1191190
	Forked River	NJ	08731-4636	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Jersey Emer Med Spec	Occupatio		
		- · · · · · · · · · · · · · · · · · · ·	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		500.00	
- C.	Full Name (Last, First, Middle Initial) David N Klein			Date of Receipt
	Mailing Address 11736 Gainsborough	Rd		M M / D D / Y Y Y Y 05 17 2011
	City	State	Zip Code	Transaction ID: C1289796
	Potomac	MD	20854-3246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer MEP	Occupatio Emerger	n ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		2000.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			3500.00
┝	SUBTUTAL OF RECEIPTS THIS Page (optional)		••••••	
	TOTAL This Period (last page this line number	r only)		

	EDULE A (FEC Form 3X) NIZED RECEIPTS	Use separate sched for each category of Detailed Summary P					
Any inf or for c	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	ME OF COMMITTEE (In Full) tional Emergency Medicine Political A	Action Committee					
	l Name (Last, First, Middle Initial) eodore I Kloth		Date of Receipt				
Mai	iling Address 735 Snyder Ln		M         M         /         D         D         Y				
City		State Zip Code	Transaction ID: C1318521				
<u>Wa</u>	alnut Creek	CA 94598-4410	Amount of Each Receipt this Period				
	C ID number of contributing eral political committee.	C	1000.00				
Nar Joh	ne of Employer n Muir Med Ctr ED	Occupation Emergency Physician					
Rec	ceipt For:	Aggregate Year-to-Date V					
	Primary   General     Other (specify)	1000	0.00				
	Name (Last, First, Middle Initial) di C knowles		Date of Receipt				
Mai	ling Address 736 Southwood Drive	M         M         /         D         D         /         Y					
City	/	State Zip Code	Transaction ID: C1295534				
<u>Ath</u>	nens	TX 75751	Amount of Each Receipt this Period				
	C ID number of contributing eral political committee.	C	1000.00				
em	ne of Employer ergency service partners	Occupation physician					
Rec	ceipt For:	Aggregate Year-to-Date 🔻					
	Primary   General     Other (specify)   Image: Constraint of the second seco	1000	0.00				
	Name (Last, First, Middle Initial) tt Jason Korvek		Date of Receipt				
Mai	ling Address 21 Lees Ave		M         M         /         D         D         /         Y				
City		State Zip Code	Transaction ID: C1258990				
<u>Co</u>	llingswood	NJ 08108-1925	Amount of Each Receipt this Period				
	C ID number of contributing eral political committee.	C	100.00				
Nar Alle	me of Employer egheny Gen Hosp	Occupation Emergency Physician					
Rec	ceipt For:	Aggregate Year-to-Date 🔻					
	Primary     General       Other (specify)	300	0.00				
SUBT	OTAL of Receipts This Page (optional)		2100.00				
	L This Period (last page this line number or						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 118/322           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	National Emergency Medicine Politica	al Action Committee	
A.	Full Name (Last, First, Middle Initial) Scott Jason Korvek		Date of Receipt
	Mailing Address 21 Lees Ave		M M / D D / Y Y Y Y 04 26 2011
	City	State Zip Code	Transaction ID: C1272731
	Collingswood	NJ 08108-1925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Allegheny Gen Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify) ▼	300.00	
- B.	Full Name (Last, First, Middle Initial) Scott Jason Korvek		Date of Receipt
	Mailing Address 21 Lees Ave		0 5 / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1
	City	State Zip Code	Transaction ID: C1292655
	Collingswood	NJ 08108-1925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Allegheny Gen Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	300.00	
- C.	Full Name (Last, First, Middle Initial) Joseph W Kosnik	·	Date of Receipt
	Mailing Address 211 Osprey Ct		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1240409
	Huntertown	IN 46748-9294	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Dr. Joseph W Kosnik	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date V	_
	Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	······	450.00
ŀ	TOTAL This Period (last page this line numbe	· · · · · ·	

Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committed	be sold or used by any person for the purpose of soliciting contributions of any political committee to solicit contributions from such committee.
	lee
Full Name (Last, First, Middle Initial) A. Theophile G Koury	Date of Receipt
Mailing Address 1033 McCauley Rd	06 / 0 0 / Y Y Y Y 0 0 1 1
•	Zip Code Transaction ID: C1318514
Danville CA	94526-1972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer Occupation CA Emer Phys Emergency P	Physician
Receipt For: Aggregate Year	r-to-Date ▼
Primary     General       Other (specify) ▼	1000.00
Full Name (Last, First, Middle Initial) B. Terry Kowalenko	Date of Receipt
Mailing Address 4619 Oak Pointe Dr	M M / D D / Y Y Y Y 01 31 2011
	Zip Code Transaction ID: C1191286
Brighton MI	48116-7728 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	83.33
Name of Employer Occupation Univ of MI - Taubman Ctr Emergency F	Physician
Receipt For: Aggregate Year	r-to-Date ▼
Other (specify) ▼	499.98
Full Name (Last, First, Middle Initial) C. Terry Kowalenko	Date of Receipt
Mailing Address 4619 Oak Pointe Dr	M + M         /         D - D         /         Y + Y + Y         Y         Y + Y + Y         Y         Y + Y + Y         Y         Y + Y + Y         Y         Y + Y + Y         Y         Y + Y + Y + Y         Y + Y + Y + Y         Y + Y + Y + Y         Y + Y + Y + Y         Y + Y + Y + Y         Y + Y + Y + Y + Y         Y + Y + Y + Y + Y + Y         Y + Y + Y + Y + Y + Y + Y + Y + Y + Y +
-	Zip Code Transaction ID: C1239436
	48116-7728 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	83.33
Name of Employer Occupation Univ of MI - Taubman Ctr Emergency F	
Receipt For: Aggregate Year	r-to-Date ▼
Other (specify) ▼	499.98
SUBTOTAL of Receipts This Page (optional)	1166.66
TOTAL This Period (last page this line number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 120 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17		
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Corr	nmittee			
∠ A.	Full Name (Last, First, Middle Initial) Terry Kowalenko			Date of Receipt		
	Mailing Address 4619 Oak Pointe Dr	M M / D D / Y Y Y Y 03 25 2011				
	City	State	Zip Code	Transaction ID: C1260489		
	Brighton	MI	48116-7728	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		83.33		
	Name of Employer Univ of MI - Taubman Ctr	Occupation Emergen	n cy Physician			
	Receipt For:	Aggregate	Year-to-Date V			
	Primary     General       Other (specify)		499.98	]		
– В.	Full Name (Last, First, Middle Initial) Terry Kowalenko			Date of Receipt		
	Mailing Address 4619 Oak Pointe Dr			M M / D D / Y Y Y Y 0 4 26 2011		
	City	State	Zip Code	Transaction ID: C1272787		
	Brighton	MI	48116-7728	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		83.33		
	Name of Employer Univ of MI - Taubman Ctr	, I ~	cy Physician			
	Receipt For: Primary General	Aggregate	Year-to-Date V	_		
	Other (specify)	0 0	499.98			
- C.	Full Name (Last, First, Middle Initial) Terry Kowalenko			Date of Receipt		
	Mailing Address 4619 Oak Pointe Dr			M         M         /         D         D         /         Y		
	City	State	Zip Code	Transaction ID: C1293319		
	Brighton	MI	48116-7728	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		83.33		
	Name of Employer Univ of MI - Taubman Ctr		cy Physician			
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻			
	Other (specify) ▼		499.98			
Γ	SUBTOTAL of Receipts This Page (optional)	I		249.99		
	TOTAL This Period (last page this line number					

SCHEDULE A	. ,	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 121 / 322           (check only one)         X           X         11a           11b         11c           13         14
Any information copied or for commercial purpo	from such Reports and Staten ses, other than using the nam	ments may not ne and addres	t be sold or used by any perso s of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First Terry Kowalenko	st, Middle Initial)			Date of Receipt
Mailing Address 4	619 Oak Pointe Dr	M M / D D / Y Y Y Y 06 28 2011		
City		State	Zip Code	Transaction ID: C1311581
Brighton		MI	48116-7728	Amount of Each Receipt this Period
FEC ID number of c federal political com		C		83.33
Name of Employer Univ of MI - Taubma	an Ctr E	Occupation Emergency	Physician	
Receipt For:		Aggregate Yea	ar-to-Date 🔻	_
Other (specify	General (	0 0 0	499.98	
Full Name (Last, Fire Paul Andrew Kozak	st, Middle Initial)			Date of Receipt
Mailing Address 2	1925 N Calle Royale			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: C1241826
Scottsdale		AZ	85255-5000	Amount of Each Receipt this Period
FEC ID number of c federal political com	ontributing nittee.	C		1000.00
Name of Employer Mayo Clinic Hosp	E	Dccupation Emergency	,	
Receipt For: Primary Other (specify	General	Aggregate Yea	ar-to-Date ▼ 1000.00	]
Full Name (Last, Fire	st, Middle Initial)			Date of Receipt
	0 Oxford Cir			M M / D D / Y Y Y Y 02 17 2011
City		State	Zip Code	Transaction ID: C1191191
Southampton		NJ	08088-3579	Amount of Each Receipt this Period
FEC ID number of c federal political com		C		500.00
Name of Employer Jersey Emer Med S		Occupation Emergency	•	
Receipt For: Primary Other (specify	General	Aggregate Yea	ar-to-Date ▼ 500.00	]
SUBTOTAL of Receip	ts This Page (optional)		<b>b</b>	1583.33
	ast page this line number only)			

	EDULE A (FEC Form 3X) /IZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 122/322 (check only one) X 11a 11b 11c 12
		Detailed Summary Page tements may not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions
	ME OF COMMITTEE (In Full)	ame and address of any political committee to	o solicit contributions from such committee.
	tional Emergency Medicine Political A	Action Committee	
A. Joh	I Name (Last, First, Middle Initial) nn Kraynock	Date of Receipt	
	iling Address 99 Route 37 W		0 2 1 7 Y Y Y Y 2 0 1 1
City		State Zip Code	Transaction ID: C1191192
<u>To</u>	ms River	NJ 08755-6423	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	500.00
Nai Jer	me of Employer sey Emer Med Spec	Occupation Emergency Physician	
Re	ceipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	500.00	]
	I Name (Last, First, Middle Initial) ristopher L Krieg		Date of Receipt
Ma	iling Address 5500 Rock Valley Way		M M         /         D D         /         Y Y Y Y         Y           03         14         2011
City	ý	State Zip Code	Transaction ID: C1253714
Lo	uisville	KY 40241-1466	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	250.00
No	me of Employer rton Suburban Hosp	Occupation Emergency Physician	
Re	ceipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	]
	I Name (Last, First, Middle Initial) rk S Kruger		Date of Receipt
Ma	iling Address PO Box 1209		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
City		State Zip Code	Transaction ID: C1293337
<u>Sa</u>	Inford	FL 32772-1209	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	1000.00
Nai FL	me of Employer Emer Phys Kang & Assoc	Occupation Emergency Physician	
Re	ceipt For:	Aggregate Year-to-Date 🔻	
	Primary   General     Other (specify)	1000.00	
SUBT	TOTAL of Receipts This Page (optional)		1750.00
	AL This Period (last page this line number or	<b>·</b>	

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 123/322       (check only one)     11a       X     11a
Any information copied from or for commercial purposes,	such Reports and Statements ma other than using the name and ad	y not be sold or used by any pers dress of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE National Emergency I	(In Full) Medicine Political Action Cor	nmittee	
Full Name (Last, First, Mi Gloria J Kuhn	ddle Initial)		Date of Receipt
Mailing Address 30062	2 White Hall Dr		M M / D D / Y Y Y Y 04 05 2011
City	State	Zip Code	Transaction ID: C1265989
Farmingtn Hls	MI	48331-1994	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer Med Ctr Emer Svcs	Occupatio Emerger	n ncy Physician	
Receipt For:		e Year-to-Date 🔻	
Other (specify) ▼	eneral	500.00	]
Full Name (Last, First, Mi Joseph LaMantia, MD, FAC	,		Date of Receipt
Mailing Address 3 Fara	away Rd		M M / D D / Y Y Y Y Y O 1 0 1 0 6
City	State	Zip Code	Transaction ID: C1177968
Armonk	NY	10504-1215	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer North Shore Univ Hosp E <u>Phys</u> Receipt For:	Enlerger	n ncy Physician e Year-to-Date ▼	_
	eneral	250.00	]
Full Name (Last, First, Mi Edward G Lane	ddle Initial)		Date of Receipt
Mailing Address 6031	N Camino Esquina		M M / D D / Y Y Y Y 05 25 2011
City	State	Zip Code	Transaction ID: C1292868
Tucson	AZ	85718-3706	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			100.00
Name of Employer St Joseph's Hospital	Occupatio Emerger	n ncy Physician	
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	e Year-to-Date V 300.00	]
SUBTOTAL of Receipts Th	is Page (optional)		850.00
	age this line number only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 124/322           (check only one)         11a           X         11a           13         14           15         16           17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
	> National Emergency Medicine Politica	al Action Committee	
A.	Full Name (Last, First, Middle Initial) Edward G Lane		Date of Receipt
	Mailing Address 6031 N Camino Esqui	ina	0 6 1 0 Y Y Y Y 0 6 1 0 2 0 1 1
	City	State Zip Code	Transaction ID: C1303698
	Tucson	AZ 85718-3706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer St Joseph's Hospital	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	300.00	]
- 3.	Full Name (Last, First, Middle Initial) Andrew Langsam		Date of Receipt
	Mailing Address 405 Regency Ct		0 1 / 2 5 / Y Y Y Y 2 0 1 1
	City	State Zip Code	Transaction ID: C1187754
	Hockessin	DE 19707-2300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Doctors Emer Svcs PA	Occupation Emergency Physician	
	Receipt For: 2011 X Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	250.00	
- ).	Full Name (Last, First, Middle Initial) Andrew Langsam		Date of Receipt
	Mailing Address 405 Regency Ct		02 D D Y Y Y Y 22 2011
	City	State Zip Code	Transaction ID: C1239404
	Hockessin	DE 19707-2300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Doctors Emer Svcs PA	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	·	450.00
F	TOTAL This Period (last page this line number		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	<b>rm 3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 125 / 322           (check only one)
Any information copied from such Re or for commercial purposes, other that	ports and Statements may not be sold or used by any perso an using the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicin	ne Political Action Committee	
Full Name (Last, First, Middle Initi Rex D Lasure	al)	Date of Receipt
Mailing Address 270 Browns	Run Rd	04 / 25 / Y Y Y Y 2011
City	State Zip Code	Transaction ID: C1272550
Wheeling	WV 26003-9464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MedExpress Urgent Care	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	250.00	]
Full Name (Last, First, Middle Initi Linda L Lawrence	al)	Date of Receipt
Mailing Address 7811 Hermos	sa HI	M M         /         D D         /         Y Y         Y Y         Y
City	State Zip Code	Transaction ID: C1286783
San Antonio	TX 78256-2455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer 60 MDG/SGH	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initi Ian Brett Leber	al)	Date of Receipt
Mailing Address 31 Yearling F	כ	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1191287
Freehold	NJ 07728-9371	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Bayshore Cmnty Hosp	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date	-
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page	(optional)	1500.00
	ine number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 126 / 322         (check only one)       11a         X       11a       11b         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica		
۷ A.	Full Name (Last, First, Middle Initial) Jarone Lee		Date of Receipt
	Mailing Address 505 W 47th St		02 / <sup>D</sup> D / <u>Y Y Y Y</u> 24 2011
	City	State Zip Code	Transaction ID: C1240312
	New York	NY 10036-2448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer St Lukes Roosevelt Hosp	Occupation Emergency Physician	1
	<u>Ctr</u> Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	300.00	
– В.	Full Name (Last, First, Middle Initial) Jarone Lee	1	Date of Receipt
	Mailing Address 505 W 47th St		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1276427
	New York	NY 10036-2448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer St Lukes Roosevelt Hosp Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary     General       Other (specify) ▼	300.00	
– c.	Full Name (Last, First, Middle Initial) Thomas Edward Leigh	1	Date of Receipt
	Mailing Address 3435 North Arabian La	ane	0 4 0 8 Y Y Y Y Y 0 4 0 8 2 0 1 1
	City Palmer	State Zip Code AK 99645	Transaction ID: C1267436
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
	Name of Employer Alaska Emergency Medicine	Occupation Emergency Medicine Physician	_
	Associates Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ ۲	600.00
		r only)	

SCHEDULE A (FE ITEMIZED RECEIP	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 127 / 322           (check only one)         (check 112 - 112)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from a or for commercial purposes,	such Reports and Statements ma other than using the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE National Emergency N	(In Full) Medicine Political Action Cor	nmittee	
Full Name (Last, First, Mic A. Guy David Leveaux	ddle Initial)		Date of Receipt
Mailing Address RR 2	Box 297		M M / D D / Y Y Y Y Y 03 29 2011
City	State	Zip Code	Transaction ID: C1260628
Shinnston	WV	26431-9613	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer Braxton Cty Mem Hosp	Occupatio Emerger	on ncy Physician	
Receipt For:		e Year-to-Date 🔻	
Primary     G       Other (specify) ▼	eneral	250.00	
Full Name (Last, First, Mic Philip L Levin	ddle Initial)		Date of Receipt
Mailing Address 710 W	/ Beach Blvd		M M / D D / Y Y Y Y 02 / 08 / 2011
City	State	Zip Code	Transaction ID: C1287448
Long Beach	MS	39560-5845	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			100.00
Name of Employer Meml Hosp Gulfport		ncy Physician	
Receipt For:	eneral	e Year-to-Date 🔻	
Other (specify) ▼		300.00	
Full Name (Last, First, Mic Philip L Levin	ddle Initial)		Date of Receipt
Mailing Address 710 W	/ Beach Blvd		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 5         0 4         2 0 1 1
City	State	Zip Code	Transaction ID: C1284773
Long Beach	MS	39560-5845	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			200.00
Name of Employer Meml Hosp Gulfport		ncy Physician	
Receipt For:		e Year-to-Date 🔻	
Primary     G       Other (specify) ▼	eneral	300.00	
SUBTOTAL of Receipts Th	is Page (optional)		550.00
	ge this line number only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 128 / 322           (check only one)         (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	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Corr	nmittee	
∠ A.	Full Name (Last, First, Middle Initial) Roger J Lewis			Date of Receipt
	Mailing Address 1000 W Carson St Harbor UCLA Med Ctr	ED, D9		05 27 Y Y Y 011 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: C1293269
	Torrance	CA	90502-2004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harbor UCLA Med Ctr ED,	Occupation	n Icy Physician	
	<u>D9</u> Receipt For:	1 I	e Year-to-Date V	_
	Primary     General       Other (specify) ▼		250.00	]
– B.	Full Name (Last, First, Middle Initial) Christopher C Lingan			Date of Receipt
	Mailing Address 627 Largovista Dr			M M / D D / Y Y Y Y 05 26 2011
	City	State	Zip Code	Transaction ID: C1293348
	Oakland	FL	34787-8977	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼		1000.00	
- C.	Full Name (Last, First, Middle Initial) Mary Margaret Loehr			Date of Receipt
	Mailing Address 3321 Dehesa Rd			M M / D D / Y Y Y Y 03 04 2011
	City	State	Zip Code	Transaction ID: C1241820
	<u>El Cajon</u>	CA	92019-2880	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Scripps Meml Hosp	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary     General       Other (specify)     ▼		1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		2250.00
F			<b>r</b>	
	TOTAL This Period (last page this line number	oniy)	₽	

	A (FEC Form 3X)			FORL	INE NUMBER: PAGE 129/322
			Use separate schedule(s) for each category of the	(check	< only one)
			Detailed Summary Page		11a 11b 11c 12 13 14 15 16 1
Any information cop or for commercial p	pied from such Reports and Si purposes, other than using the	tatements may name and add	v not be sold or used by any per dress of any political committee	rson for the	13     14     15     16       purpose of soliciting contributions       potributions from such committee.
NAME OF COM	IMITTEE (In Full)				
National Eme	ergency Medicine Political	Action Corr	nmittee		
Jorge Lopez-Ferr				Da	te of Receipt
Mailing Address	5 1476 Chippewa Ln				05 / D D / Y Y Y Y 26 / 2011
City		State	Zip Code	Tra	nsaction ID: C1293350
Geneva		FL	32732-9183	Am	nount of Each Receipt this Period
FEC ID number federal political		C			1000.00
Name of Emplo FL Emer Phys F	yer Kang & Assoc	Occupation Emergen	n Icy Physician		
Receipt For:		_ <b>_</b>	Year-to-Date ▼		
Other (spe	General		1000.00		
	cony) 🗸	0 0	0 0 0 0 0 0 0		
Full Name (Last Ralph K Losey	, First, Middle Initial)			Da	te of Receipt
Mailing Address	6239 N Lundy Ave			м 0	) 1
City		State	Zip Code	Tra	insaction ID: C1191289
<u>Chicago</u>			60646-4009	Am	nount of Each Receipt this Period
FEC ID number federal political of		C			250.00
Name of Employ Univ of IL at Ch	yer icago ED	Occupation Emergen	n Icy Physician		
Receipt For:		Aggregate	e Year-to-Date 🔻		
Other (spe	ecify) <b>▼</b>		250.00		
Full Name (Last Michael Lozano,	;, First, Middle Initial) Jr			Da	te of Receipt
	4824 Longwater Way			м	05 26 Y Y Y Y 26 2011
City		State	Zip Code	Tra	nsaction ID: C1294337
<u>Tampa</u>		FL	33615-4216	Am	nount of Each Receipt this Period
FEC ID number federal political		C			1000.00
Name of Employ EmCare	yer	Occupation Emergen	n Icy Physician		
Receipt For:			Year-to-Date V		
Other (spe	General ecify) <b>▼</b>	0 0	1100.00		
	eceipts This Page (optional)	l			2250.00
TOTAL This Period	od (last page this line number of	only)			

ę	SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 130 / 322 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and or for commercial purposes, other than using the second	d Statements may n the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Comm	nittee	
× ک	Full Name (Last, First, Middle Initial) Michael Lozano, Jr			Date of Receipt
	Mailing Address 4824 Longwater Wa	ıy		0 6 / D D / Y Y Y Y 0 6 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: C1303257
	Tampa	FL	33615-4216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer EmCare	Occupation Emergency	Physician	
	Receipt For:	Aggregate Y	ear-to-Date 🔻	_
	Primary     General       Other (specify) ▼		1100.00	]
-	Full Name (Last, First, Middle Initial) Thomas W Lukens			Date of Receipt
	Mailing Address 15503 Clifton Blvd			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1191233
	Lakewood	ОН	44107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MetroHealth Medical Center	Occupation Physician		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary     General       Other (specify)		750.00	]
. –	Full Name (Last, First, Middle Initial) Thomas W Lukens			Date of Receipt
	Mailing Address 15503 Clifton Blvd			03 15 YYYY 2011
	City	State	Zip Code	Transaction ID: C1254235
	Lakewood	OH	44107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MetroHealth Medical Center	Occupation Physician		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary     General       Other (specify)		750.00	
Γ	SUBTOTAL of Receipts This Page (optional)	)	•	850.00
┢		,		
	TOTAL This Period (last page this line numb	per only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 131 / 322         (check only one)       X         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	Statements may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
لا A.	, Full Name (Last, First, Middle Initial) Thomas J Lydon		Date of Receipt
	Mailing Address PO Box 51		M         M         /         D         D         Y
	City	State Zip Code	Transaction ID: C1283696
	Rye Beach	NH 03871-0051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Wentworth Douglass Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary     General       Other (specify) ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) Nathan Raymond MacDonald, MD, FACEP	1	Date of Receipt
	Mailing Address 17 Youle St		04 / 27 / Y Y Y Y 04 / 27
	City	State Zip Code	Transaction ID: C1273028
	Melrose	MA 02176-2625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Merrimack Valley Emerg As- soc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000.00	
- C.	Full Name (Last, First, Middle Initial) Mark A Mahoney	1	Date of Receipt
	Mailing Address PO Box 644		04 / 05 / Y Y Y Y 04 / 05 / 2011
	City	State Zip Code	Transaction ID: C1265996
	Mattapoisett	MA 02739-0644	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St Lukes Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	l	1500.00
╞	TOTAL This Period (last page this line number	-	

SCHEDULE A (FEC I ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 132/322           (check only one)         X           X         11a
Any information copied from suc or for commercial purposes, othe	h Reports and Statements ma er than using the name and ad	y not be sold or used by any pers	13     14     15     16     17       son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In National Emergency Med	Full) dicine Political Action Cor	nmittee	
Full Name (Last, First, Middle A. <u>Mary Jo Malafa</u>	e Initial)		Date of Receipt
Mailing Address 12001 Co	ommerce Rd		02 / D D / Y Y Y Y 02 18 2011
City	State	Zip Code	Transaction ID: C1191212
Milford	MI	48380-1201	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		200.00
Name of Employer St Joseph Mercy Oakland	Occupatio Emerger	on ncy Physician	
Receipt For:		e Year-to-Date 🔻	_
Other (specify)		200.00	
Full Name (Last, First, Middle Mary Jo Malafa	,		Date of Receipt
Mailing Address 12001 Co	ommerce Rd		M M / D D / Y Y Y Y 02 22 2011
City	State	Zip Code	Transaction ID: C1239323
Milford	MI	48380-1201	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		200.00
Name of Employer St Joseph Mercy Oakland		ncy Physician	
Receipt For:		e Year-to-Date 🔻	_
Other (specify) ▼		200.00	
Full Name (Last, First, Middle Mary Jo Malafa	e Initial)		Date of Receipt
Mailing Address 12001 Co	ommerce Rd		02 / 25 / Y Y Y Y 02 11
City	State	Zip Code	Transaction ID: C1260674
Milford	MI	48380-1201	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.			-200.00
Name of Employer St Joseph Mercy Oakland	· · · · · ·	ncy Physician	
Receipt For:		e Year-to-Date 🔻	_
Other (specify)		200.00	
SUBTOTAL of Receipts This P	age (optional)		200.00
TOTAL This Period (last page t			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER:         PAGE 133 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee		
∠ A.	Full Name (Last, First, Middle Initial) Robert T Malinowski	Date of Receipt		
	Mailing Address 660 Norborne Ave	03 / D D / Y Y Y Y 03 28 2011		
	City	State Zip C	ode	Transaction ID: C1260445
	Dearborn Hts	MI 4812	7-3707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Med Ctr Emer Svcs	Occupation Emergency Physic	cian	
	Receipt For: Primary General	Aggregate Year-to-D	ate 🔻	_
	Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) Gary Gerard March			Date of Receipt
	Mailing Address 10643 Arbour Dr	0 4 1 9 2 0 1 1		
	City	State Zip C	ode	Transaction ID: C1270144
	Brighton	MI 4811	4-9095	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Providence Hosp	Occupation Emergency Physic		
	Receipt For: Primary General	Aggregate Year-to-D	ate 🔻	
	Other (specify) ▼		300.00	
с. —	Full Name (Last, First, Middle Initial) Catherine Anna Marco	•		Date of Receipt
	Mailing Address 7129 Jamesford Dr			0 1 / D D / Y Y Y Y 0 1 2 1 2 0 1 1
	City	State Zip C		Transaction ID: C1187760
	Toledo	<u>OH 4361</u>	7-1370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Univ of Toledo Med Ctr	Occupation Emergency Physic		
	Receipt For: 2011 X Primary General	Aggregate Year-to-D	ate 🔻	-
	Other (specify)		1000.00	]
	SUBTOTAL of Receipts This Page (optional)		h	2300.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 134 / 322           (check only one)
Γ	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any person re name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)           National Emergency Medicine Politic		
⊻ A.	Full Name (Last, First, Middle Initial) David Mason		Date of Receipt
	Mailing Address 4717 Anglia St		0 6 / 2 7 / Y Y Y Y 0 1 1
	City	State Zip Code	Transaction ID: C1318384
	Manlius	NY 13104-9798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer PEMA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	250.00	
- В.	Full Name (Last, First, Middle Initial) Eric E Maur		Date of Receipt
	Mailing Address 241 Meixell Cir		0 1 / D D / Y Y Y Y 2 0 1 1
	City	State Zip Code	Transaction ID: C1191291
	Lewisburg	PA 17837-9259	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Attn 20-05	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	499.98	
– C.	Full Name (Last, First, Middle Initial) Eric E Maur		Date of Receipt
	Mailing Address 241 Meixell Cir		0 2 / 2 5 / Y Y Y Y 0 2 0 1 1
	City	State Zip Code	Transaction ID: C1239439
	Lewisburg	PA 17837-9259	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Attn 20-05	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	499.98	
Γ	SUBTOTAL of Receipts This Page (optional)		416.66
ŀ	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 135 / 322           (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions
National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Eric E Maur		Date of Receipt
Mailing Address 241 Meixell Cir		
City	State Zip Code	Transaction ID: C1260488
Lewisburg	PA 17837-9259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Attn 20-05	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	499.98	
Full Name (Last, First, Middle Initial) Eric E Maur		Date of Receipt
Mailing Address 241 Meixell Cir		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1272790
Lewisburg	PA 17837-9259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.33
Name of Employer Attn 20-05	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) Eric E Maur		Date of Receipt
Mailing Address 241 Meixell Cir		05 / 26 / Y Y Y Y 011
City	State Zip Code	Transaction ID: C1293321
	PA 17837-9259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.33
Name of Employer Attn 20-05	Occupation Emergency Physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	499.98	
SUBTOTAL of Receipts This Page (optiona	l)	249.99
TOTAL This Period (last page this line num	· •	

Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F National Emergency Medi Full Name (Last, First, Middle I Eric E Maur Mailing Address 241 Meixe City Lewisburg FEC ID number of contributing federal political committee.	than using the name and add ull) cine Political Action Con nitial) Il Cir State PA C	dress of any political committee	13       14       15       16       17         rson for the purpose of soliciting contributions to solicit contributions from such committee.       10       17         Date of Receipt       0       2       2       1         Transaction ID: C1311583       10       17
National Emergency Medi Full Name (Last, First, Middle I Eric E Maur Mailing Address 241 Meixe City Lewisburg FEC ID number of contributing	cine Political Action Con nitial) Il Cir State PA C	Zip Code	M M         /         D D         Y         Y Y         Y Y         Y
Lewisburg FEC ID number of contributing	Il Cir State PA		M + M         /         D + D         Y         Y + Y         Y           0 6         2 8         2 0 1 1           Transaction ID: C1311583
City Lewisburg FEC ID number of contributing	State PA C		0 6 2 8 2 0 1 1 Transaction ID: C1311583
Lewisburg FEC ID number of contributing	PA		
FEC ID number of contributing	C	17837-9259	
			Amount of Each Receipt this Period
			83.33
Name of Employer Attn 20-05	Occupatio Emerger	n Icy Physician	
Receipt For:		e Year-to-Date 🔻	
Primary     General       Other (specify) ▼		499.98	
Full Name (Last, First, Middle Michael G Maxwell	nitial)		Date of Receipt
Mailing Address 2222 Jane	et Dr		0 3 / 0 4 / Y Y Y 0 1 1
City	State	Zip Code	Transaction ID: C1241821
Saint Johns	FL	32259-9284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St Lukes Hosp	Occupatio Emerger	<sup>n</sup> cy Physician	
Receipt For:		e Year-to-Date 🔻	
Primary     General       Other (specify) ▼		450.00	
Full Name (Last, First, Middle Michael G Maxwell	nitial)		Date of Receipt
Mailing Address 2222 Jane	et Dr		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 6         1 7         2 0 1 1
City	State	Zip Code	Transaction ID: C1321318
Saint Johns	FL	32259-9284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer St Lukes Hosp	Occupatio Emerger	n icy Physician	
Receipt For:		Year-to-Date V	
Primary     General       Other (specify) ▼		450.00	
SUBTOTAL of Receipts This Pa	qe (optional)		533.33
TOTAL This Period (last page th			

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 137 / 322           (check only one)         11a           X         11a           13         14           15         16
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions of solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Com	nmittee	
∠ A.	Full Name (Last, First, Middle Initial) Elizabeth P Maxwell-Schmidt	Date of Receipt		
	Mailing Address 3509 Marthas Vineyar	03 / D D / Y Y Y Y 25 / 2011		
	City	State	Zip Code	Transaction ID: C1260461
	Edgewater FEC ID number of contributing federal political committee.	MD C	21037-4700	Amount of Each Receipt this Period 250.00
	Name of Employer Anne Arundel Med Ctr	Occupation		
		- I	cy Physician	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	]
— В.	Full Name (Last, First, Middle Initial) Elizabeth P Maxwell-Schmidt			Date of Receipt
	Mailing Address 3509 Marthas Vineyar	06 / 28 / Y Y Y Y 2011		
	City	State	Zip Code	Transaction ID: C1311552
	Edgewater	MD	21037-4700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Anne Arundel Med Ctr	, I	icy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)	0.0	500.00	
- c.	Full Name (Last, First, Middle Initial) William Alan May	1		Date of Receipt
	Mailing Address 515 Overlook Ter			0 4 / 1 9 / Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: C1270153
	Cumberland FEC ID number of contributing	MD	21502-1815	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Braddock Hosp WMHS		icy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 138 / 322         (check only one)       11a         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	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) Christopher McArdle			Date of Receipt
	Mailing Address 8020 Chapel Lake Driv	0 6 / D D / Y Y Y Y 0 6 28 20 1 1		
	City	State	Zip Code	Transaction ID: C1311633
	Midland FEC ID number of contributing	GA	31820	Amount of Each Receipt this Period
	federal political committee.			_
	Name of Employer Emer Med Spec of Columbus	Occupatio Emerger	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	-
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) C L McArthur, III, MD, M			Date of Receipt
	Mailing Address 11 Cardiff			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1260466
	Laguna Niguel FEC ID number of contributing federal political committee.	CA	92677-2936	Amount of Each Receipt this Period
	Name of Employer Desert Regl Med Ctr	, I – – – – – – – – – – – – – – – – – –	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	
C.	Full Name (Last, First, Middle Initial) Joseph T McCaslin			Date of Receipt
•	Mailing Address 16402 Ridgemont St			02 18 2011
	City	State	Zip Code	Transaction ID: C1191224
	<u>Omaha</u>	NE	68136-4020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Meth Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	]
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 139 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1 <sup>+</sup>
	Any information copied from such Reports and S r for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
×ـ	Full Name (Last, First, Middle Initial) Joseph T McCaslin	Date of Receipt	
	Mailing Address 16402 Ridgemont St		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1239359
	Omaha FEC ID number of contributing federal political committee.	NE 68136-4020	Amount of Each Receipt this Period 500.00
	Name of Employer Meth Hosp	Occupation	
	Receipt For:	Emergency Physician Aggregate Year-to-Date	-
	Primary General Other (specify) ▼	500.00	]
. –	Full Name (Last, First, Middle Initial) Joseph T McCaslin		Date of Receipt
	Mailing Address 16402 Ridgemont St		02 / 25 / Y Y Y 2011
	City	State Zip Code	Transaction ID: C1260685
	Omaha FEC ID number of contributing	NE 68136-4020	Amount of Each Receipt this Period
	federal political committee.		-500.00
	Name of Employer Meth Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	]
	Full Name (Last, First, Middle Initial) Sarah McCullough		Date of Receipt
	Mailing Address 3304 Winnipeg Dr		M · M         /         D · D         Y         Y · Y · Y         Y           06         29         2011         1
	City	State Zip Code	Transaction ID: C1312442
	Bismarck FEC ID number of contributing federal political committee.	ND 58503-0455	Amount of Each Receipt this Period
	Name of Employer St Alexius	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  250.00	]
Γ			250.00
	SUBTOTAL of Receipte This Page (optional)		200.00

	EDULE A (FEC Form 3X) /IZED RECEIPTS	fe	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 140 / 322         (check only one)       X         X       11a         11b       11c         12
Any into	formation copied from such Reports and Sta commercial purposes, other than using the r	atements may not name and address	be sold or used by any perso s of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	ME OF COMMITTEE (In Full) tional Emergency Medicine Political	Action Commit	tee	
	l Name (Last, First, Middle Initial) nnis Lucas McGill	Date of Receipt		
Ma	iling Address 19 Camden Rd	$\begin{array}{c c} M & M \\ \hline 0 & 3 \end{array} \begin{array}{c} / & D & D \\ \hline 2 & 5 \end{array} \begin{array}{c} Y & Y & Y \\ \hline 2 & 0 & 1 & 1 \end{array}$		
City		State	Zip Code	Transaction ID: C1260455
	lsborough	NJ	08844-3842	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Na Em	me of Employer her Med Assoc	Occupation Emergency F	Physician	
Re	ceipt For:	Aggregate Yea	•	
	Primary General Other (specify) ▼		350.00	
	I Name (Last, First, Middle Initial) nnis Lucas McGill			Date of Receipt
Ma	iling Address 19 Camden Rd			0 6 0 5 Y Y Y Y 0 1 1
City		State	Zip Code	Transaction ID: C1303264
	lsborough	NJ	08844-3842	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		100.00
Na Em	me of Employer ler Med Assoc	Occupation Emergency F	Physician	
Re	ceipt For:	Aggregate Yea	ar-to-Date V	
	Primary General Other (specify) ▼		350.00	
	I Name (Last, First, Middle Initial) ristine C McKain			Date of Receipt
Ma	iling Address 261 Brookside Dr			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: C1265998
<u>Pił</u>	keton	OH	45661-9079	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Na Pik	me of Employer e Community Hosp	Occupation Emergency F	Physician	
Re	ceipt For:	Aggregate Yea	ar-to-Date 🔻	
	Primary   General     Other (specify)   Image: Control of the second		350.00	
SUBT	TOTAL of Receipts This Page (optional)			600.00
	AL This Period (last page this line number o		-	

SCHEDULE A (FEC Fo	rm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 141 / 322           (check only one)         11a           X         11a           13         14           15         16           17					
Any information copied from such Re or for commercial purposes, other th	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s						
NAME OF COMMITTEE (In Full) National Emergency Medici	ne Political Action Committee						
Full Name (Last, First, Middle Init Christine C McKain	Full Name (Last, First, Middle Initial) Christine C McKain						
Mailing Address 261 Brooksi	de Dr	M         M         /         D         D         /         Y					
City	State Zip Code	Transaction ID: C1283589					
Piketon FEC ID number of contributing federal political committee.	OH 45661-9079	Amount of Each Receipt this Period					
Name of Employer Pike Community Hosp	Occupation Emergency Physician	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	]					
Full Name (Last, First, Middle Init John Gerard McManus, Jr Mailing Address 726 Ridge T		Date of Receipt					
City	State Zip Code	0 2 2 5 2 0 1 1 Transaction ID: C1239438					
San Antonio	TX 78258-6917	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Brooke Army Med Ctr	Occupation Emergency Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]					
Full Name (Last, First, Middle Init Richard S McMonigal	ial)	Date of Receipt					
Mailing Address 3610 45th S	t NE	M M / D D / Y Y Y Y 03 17 2011					
City	State Zip Code	Transaction ID: C1257148					
Tacoma FEC ID number of contributing federal political committee.	WA 98422-2293	Amount of Each Receipt this Period 500.00					
Name of Employer Auburn General Hosp	Occupation Emergency Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]					
SUBTOTAL of Receipts This Page	(optional)	850.00					
TOTAL This Period (last page this	ine number only)						

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 142 / 322         (check only one)       11a         X       11a       11b         13       14       15       16       17			
Any information copied from such Reports ar or for commercial purposes, other than using	A Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee				
Full Name (Last, First, Middle Initial)					
Mailing Address 916 S Walnut St	03 / D D / Y Y Y Y 28 2011				
City	State Zip Code	Transaction ID: C1260450			
Georgetown	TX 78626-6031	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Dept Of EM	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Ross Eric Megargel		Date of Receipt			
Mailing Address 2611 Del Laws Rd		03 / D D / Y Y Y Y 03 16 2011			
City	State Zip Code	Transaction ID: C1257083			
Bear	DE 19701-1706	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Doctors Emer Svcs PA	Occupation Emergency Physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) David James Mendelson		Date of Receipt			
Mailing Address 4633 Post Oak Dr		02 / 25 / Y Y Y Y 02 2011			
City	State Zip Code	Transaction ID: C1239437			
Frisco	TX 75034-5130	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer EmCare Inc	Occupation Emergency Physician	_			
Receipt For:	Aggregate Year-to-Date ▼				
Primary     General       Other (specify) ▼	350.00				
SUBTOTAL of Receipts This Page (optional	l)	750.00			
	ber only)				

SCHEDULE A (FEC F	orm 3X)	FOR LINE NUMBER: PAGE 143/322			
ITEMIZED RECEIPTS	for each catego	chedule(s) (check only one)			
	Detailed Sumn	hary Page X 11a 11b 11c 12 13 14 15 16 11			
Any information copied from such or for commercial purposes, other	Reports and Statements may not be sold or us than using the name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Fi					
National Emergency Medi	cine Political Action Committee				
David James Mendelson					
Mailing Address 4633 Post	Oak Dr	M M / D D / Y Y Y Y 06 / 17 / 2011			
City	State Zip Code	Transaction ID: C1321321			
Frisco	TX 75034-5130	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer EmCare Inc	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date V				
Primary Genera		350.00			
Other (specify)					
Full Name (Last, First, Middle I Jacob Mark Meredith, III	nitial)	Date of Receipt			
Mailing Address 1231A Ro	ute 532	M M / D D / Y Y Y Y 0 1 3 1 2 0 1 1			
City	State Zip Code	Transaction ID: C1191293			
Chatsworth	NJ 08019-9711	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.33			
Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary       General         Other (specify) ▼		999.98			
Full Name (Last, First, Middle I Jacob Mark Meredith, III	nitial)	Date of Receipt			
Jacob Mark Meredith, III Mailing Address 1231A Ro	ute 532				
City	State Zip Code	Transaction ID: C1191193			
Chatsworth	NJ 08019-9711	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary       General         Other (specify) ▼		999.98			
SUBTOTAL of Receipts This Pa	ge (optional)	683.33			
	30 (optionitit)				
TOTAL This Period (last page th	s line number only)	······ · · · · · · · · · · · · · · · ·			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 144 / 322         (check only one)       11a         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 Con	nmittee	
А.	Full Name (Last, First, Middle Initial) Jacob Mark Meredith, III			Date of Receipt
	Mailing Address 1231A Route 532	02 / 25 / Y Y Y 2011		
	City	State	Zip Code	Transaction ID: C1239440
	Chatsworth FEC ID number of contributing federal political committee.	NJ C	08019-9711	Amount of Each Receipt this Period 83.33
	Name of Employer Jersey Emer Med Spec	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 999.98	
B.	Full Name (Last, First, Middle Initial) Jacob Mark Meredith, III Mailing Address 1231A Route 532	1		Date of Receipt
	City	State	Zip Code	0 3 2 5 2 0 1 1 Transaction ID: C1260487
	Chatsworth	NJ	08019-9711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Jersey Emer Med Spec Receipt For:		on ncy Physician e Year-to-Date 🔻	
	Primary General Other (specify) ▼		999.98	
C.	Full Name (Last, First, Middle Initial) Jacob Mark Meredith, Ill			Date of Receipt
	Mailing Address 1231A Route 532			0 4 / 2 6 / Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: C1272789
	Chatsworth FEC ID number of contributing federal political committee.	NJ C	08019-9711	Amount of Each Receipt this Period 83.33
	Name of Employer Jersey Emer Med Spec	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 999.98	
	SUBTOTAL of Receipts This Page (optional)			▶ 249.99
	TOTAL This Period (last page this line number	only)		

Any into or for the NA	<b>EDULE A (FEC Form 3X)</b> <b>/IIZED RECEIPTS</b> formation copied from such Reports and Sta commercial purposes, other than using the r ME OF COMMITTEE (In Full)	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any person name and address of any political committee to s	FOR LINE NUMBER:         PAGE 145 / 322           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         1
Any into or for o	formation copied from such Reports and Sta commercial purposes, other than using the r	Detailed Summary Page	
or for on NA Na	commercial purposes, other than using the r	atements may not be sold or used by any person name and address of any political committee to s	
NA Na		ומחופ מווע מעערכסס טו מווץ עטוונוכמו כטוווווונופפ נס ל	solicit contributions from such committee
Na			
۲ Ful	tional Emergency Medicine Political	Action Committee	
	I Name (Last, First, Middle Initial) ob Mark Meredith, III		Date of Receipt
Ма	iling Address 1231A Route 532		05 / 26 / Y Y Y Y 2011
City		State Zip Code	Transaction ID: C1293322
<u>Ch</u>	natsworth	NJ 08019-9711	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	83.33
Nai Jer	me of Employer sey Emer Med Spec	Occupation Emergency Physician	1
Re	ceipt For:	Aggregate Year-to-Date ▼	]
	Primary General Other (specify) <b>▼</b>	999.98	
	I Name (Last, First, Middle Initial) ob Mark Meredith, III		Date of Receipt
Ma	iling Address 1231A Route 532		M M / D D / Y Y Y Y 06 28 2011
City		State Zip Code	Transaction ID: C1311584
<u>Ch</u>	natsworth	NJ 08019-9711	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	83.33
Nai Jer	me of Employer sey Emer Med Spec	Occupation Emergency Physician	
Re	ceipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	999.98	
	I Name (Last, First, Middle Initial) th Messner		Date of Receipt
Ma	iling Address 3911 Southern Oaks Dr		04 / D D / Y Y Y Y 04 12 2011
City	•	State Zip Code	Transaction ID: C1267975
	yetteville	NC 28314-0998	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	250.00
	me of Employer Keith Messner	Occupation Emergency Physician	]
Re		Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	350.00	
SURT	I	<b></b>	416.66

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 146 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
A	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Con	nmittee	
∠ A.	Full Name (Last, First, Middle Initial) Keith Messner			Date of Receipt
	Mailing Address 3911 Southern Oaks	Dr		M M / D D / Y Y Y Y 04 22 2011
	City	State	Zip Code	Transaction ID: C1283703
	Fayetteville	NC	28314-0998	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Keith Messner	Occupatio Emerger	n ncy Physician	
	Receipt For:	- I	e Year-to-Date 🔻	1
	Primary     General       Other (specify) ▼	0 0	350.00	]
— В.	Full Name (Last, First, Middle Initial) David L Meyers			Date of Receipt
	Mailing Address 2301 Ken Oak Rd			M M / D D / Y Y Y Y 05 26 2011
	City	State	Zip Code	Transaction ID: C1293272
	Baltimore	MD	21209-4421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer EmCare Inc	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	600.00	
 C.	Full Name (Last, First, Middle Initial) David L Meyers			Date of Receipt
	Mailing Address 2301 Ken Oak Rd			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1311555
	Baltimore	MD	21209-4421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer EmCare Inc	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date V 600.00	]
	SUBTOTAL of Receipts This Page (optional)			700.00
	TOTAL This Period (last page this line number		· · · ·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 147 / 322           (check only one)         (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	statements may	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political			
∠ A.	Full Name (Last, First, Middle Initial) Anthony Joseph Midkiff			Date of Receipt
	Mailing Address 1773 Hidden Oak Trl			M M / D D / Y Y Y Y 03 14 2011
	City	State	Zip Code	Transaction ID: C1253717
	Mansfield	OH	44906-3560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mansfield Med Ctr ED	Occupation Emergen	<sup>n</sup> ıcy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)	0.0	250.00	]
– B.	Full Name (Last, First, Middle Initial) David A Milbrandt			Date of Receipt
	Mailing Address 11111 Ironwood Ave N	1		05 / P D / Y Y Y Y 26 2011
	City	State	Zip Code	Transaction ID: C1294327
	Stillwater	MN	55082-5068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Fairview Lakes Hosp	, I – – – – – – – – – – – – – – – – – –	icy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	1000.00	
– c.	Full Name (Last, First, Middle Initial) Laura R Millemon			Date of Receipt
	Mailing Address 13475 N 74th St			03 / D D / Y Y Y Y 03 / 17 2011
	City	State	Zip Code	Transaction ID: C1257151
	<u>Omaha</u>	NE	68122-1754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Hosp	1 · · · · · · ·	icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	350.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		1500.00
╞	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 322 (check only one) X 11a 11b 11c 12
Γ	Any information copied from such Reports and S	tatements may not be sold or used by any person	n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political		Souch Committee.
A.	Full Name (Last, First, Middle Initial) Laura R Millemon		Date of Receipt
	Mailing Address 13475 N 74th St		0 6 / D D / Y Y Y Y 0 6 / 0 5 / 2 0 1 1
	City	State Zip Code	Transaction ID: C1303269
	Omaha	NE 68122-1754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Mercy Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	350.00	
- B.	Full Name (Last, First, Middle Initial) Erik Charles Miller		Date of Receipt
	Mailing Address 1744 Leisure Ln		03 / <sup>D</sup> D / <u>Y Y Y Y</u> 28 / <u>2011</u>
	City	State Zip Code	Transaction ID: C1260446
	Yakima	WA 98908-9224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Yakima Mem Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
- C.	Full Name (Last, First, Middle Initial) Jacquelin M Miller	1	Date of Receipt
	Mailing Address 1914 Wren Way		02 / 24 / Y Y Y Y 02 11
	City	State Zip Code	Transaction ID: C1240316
	Dalton	GA 30720-4909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer George Emer Care PC	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	850.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 149/322       (check only one)     11a       X     11a       11b     11c       12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may n e name and addre	ot be sold or used by any perso ss of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Comm	nittee	
A.	Full Name (Last, First, Middle Initial) Mark Anthony Mitchell			Date of Receipt
	Mailing Address 1340 Lake Pointe Pkw	vy		0 2 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: C1191226
	Sugar Land	TX	77478-3996	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Mark Anthony Mitchell, DO	Occupation Emergency	Physician	
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		200.00	]
В.	Full Name (Last, First, Middle Initial) Mark Anthony Mitchell	1		Date of Receipt
	Mailing Address 1340 Lake Pointe Pkw	vy		02 / D D / Y Y Y Y 22 / 2011
	City	State	Zip Code	Transaction ID: C1239366
	Sugar Land	TX	77478-3996	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Mark Anthony Mitchell, DO	Occupation Emergency	•	_
	Receipt For: Primary General	Aggregate Y	ear-to-Date 🔻	1
	Other (specify) ▼	0 0 0	200.00	
С.	Full Name (Last, First, Middle Initial) Mark Anthony Mitchell	•		Date of Receipt
	Mailing Address 1340 Lake Pointe Pkw	vy		0 2 / D D / Y Y Y Y 0 2 2 5 2 0 1 1
	City	State	Zip Code	Transaction ID: C1260689
	Sugar Land	TX	77478-3996	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		-200.00
	Name of Employer Mark Anthony Mitchell, DO	Occupation Emergency	Physician	
	Receipt For: Primary General	Aggregate Y	ear-to-Date 🔻	
	Other (specify) ▼		200.00	
	SUBTOTAL of Receipts This Page (optional)			200.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	National Emergency Medicine Politica	I Action Committee	
A.	Full Name (Last, First, Middle Initial) Thomas R Mitchell		Date of Receipt
	Mailing Address 3370 Sweeney Hollow	Rd	M M / D D / Y Y Y Y 01 26 2011
	City	State Zip Code	Transaction ID: C1191083
	Franklin	TN 37064-9575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Dr. Thomas R Mitchell	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000	0.00
– B.	Full Name (Last, First, Middle Initial) Thomas R Mitchell		Date of Receipt
	Mailing Address 3370 Sweeney Hollow	Rd	03 / D D / Y Y Y Y 22 2011
	City	State Zip Code	Transaction ID: C1269340
	Franklin	TN 37064-9575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Dr. Thomas R Mitchell	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000	0.00
- C.	Full Name (Last, First, Middle Initial) Thomas R Mitchell	l	Date of Receipt
	Mailing Address 3370 Sweeney Hollow	Rd	03 / D D / Y Y Y Y 03 24 2011
	City	State Zip Code	Transaction ID: C1260662
	Franklin	TN 37064-9575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer Dr. Thomas R Mitchell	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)	100	0.00
ſ	SUBTOTAL of Receipts This Page (optional)		600.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 151 / 322           (check only one)         X           X         11a           11b         11c           12           13         14
, C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may in the second s	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Comr	nittee	
∠ A.	Full Name (Last, First, Middle Initial) Thomas R Mitchell			Date of Receipt
	Mailing Address 3370 Sweeney Hollow	v Rd		M M / D D / Y Y Y Y 04 28 2011
	City	State	Zip Code	Transaction ID: C1283528
	Franklin	TN	37064-9575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Dr. Thomas R Mitchell	Occupation Emergenc	y Physician	
	Receipt For:	Aggregate	Year-to-Date V	_
	Primary     General       Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) Thomas R Mitchell			Date of Receipt
	Mailing Address 3370 Sweeney Hollow	v Rd		05 / <sup>D</sup> D / <sup>Y</sup> Y Y Y 26 / 2011
	City	State	Zip Code	Transaction ID: C1293286
	Franklin	TN	37064-9575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Dr. Thomas R Mitchell	, I V	y Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify)	0 0	1000.00	
	Full Name (Last, First, Middle Initial) James C Mitchiner	- 1		Date of Receipt
	Mailing Address 1265 Barrister Rd			M M / D D / Y Y Y Y 05 11 2011
	City	State	Zip Code	Transaction ID: C1288209
	Ann Arbor	MI	48105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EPMG, PC		y Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify)		1000.00	
	SUBTOTAL of Receipts This Page (optional).			1400.00
$\vdash$				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 152 / 322           (check only one)         X           X         11a           11b         11c           13         14
An or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions
$\geq$	National Emergency Medicine Politica	al Action Com	mittee	
Α.	Full Name (Last, First, Middle Initial) George W Molzen			Date of Receipt
	Mailing Address PO Box 3309			05 / 26 / Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: C1294335
	Naples	<u> </u>	34106-3309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Albuquerque Emer Med Assoc	Occupation Emergend	ı cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Kevin Monfette	•		Date of Receipt
	Mailing Address 2954 Island Point Dr			03 / 25 / Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: C1260465
	Metamora	MI	48455-9625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer St Joseph Mercy Oakland Hosp		cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	375.00	
 C.	Full Name (Last, First, Middle Initial) Kevin Monfette	1		Date of Receipt
	Mailing Address 2954 Island Point Dr			05 / 26 / Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: C1293277
	Metamora	MI	48455-9625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer St Joseph Mercy Oakland Hosp		cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify) ▼		375.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
	OTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the	FOR LINE NUMBER:       PAGE 153 / 322         (check only one)       11a         X       11a         11b       11c         12       13         14       15         15       16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and address of any politic	ed by any person al committee to s	for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Kevin Monfette Mailing Address 2954 Island Point Dr			Date of Receipt
	City	State Zip Code		Transaction ID: C1311562
	Metamora	MI 48455-9625		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer St Joseph Mercy Oakland	Occupation		1
	Hosp	Emergency Physician		4
	Receipt For: Primary General	Aggregate Year-to-Date		
	Other (specify) ▼		375.00	
- 3.	Full Name (Last, First, Middle Initial) John C Moorhead	•		Date of Receipt
	Mailing Address 4138 SW Hamilton Te	r		05 <sup>/</sup> /26 <sup>/</sup> YYYY 0511
	City	State Zip Code		Transaction ID: C1294326
	Portland	OR 97239-4110		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Oregon Hith Sci Univ CDW- EM	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date V		
	Primary     General       Other (specify) ▼		1000.00	
- ).	Full Name (Last, First, Middle Initial) David L Morgan	1		Date of Receipt
	Mailing Address 236 Lakeview Rd			M M / D D / Y Y Y Y 05 04 2011
	City	State Zip Code		Transaction ID: C1284768
	Eddy	TX 76524-2518		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Scott & White Hosp	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary     General       Other (specify) ▼		1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		2125.00
┝	CODICIAL OF HECEIPIS THIS FAGE (OPTIONAL)		••••••••••••••••••••••••••••••••••••••	
	TOTAL This Period (last page this line number	only)	►	

SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	for each ca	tegory of the immary Page FOR LINE NUMBER: PAGE 154 (check only one) X 11a 11b 11c 12 13 14 15 16	2
Any information copied from such F or for commercial purposes, other t NAME OF COMMITTEE (In Ful	nan using the name and address of any po	used by any person for the purpose of soliciting contribution litical committee to solicit contributions from such committee	ons
	ine Political Action Committee		
Full Name (Last, First, Middle In John Bruce Moskow	itial)	Date of Receipt	
Mailing Address 2201 Pluml	prook Dr		
City	State Zip Code	Transaction ID: C1288536	
Austin	TX 78746-62	Amount of Each Receipt this Perio	bd
FEC ID number of contributing federal political committee.	C	1000.	00
Name of Employer Emer Svc Prtnrs La Costa Ctr	Occupation Emergency Physician	1	
Receipt For:	Aggregate Year-to-Date		
PrimaryGeneralOther (specify)		1000.00	
Full Name (Last, First, Middle In           Gary Mouridy		Date of Receipt	
Mailing Address 5 Smith Rd			
City	State Zip Code	Transaction ID: C1239441	
Flemington	NJ 08822-73	Amount of Each Receipt this Period	bd
FEC ID number of contributing federal political committee.	C	250.	00
Name of Employer Emerg Med Assoc	Occupation Emergency Physician	1	
Receipt For: Primary General	Aggregate Year-to-Date	▼	
Other (specify) ▼		500.00	
Full Name (Last, First, Middle In Gary Mouridy	itial)	Date of Receipt	
Mailing Address 5 Smith Rd		05 / D / Y Y Y 26 / 20	
City	State Zip Code		
Flemington	NJ 08822-73		1 1
FEC ID number of contributing federal political committee.	C	250.	00
Name of Employer Emerg Med Assoc	Occupation Emergency Physician	1	
Receipt For:	Aggregate Year-to-Date	▼	
Primary     General       Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Pag	e (optional)	1500.	00
	line number only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 155 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	Statements may name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Com	mittee	
∠ A.	Full Name (Last, First, Middle Initial) Carla Elizabeth Murphy			Date of Receipt
	Mailing Address 1196 Preserve Cir			M M / D D / Y Y Y Y 03 25 2011
	City	State	Zip Code	Transaction ID: C1260456
	Golden	CO	80401-7045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emer Svc Phys PC	Occupation Emergenc	cy Physician	_
	Receipt For:	Aggregate '	Year-to-Date V	
	Primary     General       Other (specify)	0 0	500.00	]
– B.	Full Name (Last, First, Middle Initial) Carla Elizabeth Murphy			Date of Receipt
	Mailing Address 1196 Preserve Cir			M         /         D         P         Y
	City	State	Zip Code	Transaction ID: C1311567
	Golden	CO	80401-7045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emer Svc Phys PC	, I	cy Physician	
	Receipt For:	Aggregate `	Year-to-Date 🔻	
	Primary     General       Other (specify)		500.00	
– c.	Full Name (Last, First, Middle Initial) Steven Nazario			Date of Receipt
	Mailing Address 7597 Saint Stephens C	Ct		M         M         /         D         D         Y
	City	State	Zip Code	Transaction ID: C1293352
	Orlando	FL	32835-6526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FL Emer Phys Kang & Assoc		cy Physician	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🛡	
	Other (specify) ▼	0 0	1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	<b>`</b>	1500.00
F	TOTAL This Period (last page this line number of			

Any information copied from such Reports and Statements may not be sold or used by an or for commercial purposes, other than using the name and address of any political comm         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Susan Marie Nedza         Mailing Address       812 S Clay St         City       State       Zip Code         Hinsdale       IL       60521-4541         FEC ID number of contributing federal political committee.       Occupation         Name of Employer Amer Med Assoc       Occupation         Receipt For:       Aggregate Year-to-Date       ✓         Primary       General       Qthor (monoit) =       250.00	13       14       15       16       17         y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.       Date of Receipt       Date of Receipt         03       25       2011       Transaction ID: C1260464         Amount of Each Receipt this Period       125.00
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Susan Marie Nedza         Mailing Address       812 S Clay St         City       State       Zip Code         Hinsdale       IL       60521-4541         FEC ID number of contributing federal political committee.       C         Name of Employer Amer Med Assoc       Occupation         Receipt For:       Aggregate Year-to-Date ▼	M M M       /       D D       /       Y Y Y Y       Y         0 3       2 5       2 0 1 1         Transaction ID: C1260464         Amount of Each Receipt this Period
A.       Susan Marie Nedza         Mailing Address       812 S Clay St         City       State       Zip Code         Hinsdale       IL       60521-4541         FEC ID number of contributing federal political committee.       C         Name of Employer Amer Med Assoc       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼	M       M       M       D       D       P       Y
City     State     Zip Code       Hinsdale     IL     60521-4541       FEC ID number of contributing federal political committee.     C       Name of Employer Amer Med Assoc     Occupation Emergency Physician       Receipt For:     Aggregate Year-to-Date       Primary     General	0 3     2 5     2 0 1 1       Transaction ID: C1260464       Amount of Each Receipt this Period
Hinsdale     IL     60521-4541       FEC ID number of contributing federal political committee.     C       Name of Employer Amer Med Assoc     Occupation Emergency Physician       Receipt For:     Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.       C         Name of Employer Amer Med Assoc       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
federal political committee.     Occupation       Name of Employer Amer Med Assoc     Occupation       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	125.00
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Primary General 250.0	
Other (specify)	00
Full Name (Last, First, Middle Initial) B. Susan Marie Nedza	Date of Receipt
Mailing Address 812 S Clay St	0 6 / 2 8 / Y Y Y Y 0 1 1
City State Zip Code	Transaction ID: C1311559
Hinsdale IL 60521-4541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	125.00
Name of Employer Amer Med AssocOccupationEmergency Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary   General     Other (specify) ▼	00
Full Name (Last, First, Middle Initial) David Bradford Nelson	Date of Receipt
Mailing Address 868 English Rd	M         M         /         D         D         /         Y
City State Zip Code	Transaction ID: C1251384
Rockwall TX 75032-2600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	200.00
Name of EmployerOccupationSt Paul ER DocsEmergency Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼     300.0	
SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER:       PAGE 157 / 322         (check only one)       X         X       11a       11b       11c       12         I       13       14       15       16       17
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or us name and address of any polit	ised by any person ical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee		
∠ A.	Full Name (Last, First, Middle Initial) David Bradford Nelson			Date of Receipt
	Mailing Address 868 English Rd			03 / D D / Y Y Y Y 29 / 2011
	City	State Zip Code		Transaction ID: C1269120
	Rockwall	TX 75032-260	0	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer St Paul ER Docs	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date	7	1
	Other (specify)		300.00	
— В.	Full Name (Last, First, Middle Initial) Ira R Nemeth	I		Date of Receipt
	Mailing Address 1408 Vermont St Unit A			0 1 / D D / Y Y Y Y 0 1 2 0 1 1
	City	State Zip Code		Transaction ID: C1191300
	Houston	TX 77006-107	1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician		
	Receipt For: Primary General	Aggregate Year-to-Date	/	
	Other (specify)		600.00	
 C.	Full Name (Last, First, Middle Initial) Ira R Nemeth	1		Date of Receipt
	Mailing Address 1408 Vermont St Unit A			0 2 / 2 5 / Y Y Y Y 2 0 1 1
	City	State Zip Code	4	Transaction ID: C1239444
	Houston FEC ID number of contributing	TX 77006-107	1	Amount of Each Receipt this Period
	federal political committee.	C		100.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician		
	Receipt For: Primary General	Aggregate Year-to-Date		
	Other (specify)		600.00	
	SUBTOTAL of Receipts This Page (optional)	I	<b>b</b>	300.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 158 / 322 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} (0,100,10,10,10) \\ \hline X & 11a \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	rson for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Ira R Nemeth		Date of Receipt
	Mailing Address 1408 Vermont St Unit A		0 3 / 2 5 / Y Y Y Y 0 1 1
	City	State Zip Code	Transaction ID: C1260493
	Houston	TX 77006-1071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	600.00	
в.	Full Name (Last, First, Middle Initial) Ira R Nemeth		Date of Receipt
	Mailing Address 1408 Vermont St Unit A		0 4 / 2 6 / Y Y Y Y 0 4 2 6 / 2 0 1 1
	City	State Zip Code	Transaction ID: C1272791
	Houston	TX 77006-1071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	600.00	
С.	Full Name (Last, First, Middle Initial) Ira R Nemeth		Date of Receipt
	Mailing Address 1408 Vermont St Unit A		05 / 26 / Y Y Y Y 0 5 / 26 / 2011
	City	State Zip Code	Transaction ID: C1293327
	Houston	TX 77006-1071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	600.00	
	SUBTOTAL of Receipts This Page (optional)		300.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE	A (FEC Form 3X)	ſ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 159 / 322
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Any information cop or for commercial p	pied from such Reports and St urposes, other than using the	tatements may name and add	not be sold or used by any person ress of any political committee to	13     14     15     16       on for the purpose of soliciting contributions o solicit contributions from such committee.
	IMITTEE (In Full)			
	rgency Medicine Political	Action Com	mittee	
Full Name (Last	, First, Middle Initial)			Date of Receipt
Mailing Address	1408 Vermont St Unit A			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: C1311576
Houston		TX	77006-1071	Amount of Each Receipt this Period
FEC ID number federal political c		C		100.00
Name of Employ Dr. Ira R Nemet	/er h	Occupation Emergen	r cy Physician	
Receipt For:		Aggregate	Year-to-Date V	
Other (spe	General ecify) <b>▼</b>	0 0	600.00	]
3. John O Newcomb				Date of Receipt
Mailing Address	15643 Compass Dr			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: C1260449
Northport		AL	35475-3923	Amount of Each Receipt this Period
FEC ID number federal political c		C		1000.00
Name of Employ First Care	/er	Occupation Emergend	ı cy Physician	
Receipt For:		Aggregate	Year-to-Date 🔻	
Other (spe	⊆ General ecify) <b>▼</b>	0 0	1000.00	]
Full Name (Last Patricia Nichols	, First, Middle Initial)			Date of Receipt
Mailing Address	911 Home Grove Dr			05 / D D / Y Y Y Y 26 2011
City		State	Zip Code	Transaction ID: C1293342
Winter Garde	n	FL	34787-6514	Amount of Each Receipt this Period
FEC ID number federal political c		C		1000.00
Name of Employ FL Emer Phys k	/er Kang & Assoc	Occupation Emergend	r cy Physician	
Receipt For:		Aggregate	Year-to-Date 🔻	
Other (spe	⊆ General ecify) <b>▼</b>	0 0	1000.00	]
SUBTOTAL of Re	Leipts This Page (optional)			2100.00
	od (last page this line number of		•	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 160 / 322           (check only one)         X           X         11a
[	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP	Date of Receipt	
	Mailing Address 2300 N Black Oak Dr		01 01 Y Y Y Y 01 31 2011
	City	State Zip Code	Transaction ID: C1191295
	Angola	IN 46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	499.98	
- В.	Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP		Date of Receipt
	Mailing Address 2300 N Black Oak Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1239442
	Angola	IN 46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.33
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	499.98	
- с.	Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP		Date of Receipt
	Mailing Address 2300 N Black Oak Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1260486
	Angola	IN 46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.33
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	-
	Other (specify) 🔻	499.98	1
	SUBTOTAL of Receipts This Page (optional)		249.99
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 161 / 322           (check only one)         X           X         11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used by any pers	13     14     15     16     17       son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP		Date of Receipt
	Mailing Address 2300 N Black Oak Dr		M M / D D / Y Y Y Y 04 26 2011
	City	State Zip Code	Transaction ID: C1272792
	<u>Angola</u>	IN 46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	<ul> <li>Primary</li> <li>General</li> <li>Other (specify) ▼</li> </ul>	499.98	
В.	Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP		Date of Receipt
	Mailing Address 2300 N Black Oak Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1293326
	<u>Angola</u>	IN 46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	499.98	
С.	Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP		Date of Receipt
	Mailing Address 2300 N Black Oak Dr		0 6 / 2 8 / Y Y Y Y 0 1 1
	City	State Zip Code	Transaction ID: C1311578
	Angola	IN 46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	-
	Other (specify)	499.98	
	SUBTOTAL of Receipts This Page (optional)		249.99
Ī	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		separate schedule(s)	FOR LINE NUMBER: PAGE 162 / 322 (check only one)		
	ITEMIZED RECEIPTS		ach category of the iled Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to so				
	NAME OF COMMITTEE (In Full)	Action Committee				
	National Emergency Medicine Political			1		
Α.	Full Name (Last, First, Middle Initial) Brian Nobie			Date of Receipt		
	Mailing Address 2107 Willow Lauren Lr	n		M M / D D / Y Y Y Y 05 26 2011		
	City		Code	Transaction ID: C1293292		
	Windermere	FL 34	786-6016	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Phy	sician			
	Receipt For:	Aggregate Year-to	-Date V	1		
	Primary     General       Other (specify) ▼		1000.00	]		
в.	Full Name (Last, First, Middle Initial) Mark Notash			Date of Receipt		
	Mailing Address 88 Bush Street			0 6 0 7 Y Y Y Y 0 6 0 7 2 0 1 1		
	City	-	Code	Transaction ID: C1303276		
	<u>San Jose</u>	CA 95	126	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Univ of CA - Davis	Occupation Emergency Phy	sician			
	Receipt For:	Aggregate Year-to	-Date 🔻			
	Primary     General       Other (specify) ▼		1000.00			
с.	Full Name (Last, First, Middle Initial) Ramon Nunez	I		Date of Receipt		
	Mailing Address 7926 Saint Giles Pl			05 26 Y Y Y Y Y 011 D D D D D D D D D D D D D D D D D D		
	City		Code	Transaction ID: C1293358		
	Orlando	FL 32	835-7909	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Phy	sician			
	Receipt For: Primary General	Aggregate Year-to	-Date 🔻			
	Other (specify) ▼		1000.00			
	SUBTOTAL of Receipts This Page (optional)		••••••	3000.00		
	TOTAL This Period (last page this line number	only)				

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 163 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
Å	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political			
∠ A.	Full Name (Last, First, Middle Initial) Robert E O'Connor			Date of Receipt
	Mailing Address 515 Foxdale Ln			M M / D D / Y Y Y Y 0 1 31 2011
	City	State	Zip Code	Transaction ID: C1191301
	Charlottesvle	VA	22903-9201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Univ of VA Hith Svc-Dept of EM	Occupation Emergenc	y Physician	
	Receipt For:		Year-to-Date 🔻	
	Other (specify)	0 0	499.98	]
— В.	Full Name (Last, First, Middle Initial) Robert E O'Connor			Date of Receipt
	Mailing Address 515 Foxdale Ln			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1239445
	Charlottesvle	VA	22903-9201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Univ of VA Hlth Svc-Dept of EM	Occupation Emergenc	y Physician	
	Receipt For:	Aggregate V	Year-to-Date 🔻	
	Other (specify)	0 0	499.98	
 C.	Full Name (Last, First, Middle Initial) Robert E O'Connor			Date of Receipt
	Mailing Address 515 Foxdale Ln			M M / D D / Y Y Y Y Y 0 3 25 2011
	City	State	Zip Code	Transaction ID: C1260491
	Charlottesvle	VA	22903-9201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Univ of VA Hlth Svc-Dept of EM	Occupation Emergenc	y Physician	
	Receipt For:	Aggregate `	Year-to-Date 🔻	_
	Other (specify)	0 0	499.98	]
Γ	SUBTOTAL of Receipts This Page (optional)	1	<b>h</b>	249.99
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 164/322 (check only one)
	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to s	of or the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Emergency Medicine Poli	Itical Action Committee	
Full Name (Last, First, Middle Initial) Robert E O'Connor		Date of Receipt
Mailing Address 515 Foxdale Ln		04 26 2011
City	State Zip Code	Transaction ID: C1272793
Charlottesvle	VA 22903-9201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Univ of VA Hlth Svc-Dept	Occupation	-
of EM Receipt For:	Emergency Physician	4
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	499.98	
Full Name (Last, First, Middle Initial) Robert E O'Connor		Date of Receipt
Mailing Address 515 Foxdale Ln		05 / 26 / Y Y Y Y 021 1
City	State Zip Code	Transaction ID: C1293325
Charlottesvle	VA 22903-9201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Univ of VA Hlth Svc-Dept	Occupation Emergency Physician	
of EM Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) Robert E O'Connor	1	Date of Receipt
Mailing Address 515 Foxdale Ln		M M / D D / Y Y Y Y 06 28 2011
City	State Zip Code	Transaction ID: C1311579
Charlottesvle	VA 22903-9201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Univ of VA Hith Svc-Dept	Occupation Emergency Physician	
of EM Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	499.98	
SUBTOTAL of Receipts This Page (option	nal)	249.99
	nber only)	

				FOR LINE NUMBER: PAGE 165/322
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 165 / 322 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c $12$
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Lisa Marie O'Grady			Date of Receipt
	Mailing Address 1320 Webster St			05 / 26 / Y Y Y Y 26 2011
	City	State	Zip Code	Transaction ID: C1293289
	<u>Orlando</u>	FL	32804-2855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupatio		-
	Receipt For:	- I	ncy Physician	_
	Primary General	Aggregate	e Year-to-Date	1
	Other (specify)	0 0	1000.00	
- В.	Full Name (Last, First, Middle Initial) Christopher Obetz	•		Date of Receipt
	Mailing Address 4840 Garfield Ave			
	City	State	Zip Code	Transaction ID: C1187773
	<u>Minneapolis</u>	MN	55419-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Abbott Northwestern Hosp	Occupatio	on ncy Physician	
	Receipt For: 2011	- · · · · ·	e Year-to-Date	_
	X Primary General	Ayyreyall		1
	Other (specify)	0 0	400.00	
- С.	Full Name (Last, First, Middle Initial) Christopher Obetz			Date of Receipt
	Mailing Address 4840 Garfield Ave			0 1 / Y Y Y Y 0 1 3 1 2 0 1 1
	City	State	Zip Code	Transaction ID: C1191297
	Minneapolis	MN	55419-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Abbott Northwestern Hosp	Occupatio Emerger	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	400.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	1		1150.00
┝	CONTRACTOR OF TECEIPIS THIS Fage (uptional)			
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 166 / 322           (check only one)         X           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions
	National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Christopher Obetz		Date of Receipt
	Mailing Address 4840 Garfield Ave		0 2 / D D / Y Y Y Y 0 2 1 2 5 2 0 1 1
	City	State Zip Code	Transaction ID: C1239443
	Minneapolis	MN 55419-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Abbott Northwestern Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	400.00	
в.	Full Name (Last, First, Middle Initial) Christopher Obetz	•	Date of Receipt
	Mailing Address 4840 Garfield Ave		03 / 25 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: C1260492
	Minneapolis	MN 55419-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Abbott Northwestern Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date	_
	Other (specify)	400.00	
с.	Full Name (Last, First, Middle Initial) Christopher Obetz	•	Date of Receipt
	Mailing Address 4840 Garfield Ave		M M / D D / Y Y Y Y 0 4 26 2011
	City	State Zip Code	Transaction ID: C1272794
	Minneapolis	MN 55419-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Abbott Northwestern Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	400.00	
	SUBTOTAL of Receipts This Page (optional) .	•	150.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 167 / 322         (check only one)       11a         X       11a       11b         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Christopher Obetz		Date of Receipt
	Mailing Address 4840 Garfield Ave		05 26 Y Y Y Y 05 26 2011
	City	State Zip Code	Transaction ID: C1293324
	Minneapolis	MN 55419-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Abbott Northwestern Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	400.00	
В.	Full Name (Last, First, Middle Initial) Christopher Obetz		Date of Receipt
	Mailing Address 4840 Garfield Ave		0 6 / D D / Y Y Y Y 0 6 2 8 2 0 1 1
	City	State Zip Code	Transaction ID: C1311580
	<u>Minneapolis</u>	MN 55419-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Abbott Northwestern Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	400.00	
с.	Full Name (Last, First, Middle Initial) Martin E Ogle		Date of Receipt
	Mailing Address 24411 Health Center D CA Emer Phys	r	0 6 / D D / Y Y Y Y 0 6 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: C1318525
	Laguna Hills	CA 92653-3698	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer CA Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	1000.00	]
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1100.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 168 / 322         (check only one)       11a         X       11a       11b         I3       14       15       16       17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Con	nmittee		
A.	Full Name (Last, First, Middle Initial) Anna Olson				
	Mailing Address 1130 Carlson Drive		03 / 02 / Y Y Y Y 2011		
	City	State	Zip Code	Transaction ID: C1241615	
	Colorado Springs	CO	80919	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer SCEMA	Occupatio EMP	n	_	
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	0 0	250.00	]	
в.	Full Name (Last, First, Middle Initial) Margaret A Orcutt-Tuddenham			Date of Receipt	
	Mailing Address 8600 Willow Run Ct			0 4 / D D / Y Y Y Y 2 0 1 1	
	City	State	Zip Code	Transaction ID: C1269422	
	<u>Cincinnati</u>	OH	45243-3448	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Dr. Margaret A Orcutt-Tud- denham Receipt For:	, I – – – – – – – – – – – – – – – – – –	n ncy Physician e Year-to-Date ▼		
	Primary     General       Other (specify) ▼		250.00	]	
с.	Full Name (Last, First, Middle Initial) Matthew D Otto			Date of Receipt	
	Mailing Address 612 S Baker St			M         M         /         D         D         Y	
	City	State	Zip Code	Transaction ID: C1191223	
	<u>Tacoma</u>	WA	98402-2318	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		200.00	
	Name of Employer Wayne State Univ/Detroit <u>Rec</u>	Occupatio Emerger	<sup>n</sup> ncy Physician		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary     General       Other (specify)     Image: Content of the specify of the specify of the specify of the specify of the specific of the speci	0 0	200.00	]	
	SUBTOTAL of Receipts This Page (optional)			700.00	
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 169 / 322 (check only one)
	TEMIZED RECEIPTS	for each category of the	$X$ 11a $\Box$ 11b $\Box$ 11c $\Box$ 12
		Detailed Summary Page	
	Any information copied from such Reports and s or for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	al Action Committee	
A.	Full Name (Last, First, Middle Initial) Matthew D Otto		Date of Receipt
	Mailing Address 612 S Baker St		0 2 / 2 2 / Y Y Y Y 0 1 0 2 0 1 1
	City	State Zip Code	Transaction ID: C1239355
	<u>Tacoma</u>	WA 98402-2318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Wayne State Univ/Detroit	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		1
	Other (specify)	200.00	
В.	Full Name (Last, First, Middle Initial) Matthew D Otto		Date of Receipt
	Mailing Address 612 S Baker St		02 / 25 / Y Y Y Y 02 2011
	City	State Zip Code	Transaction ID: C1260684
	Tacoma	WA 98402-2318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	-200.00
	Name of Employer Wayne State Univ/Detroit	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General		1
	Other (specify)	200.00	
с	Full Name (Last, First, Middle Initial) Ernest Page, II		Date of Receipt
	Mailing Address 11030 Ullswater Ln		05 / 26 / Y Y Y Y 05 26 2011
	City	State Zip Code	Transaction ID: C1293349
	Windermere	FL 34786-5411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000.00	]
Γ	SUBTOTAL of Receipts This Page (optional).	<u> </u>	1000.00
┝	OUDIVIAL OF RECEIPTS THIS Fage (optional).		
	TOTAL This Period (last page this line number	r only)	

	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 or for commercial purposes, other than using t	d Statements may not be sold or used by any persor the name and address of any political committee to st	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) <u>Michael J Pallaci</u>		Date of Receipt
Mailing Address 8021 Chateau Ln		03 / D D / Y Y Y Y 28 2011
City	State Zip Code	Transaction ID: C1260558
Westerville	OH 43082-8877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Grant Riverside Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ketan Pandya		Date of Receipt
Mailing Address 13049 Water Point E	Blvd	M M / D D / Y Y Y Y 05 26 2011
City	State Zip Code	Transaction ID: C1293294
Windermere	FL 34786-5818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Orlee Israeli Panitch		Date of Receipt
Mailing Address 11753 Gainsboroug	n Rd	05 / Y Y Y Y 02011
City	State Zip Code	Transaction ID: C1289795
Potomac	MD 20854-3247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Shady Grove Adventist Hosp	Occupation Emergency Physician	_
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	 	3250.00
TOTAL This Period (last page this line numb		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 171 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	mittee	
۷ A.	Full Name (Last, First, Middle Initial) Bing S Pao			Date of Receipt
	Mailing Address PO Box 5000 Private Mail Box 205			M M         /         D D         Y
	City	State	Zip Code	Transaction ID: C1318528
	Rcho Santa Fe	CA	92067-5000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Bing S Pao	Occupation Emergend	cy Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
- B.	Full Name (Last, First, Middle Initial) Rebecca B Parker			Date of Receipt
	Mailing Address 5880 Highland Ln			03 / 25 / Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: C1260454
	Vlg Of Lakewd	IL	60014-4808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Rebecca B Parker	, I – – – – – – – – – – – – – – – – – –	cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify)	0 0	500.00	
с	Full Name (Last, First, Middle Initial) Rebecca B Parker			Date of Receipt
	Mailing Address 5880 Highland Ln			06 / Y Y Y Y Y 06 28 2011
	City	State	Zip Code	Transaction ID: C1311560
	VIg Of Lakewd	IL	60014-4808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Rebecca B Parker	1 · · · · · ·	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
ſ	SUBTOTAL of Receipts This Page (optional)		•	1500.00
Ī	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 172 / 322         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
or for commercial purposes, other than using th	Statements may not be sold or used by any person ne name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Kevin J Parkes		Date of Receipt
Mailing Address 11669 Bernardo Way	1	03 / D D / Y Y Y Y 03 / 17 2011
City	State Zip Code	Transaction ID: C1257144
Grand Terrace	CA 92313-4913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer San Antonio Cmnty Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Kevin J Parkes	1	Date of Receipt
Mailing Address 11669 Bernardo Way	1	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1318301
Grand Terrace	CA 92313-4913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer San Antonio Cmnty Hosp	Occupation Emergency Physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Michael A Parnell		Date of Receipt
Mailing Address 2840 Riverwalk Pl		M = M         /         D = D         /         Y
City	State Zip Code	Transaction ID: C1257133
E Wenatchee	WA 98802-9564	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Wenatchee Emer Phys PC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		500.00
	er only)	

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 173 / 322           (check only one)         X           X         11a           13         14           15         16           17
Any inform or for con	nation copied from such Reports and Sta amercial purposes, other than using the n	atements may name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OF COMMITTEE (In Full) nal Emergency Medicine Political A	Action Corr	nmittee	
A. Michae	ame (Last, First, Middle Initial) el A Parnell			Date of Receipt
Mailing	g Address 2840 Riverwalk Pl			0 6 / 0 9 / Y Y Y 2 0 1 1
City		State	Zip Code	Transaction ID: C1303283
FEC I	enatchee D number of contributing	WA C	98802-9564	Amount of Each Receipt this Period
	I political committee.			
	of Employer tchee Emer Phys PC	Occupation Emergen	n cy Physician	
Receir	ot For: Primary General	Aggregate	Year-to-Date	_
	Other (specify) ▼	0 0	250.00	
	ame (Last, First, Middle Initial) G Patel			Date of Receipt
Mailing	g Address 12 Deerpath Dr			0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C1191194
	ingdale	NJ	07727-3777	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		500.00
Name Jersey	of Employer / Emer Med Spec	Occupation Emergen	n cy Physician	
Receip	ot For: Primary General	Aggregate	Year-to-Date V	_
	Other (specify) ▼	0.0	500.00	
	ame (Last, First, Middle Initial) /ipin Patel			Date of Receipt
Mailing	g Address 4 Brandy Ridge Rd			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: C1267373
<u>Spart</u>	a	NJ	07871-1781	Amount of Each Receipt this Period
federa	l political committee.	C		500.00
	of Employer town Meml Hosp	Occupation Emergen	n cy Physician	
Receip	ot For: Primary General	Aggregate	Year-to-Date V	_
	Other (specify) ▼		500.00	
SUBTO	TAL of Receipts This Page (optional)			1100.00
	This Period (last page this line number or			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 174/322           (check only one)         11c         12           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	Statements may not be sold or used by any person e name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
Full Name (Last, First, Middle Initial) Charles F Pattavina, MD, FACEP		Date of Receipt
Mailing Address St Joseph Hosp 360 Broadway		01 / 01 / 2011
City	State Zip Code	Transaction ID: C1191323
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp Bangor, ME	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Charles F Pattavina, MD, FACEP		Date of Receipt
Mailing Address St Joseph Hosp 360 Broadway		M M         /         D D         /         Y Y Y Y         Y           0 2         /         2 5         2 0 1 1
City	State Zip Code	Transaction ID: C1239448
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp Bangor, ME	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Charles F Pattavina, MD, FACEP	I	Date of Receipt
Mailing Address St Joseph Hosp 360 Broadway		04 / D D / Y Y Y Y 26 2011
City	State Zip Code	Transaction ID: C1272795
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp Bangor, ME	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional) .	<b>⊾</b>	300.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 175/322           (check only one)         11a           X         11a           13         14           15         16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to s	o for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
Full Name (Last, First, Middle Initial) A. Charles F Pattavina, MD, FACEP		Date of Receipt
Mailing Address St Joseph Hosp 360 Broadway		05 / 26 / Y Y Y Y 2011
City	State Zip Code	Transaction ID: C1293328
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp Bangor, ME	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Charles F Pattavina, MD, FACEP		Date of Receipt
Mailing Address St Joseph Hosp 360 Broadway		0 6 / 2 8 / Y Y Y Y 2 0 1 1
City	State Zip Code	Transaction ID: C1311577
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp Bangor, ME	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Christine Mae Patton	1	Date of Receipt
Mailing Address 1104 Stockton Rdg		0 6 / D D / Y Y Y Y 0 6 0 1 2 0 1 1
City	State Zip Code	Transaction ID: C1303281
Cranberry Twp	PA 16066-2263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Weirton Medical Center	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .		450.00
TOTAL This Period (last page this line numbe		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X       11a       11b       11c       12         I       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 p he name and address of any political committe	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politic	al Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Drew J Paulson		Date of Receipt
	Mailing Address 1961 S 38th Dr		M M / D D / Y Y Y Y 02 22 2011
	City	State Zip Code	Transaction ID: C1239314
	Yuma	AZ 85364-4916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Southwest Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     Image: Content of the specify of the specific of the specifi	600.00	
– В.	Full Name (Last, First, Middle Initial) Drew J Paulson	1	Date of Receipt
	Mailing Address 1961 S 38th Dr		0 6 / D D / Y Y Y Y 0 2 0 1 1
	City	State Zip Code	Transaction ID: C1303282
	Yuma	AZ 85364-4916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Southwest Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	600.00	
с. –	Full Name (Last, First, Middle Initial) Lee E Payne		Date of Receipt
	Mailing Address 4199 Douglass Way		0 1 / D D / Y Y Y Y 0 1 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: C1191318
	Usaf Academy	CO 80840-1099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer HQ Air Force Space Command	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	416.65	
Γ	SUBTOTAL of Receipts This Page (optional)	·····	683.33
F	TOTAL This Period (last page this line number		

SCHEDULE A (I ITEMIZED RECI	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 177 / 322           (check only one)
Any information copied fr or for commercial purpos	om such Reports and Statements es, other than using the name and	may not be sold or used by any person d address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITT National Emergen	EE (In Full) cy Medicine Political Action	Committee	
Full Name (Last, First Lee E Payne	, Middle Initial)		Date of Receipt
Mailing Address 41	99 Douglass Way		02 / D D / Y Y Y Y 25 / 2011
City	State	e Zip Code	Transaction ID: C1239446
Usaf Academy	CO	80840-1099	Amount of Each Receipt this Period
FEC ID number of co federal political comm			83.33
Name of Employer HQ Air Force Space (	Command Occup Emer	pation gency Physician	_
Receipt For:		egate Year-to-Date 🔻	
Primary Other (specify)	General	416.65	]
Full Name (Last, First Lee E Payne	- ,		Date of Receipt
Mailing Address 41	99 Douglass Way		M         M         /         D         D         /         Y
City	State	e Zip Code	Transaction ID: C1260484
Usaf Academy	CO	80840-1099	Amount of Each Receipt this Period
FEC ID number of confederal political comm			83.33
Name of Employer HQ Air Force Space (	Ellier	gency Physician	
Receipt For:		egate Year-to-Date 🔻	
Other (specify)	General	416.65	
Full Name (Last, First Lee E Payne	, Middle Initial)		Date of Receipt
Mailing Address 41	99 Douglass Way		05 / D D / Y Y Y Y 2011
City	State	•	Transaction ID: C1293329
Usaf Academy	CO	80840-1099	Amount of Each Receipt this Period
FEC ID number of confederal political comm			83.33
Name of Employer HQ Air Force Space (	Command Occup	pation gency Physician	
Receipt For:		egate Year-to-Date 🔻	_
Other (specify)	General	416.65	
SUBTOTAL of Receipts	This Page (optional)		249.99
	t page this line number only)		

c	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 178 / 322
		Use separate schedule(s) for each category of the	(check only one)
11	<b>TEMIZED RECEIPTS</b>	Detailed Summary Page	X 11a 11b 11c 12
A	ny information copied from such Reports and	Statements may not be sold or used by any pe	rson for the purpose of soliciting contributions
0	r for commercial purposes, other than using th	e name and address of any political committee	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Lee E Payne		Date of Receipt
	Mailing Address 4199 Douglass Way		M M / D D / Y Y Y Y 06 28 2011
	City	State Zip Code	Transaction ID: C1311575
	Usaf Academy	CO 80840-1099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer HQ Air Force Space Command	Occupation	
	· .	Emergency Physician	—
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	416.65	
— В.	Full Name (Last, First, Middle Initial) Claire Pearson, MD, MPH		Date of Receipt
	Mailing Address 22214 Cleveland St		M M / D D / Y Y Y Y 05 27 2011
	City	State Zip Code	Transaction ID: C1293268
	Dearborn	MI 48124-3426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Med Ctr Emer Svcs	Occupation	
	Receipt For:	Emergency Physician	
	Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	1000.00	,
 C.	Full Name (Last, First, Middle Initial) Daniel Eugene Peckenpaugh	1	Date of Receipt
	Mailing Address 4107 Wood Creek Ct		M M / D D / Y Y Y Y 0 4 0 1 2 0 1 1
	City	State Zip Code	Transaction ID: C1276297
	Colleyville	TX 76034-4101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer HEB Emergicare PA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000.00	
Γ			2083.33
Ľ	SUBTOTAL of Receipts This Page (optional) .		
-	<b>FOTAL</b> This Period (last page this line numbe	r only)	•

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 179 / 322           (check only one)         11a           X         11a           13         14           15         16           17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person of the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) A. Nathan Phillip Peimann		Date of Receipt
Mailing Address PO Box 20150		03 16 Y Y Y Y 2011
City	State Zip Code	Transaction ID: C1257084
Juneau	AK 99802-0150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	525.00
Name of Employer Bartlett Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	1030.00	
Full Name (Last, First, Middle Initial) Nathan Phillip Peimann	1	Date of Receipt
Mailing Address PO Box 20150		0 6 / D D / Y Y Y Y 0 6 2 3 2 0 1 1
City	State Zip Code	Transaction ID: C1318303
Juneau	AK 99802-0150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		505.00
Name of Employer Bartlett Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	1030.00	
Full Name (Last, First, Middle Initial) Vanessa C Peluso		Date of Receipt
Mailing Address 1768 Elizabeths W	alk	05 / <sup>D</sup> D D / <u>Y Y Y Y</u> 26 2011
City	State Zip Code	Transaction ID: C1293347
Winter Park	FL 32789-5948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optiona	al)	2030.00
	nber only)	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 180 / 322       (check only one)     X       X     11a       11b     11c       12
Any information copied from such Rep or for commercial purposes, other that	ports and Statements may not be sold or used by any person n using the name and address of any political committee to s	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political Action Committee	
Full Name (Last, First, Middle Initia A. Alberto Perez, MD, FACEP	(J)	Date of Receipt
Mailing Address 59 Windswep	t Way	05 / <sup>Y</sup> Y Y Y Y 05 26 2011
City	State Zip Code	Transaction ID: C1294336
Coventry	CT 06238-3622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initia Ari M Perkins, MD	(I (I	Date of Receipt
Mailing Address 31 Mayhew A	ve	04 / 20 / Y Y Y Y 04 20 11
City	State Zip Code	Transaction ID: C1271913
Larchmont FEC ID number of contributing federal political committee.	NY 10538	Amount of Each Receipt this Period
Name of Employer Norwalk Hospital	Occupation Emergency Physician	-
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initia Michael Pfleger, MD, FACEP	اله (له	Date of Receipt
Mailing Address 10101 N 124	h St	04 / 25 / Y Y Y Y 04 25 2011
City	State Zip Code	Transaction ID: C1272563
Scottsdale	AZ 85259-5210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Scottsdale Emer Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (	optional)	2250.00
	ne number only)	

SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 181 / 322           (check only one)         (check 114 - 116 - 112 - 112 - 113 - 114 - 115 - 116 - 117 - 117 - 116 - 117 - 117 - 116 - 117 - 117 - 117 - 117 - 116 - 117 - 1
Any information copied from such F or for commercial purposes, other th	Reports and Statements may not be sold or used by any personan using the name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Ful National Emergency Medic	I) ine Political Action Committee	
Full Name (Last, First, Middle In Edward Adam Pillar		Date of Receipt
Mailing Address 35605 Abel	ia St	0 6 / 0 0 / Y Y Y Y 0 6 / 0 0 / 2 0 1 1
City	State Zip Code	Transaction ID: C1318515
Murrieta	CA 92562-4462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer CEP America	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	1000.00	
Full Name (Last, First, Middle In David J Pillow, Jr	itial)	Date of Receipt
Mailing Address 5332 Watel	ka Dr	M · M         /         D · D         /         Y · Y · Y · Y         Y           0 3         0 1         2 0 1 1
City	State Zip Code	Transaction ID: C1240411
Dallas	TX 75209-5512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer St Paul Univ Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	1000.00	
Full Name (Last, First, Middle In George Podgorny	itial)	Date of Receipt
Mailing Address 2115 Georg	jia Ave	0 1 / Y Y Y Y 0 1 0 7 2 0 1 1
City	State Zip Code	Transaction ID: C1177969
Winston Salem	NC 27104-1917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Moses H Cone Meml Hosp	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page	e (optional)	2500.00
	line number only)	•

ITEN	EDULE A (FEC Form 3X) /IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 182 / 322           (check only one)         X           X         11a           13         14           15         16
Any in or for o	formation copied from such Reports and S commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ME OF COMMITTEE (In Full) ational Emergency Medicine Political	I Action Com	mittee	
	l Name (Last, First, Middle Initial) Randall Poole			Date of Receipt
Ma	iling Address 1110 SW Ivanhoe Blvc	d		M M         /         D D         /         Y Y         Y Y         Y
City		State	Zip Code	Transaction ID: C1293336
<u>Or</u>	lando	FL	32804-6370	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		1000.00
Na FL	me of Employer Emer Phys Kang & Assoc	Occupation Emergend	cy Physician	
Re	ceipt For:	1	Year-to-Date V	
	Primary     General       Other (specify)	0 0	1000.00	]
	l Name (Last, First, Middle Initial) cka Powell			Date of Receipt
Ma	iling Address 40 Lane Rd			M         M         /         D         D         /         Y
City	у	State	Zip Code	Transaction ID: C1191305
De	erry	NH	03038-4194	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		83.33
Na La	me of Employer ncaster Regional Med Ctr	, I – – – – – – – – – – – – – – – – – –	cy Physician	
Re	ceipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	499.98	]
	l Name (Last, First, Middle Initial) cka Powell			Date of Receipt
Ma	iling Address 40 Lane Rd			02 / <sup>D</sup> D / <u>Y</u> Y Y Y 25 / <u>2011</u>
City		State	Zip Code	Transaction ID: C1239447
<u>De</u>	erry	NH	03038-4194	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		83.33
Na La	me of Employer ncaster Regional Med Ctr	Occupation Emergend	cy Physician	
Re	ceipt For:	Aggregate	Year-to-Date 🔻	_
	Primary   General     Other (specify)	0 0	499.98	
SUBT	<b>FOTAL</b> of Receipts This Page (optional)	I		1166.66
	AL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule( for each category of the	
Γ	Any information copied from such Reports and S	Detailed Summary Page	person for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and address of any political commi	ttee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	a Action Committee	
, ∠ A.	Full Name (Last, First, Middle Initial) Ericka Powell		Date of Receipt
	Mailing Address 40 Lane Rd		03 / 25 / Y Y Y Y 03 / 25 / 2011
	City	State Zip Code	Transaction ID: C1260483
	Derry	NH 03038-4194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	499.9	8
	Other (specify)		
– В.	Full Name (Last, First, Middle Initial) Ericka Powell		Date of Receipt
J.	Mailing Address 40 Lane Rd		M M / D D / Y Y Y Y 0 4 28 2011
	City	State Zip Code	Transaction ID: C1278351
	Derry	NH 03038-4194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Lancaster Regional Med Ctr	Occupation	
	-	Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	499.9	B
- C.	Full Name (Last, First, Middle Initial) Ericka Powell	·	Date of Receipt
	Mailing Address 40 Lane Rd		M M / D D / Y Y Y Y 05 26 2011
	City	State Zip Code	Transaction ID: C1293330
	Derry	NH 03038-4194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	]
	Primary     General       Other (specify) ▼	499.9	B
Γ	SUBTOTAL of Receipts This Page (optional)	1	249.99
┝	SOBIOTAL OF necespis This mage (optional)		
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 184 / 322         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports a or for commercial purposes, other than using	Ind Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	itical Action Committee	
Full Name (Last, First, Middle Initial) A. Ericka Powell		Date of Receipt
Mailing Address 40 Lane Rd		0 6 / D D / Y Y Y Y 0 6 2 8 2 0 1 1
City	State Zip Code	Transaction ID: C1311596
Derry	NH 03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	83.33
Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary     General       Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) B. Sanjay K Premakumar, MD		Date of Receipt
Mailing Address 1103 9th St		02 / 15 / Y Y Y Y 02 115
City	State Zip Code	Transaction ID: C1188689
Durham	NC 27705-3501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Sanjay K Premakumar, MD		Date of Receipt
Mailing Address 1103 9th St		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1254266
Durham	NC 27705-3501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (option	al)	283.33
	nber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 185 / 322         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Sanjay K Premakumar, MD		Date of Receipt
	Mailing Address 1103 9th St		04 / 19 / Y Y Y 2011
	City	State Zip Code	Transaction ID: C1284794
	Durham	NC 27705-3501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		
	Other (specify) <b>▼</b>	500.00	
- 3.	Full Name (Last, First, Middle Initial) Sanjay K Premakumar, MD		Date of Receipt
	Mailing Address 1103 9th St		05 / Y Y Y Y 025 / 12 / 2011
	City	State Zip Code	Transaction ID: C1288566
	Durham	NC 27705-3501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	500.00	
- ).	Full Name (Last, First, Middle Initial) Sanjay K Premakumar, MD		Date of Receipt
	Mailing Address 1103 9th St		0 6 1 3 2 0 1 1
	City	State Zip Code	Transaction ID: C1320165
	Durham	NC 27705-3501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	500.00	
Γ	SUBTOTAL of Receipts This Page (optional) .		300.00
┢			
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 186 / 322           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Con	nmittee	
⊻ A.	Full Name (Last, First, Middle Initial) John Hannon Proctor	Date of Receipt		
	Mailing Address 5004 Bentgrass Court			03 / D D / Y Y Y Y 03 11 2011
	City	State	Zip Code	Transaction ID: C1251357
	Franklin	TN	37069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Team Health	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
- 3.	Full Name (Last, First, Middle Initial) Josh W Quaas			Date of Receipt
	Mailing Address 99 State St			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1240408
	Brooklyn	NY	11201-5533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer St Lukes Roosevelt Hosp	Occupation	n Icy Physician	
	<u>Ctr</u> Receipt For:	, I V	e Year-to-Date V	
	Primary General Other (specify) ▼		300.00	]
- C.	Full Name (Last, First, Middle Initial) Karen Agape Quaday			Date of Receipt
	Mailing Address 640 Jackson St Regions Hosp ED			M M / D D / Y Y Y Y Y 0 4 0 5 2 0 1 1
	City <u>Saint Paul</u>	State MN	Zip Code	Transaction ID: C1265993
	FEC ID number of contributing federal political committee.	C	55101-2502	Amount of Each Receipt this Period
	Name of Employer Regions Hosp ED	Occupatio	n ncy Physician	
	Receipt For:	- · · · · · ·	e Year-to-Date V	
	Primary General Other (specify) ▼		250.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1550.00
┝			•	
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 187 / 322         (check only one)       X         X       11a         11b       11c         13       14
or for commercial purposes, other than usi	and Statements may not be sold or used by any persol ing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	plitical Action Committee	
Full Name (Last, First, Middle Initial) Justin Racht		Date of Receipt
Mailing Address 609 W Sound Av	e	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1239410
Spokane	WA 99204-3732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Brown Med Schl	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	350.00	
Full Name (Last, First, Middle Initial) Justin Racht	1	Date of Receipt
Mailing Address 609 W Sound Av	e	05 / Y Y Y Y 05 2011
City	State Zip Code	Transaction ID: C1288129
Spokane	WA 99204-3732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Brown Med Schl	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) $\bigtriangledown$	350.00	
Full Name (Last, First, Middle Initial) W Ravindran		Date of Receipt
Mailing Address 1012 Sheila Dr		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1191195
Toms River	NJ 08753-3522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optic	onal)	850.00
	umber only)	

Ş	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 188 / 322 (check only one)
I			for each category of the	X 11a 11b 11c 12
-			Detailed Summary Page	
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pers	son for the purpose of soliciting contributions
k	NAME OF COMMITTEE (In Full)			
		al Action Co	mmittaa	
	National Emergency Medicine Politica	al Action Co		
×.	Full Name (Last, First, Middle Initial) Dale J Ray			Date of Receipt
	Mailing Address 2167 Hunters Run NE	-		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 3         2 8         2 0 1 1
	City	State	Zip Code	Transaction ID: C1260525
	Ada	MI	49301-9566	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupati	ion	—
	Spectrum Hith Downtown Ca- mpus		ency Physician	
	Receipt For:	Aggregat	te Year-to-Date 🔻	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
- 3.	Full Name (Last, First, Middle Initial) Gonzalo Reyes			Date of Receipt
	Mailing Address 250 Treeline Park			0 2 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: C1191229
	San Antonio	TX	78209-7406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Baystate Med Ctr	Occupati Emerge	on ency Physician	
	Receipt For:	- · · · · · · · ·	te Year-to-Date V	
	Primary General			
	Other (specify)		500.00	
-	Full Name (Last, First, Middle Initial) Gonzalo Reyes			Date of Receipt
	Mailing Address 250 Treeline Park			M M / D D / Y Y Y Y 02 22 2011
	City	State	Zip Code	Transaction ID: C1239379
	San Antonio	TX	78209-7406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Baystate Med Ctr	Occupati Emerge	on ency Physician	
	Receipt For:		te Year-to-Date 🔻	
	Primary General			1
	Other (specify)		500.00	
Г				
	SUBTOTAL of Receipts This Page (optional) .			1250.00
	TOTAL This Period (last page this line numbe	er only)		
L		· Only/		P

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 189 / 322         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
∠	Full Name (Last, First, Middle Initial) Gonzalo Reyes		Date of Receipt
	Mailing Address 250 Treeline Park		0 2 / 2 5 / Y Y Y Y 0 2 1 1
	City	State Zip Code	Transaction ID: C1260693
	San Antonio	TX 78209-7406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		-500.00
	Name of Employer Baystate Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	500.00	
— В.	Full Name (Last, First, Middle Initial) Cheryl S Reynolds		Date of Receipt
	Mailing Address 996 Oakpoint Cir		05 / 26 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: C1293360
	Apopka	FL 32712-3706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	1000.00	
 C.	Full Name (Last, First, Middle Initial) James M Rhorer		Date of Receipt
	Mailing Address 601 University Walk		M M / D D / Y Y Y Y 02 22 2011
	City	State Zip Code	Transaction ID: C1239315
	Baton Rouge	LA 70802-5362	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Our Lady Lake Regl Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1100.00	
9	UBTOTAL of Receipts This Page (optional)	L	1500.00
	OTAL This Period (last page this line number of		

ITEMIZED RECEIPT	Form 3X) S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 190 / 322         (check only one)       (check only one)         X       11a       11b       11c       12         I       13       14       15       16       17
Any information copied from sur or for commercial purposes, oth	ch Reports and Statements maner than using the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In National Emergency Me	Full) edicine Political Action Con	nmittee	
Full Name (Last, First, Middl James M Rhorer	le Initial)		Date of Receipt
	versity Walk		$\begin{array}{c c} \hline \\ \hline $
City	State	Zip Code	Transaction ID: C1269128
Baton Rouge	LA	70802-5362	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		100.00
Name of Employer Our Lady Lake Regl Hosp	Occupatio Emerger	<sup>n</sup> Icy Physician	
Receipt For:		e Year-to-Date 🔻	_
Other (specify) ▼		1100.00	
Full Name (Last, First, Middl Matthew M Rice	le Initial)		Date of Receipt
Mailing Address 8320 Go	oodman Dr NW		03 / D D / Y Y Y Y 2011
City	State	Zip Code	Transaction ID: C1269352
<u>Gig Harbor</u>	WA	98332-9564	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.			500.00
Name of Employer Team Health	Occupatio	<sup>n</sup> Icy Physician	
Receipt For:		e Year-to-Date 🔻	
Primary Gen Other (specify) ▼		500.00	
Full Name (Last, First, Middl Erin E Rinto	le Initial)		Date of Receipt
Mailing Address 4730 Ab	onaki Trl		03 / D D / Y Y Y Y 01 2011
City	State	Zip Code	Transaction ID: C1240379
<u>Lima</u>	OH	45805-4701	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.			200.00
Name of Employer St Ritas Hosp	· · · · · ·	icy Physician	
Receipt For:		e Year-to-Date 🔻	_
Other (specify)		300.00	
SUBTOTAL of Receipts This	Page (optional)		800.00
	this line number only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 191/322       (check only one)     11a       X     11a       11b     11c       12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Erin E Rinto		Date of Receipt
	Mailing Address 4730 Abnaki Trl		05 / <sup>D</sup> D / <u>Y</u> Y Y Y 04 2011
	City	State Zip Code	Transaction ID: C1285274
	Lima	OH 45805-4701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer St Ritas Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify)	300.00	
— В.	Full Name (Last, First, Middle Initial) Jaime B Rivas		Date of Receipt
	Mailing Address 2408 Oak Canyon Pl		0 6 / D D / Y Y Y Y 0 6 2 0 1 1
	City	State Zip Code	Transaction ID: C1318516
	Escondido	CA 92025-6743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Dr. Jaime B Rivas	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary   General     Other (specify)	1000.00	
– c.	Full Name (Last, First, Middle Initial) Allen L Roberts		Date of Receipt
	Mailing Address 9125 Benview Ct		05 / <sup>y</sup> y y y y 05 / 05 / 2011
	City	State Zip Code	Transaction ID: C1288132
	Fort Worth	TX 76126-4305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer EMC Ltd	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·····	2100.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 192 / 322           (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
⊻ A.	Full Name (Last, First, Middle Initial) Richard Dean Robinson		Date of Receipt
	Mailing Address 3913 Regency Dr	M M / D D / Y Y Y Y 06 06 2011	
	City	State Zip Code	Transaction ID: C1303293
	Deer Park FEC ID number of contributing federal political committee.	TX 77536-6190	Amount of Each Receipt this Period 1000.00
	Name of Employer Univ of TX at Houston	Occupation	
		Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
– B.	Full Name (Last, First, Middle Initial) Ross B Rodgers, MD		Date of Receipt
	Mailing Address 9208 E Desert Park Dr		03 D D / Y Y Y Y 25 2011
	City	State Zip Code	Transaction ID: C1260477
	Scottsdale	AZ 85255-6215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Scottsdale Emer Assoc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
- C.	Full Name (Last, First, Middle Initial) Claudette Rodriguez		Date of Receipt
	Mailing Address 519 W 6th St		M M / D D / Y Y Y Y 0 4 0 5 2 0 1 1
	City	State Zip Code	Transaction ID: C1265997
	Tempe FEC ID number of contributing	AZ 85281-2862	Amount of Each Receipt this Period
	federal political committee.		1000.00
	Name of Employer Dr. Claudette Rodriguez	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	2250.00
F	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 193/322           (check only one)         11a           X         11a           13         14           15         16           17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person og the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol		
Full Name (Last, First, Middle Initial) Maritza Rodriguez		Date of Receipt
Mailing Address 2336 Kettle Dr		05 / 26 / Y Y Y Y 015 / 26 / 2011
City	State Zip Code	Transaction ID: C1293341
Orlando	FL 32835-8129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Brian G Rogers		Date of Receipt
Mailing Address 21993 Deer Park	Dr	M         M         /         D         D         Y
City	State Zip Code	Transaction ID: C1257134
Chugiak	AK 99567-5326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dr. Brian G Rogers	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) John J Rogers		Date of Receipt
Mailing Address 10673 Estes Rd		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1177921
Macon	GA 31210-5135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Monroe Cnty Hosp	Occupation Emergency Physician	
	Aggregate Year-to-Date V	
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	499.98	
SUBTOTAL of Receipts This Page (option	nal)	1583.33
	mber only)	

	CHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 194 / 322 (check only one)
ľ	<b>TEMIZED RECEIPTS</b>	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perso	pn for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
Z	Full Name (Last, First, Middle Initial)		
	John J Rogers		Date of Receipt
	Mailing Address 10673 Estes Rd		0 2 / D D / Y Y Y Y 1 6 2 0 1 1
	City	State Zip Code	Transaction ID: C1257019
	Macon	GA 31210-5135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Monroe Cnty Hosp	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General	499.98	1
	Other (specify)		
	Full Name (Last, First, Middle Initial) John J Rogers		Date of Receipt
	Mailing Address 10673 Estes Rd		M M / D D / Y Y Y Y 03 07 2011
	City	State Zip Code	Transaction ID: C1257020
	Macon	GA 31210-5135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Monroe Cnty Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	499.98	]
	Full Name (Last, First, Middle Initial) John J Rogers		Date of Receipt
	Mailing Address 10673 Estes Rd		M M / D D / Y Y Y Y 0 4 1 8 2 0 1 1
	City	State Zip Code	Transaction ID: C1276468
	Macon	GA 31210-5135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Monroe Cnty Hosp	Occupation Emergency Physician	1
	Receipt For:	Aggregate Year-to-Date V	7
	Primary     General       Other (specify) ▼	499.98	]
			249.99
	SUBTOTAL of Receipts This Page (optional)		749.44

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 195/322           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>
or for commercial purposes, other than usir	and Statements may not be sold or used by any persor ng the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) John J Rogers		Date of Receipt
Mailing Address 10673 Estes Rd		05 / 18 / Y Y Y Y 011 / 2011
City	State Zip Code	Transaction ID: C1291329
Macon	GA 31210-5135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Monroe Cnty Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) John J Rogers	I	Date of Receipt
Mailing Address 10673 Estes Rd		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1303298
Macon	GA 31210-5135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Monroe Cnty Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify)     The second	499.98	
Full Name (Last, First, Middle Initial) Scott Rohrback		Date of Receipt
Mailing Address 10339 NW Engler	man St	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1240319
Portland	OR 97229-8475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Portland Adventist Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	416.66
	mber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER:         PAGE 196 / 322           (check only one)         X           X         11a           11b         11c           12           13         14
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address	of any political committee to	on for the purpose of soliciting contributions
Z	National Emergency Medicine Politica     Full Name (Last, First, Middle Initial)			
Α.	Adil M Roomi Mailing Address 108 Preamble Dr			Date of Receipt
	City Marlton		Zip Code 08053-5353	Transaction ID: C1191196 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Jersey Emer Med Spec	Occupation Emergency P	hysician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date <b>V</b> 500.00	]
– B.	Full Name (Last, First, Middle Initial) Atilio R Roscher Mailing Address 3813 Country Club Ro	d		Date of Receipt
	City		Zip Code	0 4 0 5 2 0 1 1 Transaction ID: C1265995
	Easton	PA	18045-2914	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hillcrest Emer Serv	Occupation Emergency P	1	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year	-to-Date  250.00	]
- C.	Full Name (Last, First, Middle Initial) Keith J Rosing			Date of Receipt
	Mailing Address 25 Shade Tree			M M / D D / Y Y Y Y 01 / 13 / 2011
	City Irvine		Zip Code 92603-0130	Transaction ID: C1191082 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Rosing Emerg Med Grp Inc	Occupation Emergency P	hysician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date <b>V</b> 1100.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			1750.00
ŀ	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 197 / 322           (check only one)         (check 112)           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	Statements may le name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	mittee	
۷ A.	Full Name (Last, First, Middle Initial) Keith J Rosing			Date of Receipt
	Mailing Address 25 Shade Tree			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1256831
	Irvine FEC ID number of contributing federal political committee.	CA	92603-0130	Amount of Each Receipt this Period
	Name of Employer Rosing Emerg Med Grp Inc	Occupation Emergenc	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	]
– В.	Full Name (Last, First, Middle Initial) David William Ross Mailing Address 15340 Raton Rd			Date of Receipt
	City	State	Zip Code	0 3 2 5 2 0 1 1 Transaction ID: C1260478
	Colorado Spgs	CO	80921-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Front EM Specialties Inc	Occupation Emergenc	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
- C.	Full Name (Last, First, Middle Initial) David William Ross			Date of Receipt
•••	Mailing Address 15340 Raton Rd			M M / D D / Y Y Y Y 06 28 2011
	City	State	Zip Code	Transaction ID: C1311558
	Colorado Spgs FEC ID number of contributing	CO	80921-2140	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Front EM Specialties Inc	Occupation Emergenc	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Γ	SUBTOTAL of Receipts This Page (optional) .			600.00
	TOTAL This Period (last page this line number	r only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 198 / 322         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Robert Michael Roth		Date of Receipt
	Mailing Address 9503 Ashford Pl		0 3 2 1 2 0 1 1
	City	State Zip Code	Transaction ID: C1269302
	Brentwood	TN 37027-8720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Cumberlund Emer Phys PC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	300.00	
— В.	Full Name (Last, First, Middle Initial) Robert Michael Roth	I	Date of Receipt
	Mailing Address 9503 Ashford Pl		04 / 22 / Y Y Y Y 04 22 2011
	City	State Zip Code	Transaction ID: C1276303
	Brentwood	TN 37027-8720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Cumberlund Emer Phys PC	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	300.00	
	Full Name (Last, First, Middle Initial) Sean Churchill Rowland	1	Date of Receipt
	Mailing Address 178 Adelphia Rd		0 2 / 1 7 / Y Y Y Y 0 2 1 1 7 2 0 1 1
	City	State Zip Code	Transaction ID: C1191197
	Farmingdale	NJ 07727-3523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Jersey Emer Med Spec	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	500.00	
	SUBTOTAL of Receipts This Page (optional)	·	800.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 199 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Max H Rudicel		Date of Receipt
Mailing Address 6839 W Isanogel R	d	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1257157
Muncie	IN 47304-9312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Emerg Phys of Delaware Co	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Max H Rudicel		Date of Receipt
Mailing Address 6839 W Isanogel R	d	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1292782
Muncie	IN 47304-9312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Emerg Phys of Delaware Co	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	300.00	
Full Name (Last, First, Middle Initial) Patricia A Ryan		Date of Receipt
Mailing Address 7040 E Soyaluna P	I	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1251364
Tucson	AZ 85715-3342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northwest Tucson Emerg Phy	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	600.00	
SUBTOTAL of Receipts This Page (optiona	I)	800.00
	·/ ·····	

6	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 200 / 322
	· · · · ·		Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
-	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	Ay not be sold or used by any pers dress of any political committee to	13     14     15     16     1       on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	I Action Cor	nmittee	
•	Full Name (Last, First, Middle Initial) Patricia A Ryan			Date of Receipt
	Mailing Address 7040 E Soyaluna Pl			05 <sup>1</sup> 02 <sup>1</sup> 2011
	City	State	Zip Code	Transaction ID: C1283779
	Tucson	AZ	85715-3342	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Northwest Tucson Emerg Phy	Occupatio Emerger	on ncy Physician	
	Receipt For:	1 I	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		600.00	]
_	Full Name (Last, First, Middle Initial) Andrew Sama, MD, FACEP			Date of Receipt
•	Mailing Address 253 Dover Rd			0 1 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: C1178318
	Manhasset	NY	11030-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer North Shore Univ Hosp Emer Phys	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	268.00	]
_	Full Name (Last, First, Middle Initial) Andrew Sama, MD, FACEP	1		Date of Receipt
	Mailing Address 253 Dover Rd			M M / D D / Y Y Y Y 02 24 2011
	City	State	Zip Code	Transaction ID: C1239112
	Manhasset	NY	11030-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer North Shore Univ Hosp Emer Phys	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0	268.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	I		268.00
┝			•	
L	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Datailed Summary Page	FOR LINE NUMBER: PAGE 201 / 322 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and S	Detailed Summary Page Statements may not be sold or used by any perso	n for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	I Action Committee	
۹.	Full Name (Last, First, Middle Initial) Andrew Sama, MD, FACEP		Date of Receipt
	Mailing Address 253 Dover Rd		05 / 26 / Y Y Y Y 05 / 26 / 2011
	City	State Zip Code	Transaction ID: C1294322
	Manhasset	NY 11030-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer North Shore Univ Hosp Emer	Occupation Emergency Physician	1
	Phys Receipt For:	Aggregate Year-to-Date	-1
	Primary General		
	Other (specify)	268.00	
- 3.	Full Name (Last, First, Middle Initial) Marc Santambrosio		Date of Receipt
	Mailing Address 7965 S Park PI		M M / D D / Y Y Y Y 05 26 2011
	City	State Zip Code	Transaction ID: C1293353
	Orlando	FL 32819-4885	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	1000.00	
;.	Full Name (Last, First, Middle Initial) David D Sarkarati	1	Date of Receipt
	Mailing Address 415 E Pine St		05 26 Y Y Y Y 011
	City	State Zip Code	Transaction ID: C1293345
	Orlando	FL 32801-6623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary   General     Other (specify)	1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ ۲	2100.00
┢		<b>-</b>	
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 202 / 322           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any persor g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Thomas L Schaar, MD		Date of Receipt
Mailing Address 1318 Gasparilla Dr		M + M         /         D - D         /         Y
City	State Zip Code	Transaction ID: C1269350
Fort Myers FEC ID number of contributing federal political committee.	FL 33901-7712	Amount of Each Receipt this Period 400.00
Name of Employer Southwest FL Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dean E Schanen Mailing Address 41 Tiburon Dr		Date of Receipt
		04 05 2011
City The Hills	State Zip Code TX 78738-1558	Transaction ID: C1266003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	250.00
Name of Employer Dr. Dean E Schanen	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dean E Schanen		Date of Receipt
Mailing Address 41 Tiburon Dr		M M         /         D D         /         Y Y Y Y         Y           0 6         2 8         2 0 1 1
City	State Zip Code	Transaction ID: C1318410
The Hills FEC ID number of contributing federal political committee.	TX 78738-1558	Amount of Each Receipt this Period 100.00
Name of Employer Dr. Dean E Schanen	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option)	al)	750.00
TOTAL This Period (last page this line nun	nber only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 203 / 322         (check only one)       11a         X       11a       11b         13       14       15       16       17
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any persor ing the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Gillian Schmitz		Date of Receipt
Mailing Address 714 Carpenter Re	d	0 3 0 1 Y Y Y Y 0 3 0 1 2 0 1 1
City	State Zip Code	Transaction ID: C1240412
Alexandria	VA 22314-6226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Wilford Hall Emer Dept 59-	Occupation Emergency Physician	
MDW Receipt For:	Aggregate Year-to-Date ▼	-
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Sandra M Schneider		Date of Receipt
Mailing Address 601 Elmwood Av	re	0 6 0 7 Y Y Y Y 0 1 1
City	State Zip Code	Transaction ID: C1303309
Rochester	NY 14642-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Univ of Rochester Schl of Med	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary     General       Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Keith T Schwager		Date of Receipt
Mailing Address 2024 Cherrydale	Ave	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1240413
Baton Rouge	LA 70808-2817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1500.00
Name of Employer Natchez After Hours Clinic	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optic	onal)	3500.00
	umber only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sch for each category Detailed Summary	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used I name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	National Emergency Medicine Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Regan Andre Schwartz		Date of Receipt
	Mailing Address 2446 Westminster Ter		M M / D D / Y Y Y Y 05 26 2011
	City	State Zip Code	Transaction ID: C1293346
	Oviedo	FL 32765-7503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	10	00.00
 В.	Full Name (Last, First, Middle Initial) James Schweigert		Date of Receipt
	Mailing Address 4388 Winterwood Shrs		M M / D D / Y Y Y Y 03 / 10 / 2011
	City	State Zip Code	Transaction ID: C1251397
	Whitehall	MI 49461-9320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer emergency care specialists	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify) ▼	3	00.00
с.	Full Name (Last, First, Middle Initial) James Schweigert		Date of Receipt
	Mailing Address 4388 Winterwood Shrs		M M / D D / Y Y Y Y 06 16 2011
	City	State Zip Code	Transaction ID: C1307472
	Whitehall	MI 49461-9320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer emergency care specialists	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	3	00.00
s	UBTOTAL of Receipts This Page (optional)		1300.00
T	OTAL This Period (last page this line number	only)	······

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 205 / 322           (check only one)         11a         11b         11c         12           X         11a         14         15         16         17		
Any information copied from such Reports a or for commercial purposes, other than using	ny information copied from such Reports and Statements may not be sold or used by any person in r for commercial purposes, other than using the name and address of any political committee to so			
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Committee			
Full Name (Last, First, Middle Initial) David Charles Seaberg		Date of Receipt		
	Mailing Address 960 E 3rd St Univ TN Colg of Med-Deans Ofc			
City	State Zip Code	Transaction ID: C1253585		
Chattanooga	TN 37403-2133	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Univ TN Colg of Med-Deans	Occupation	7		
Ofc Receipt For:	Emergency Physician Aggregate Year-to-Date	4		
Primary General Other (specify) ▼	500.00			
Full Name (Last, First, Middle Initial) David Charles Seaberg		Date of Receipt		
Mailing Address 960 E 3rd St Univ TN Colg of Me		0 6 / D D / Y Y Y Y 1 4 2 0 1 1		
City <u>Chattanooga</u>	State Zip Code TN 37403-2133	Transaction ID: C1303097		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00		
Name of Employer Univ TN Colg of Med-Deans Ofc	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Wade N Sears		Date of Receipt		
Mailing Address 8670 W Cheyenne Fremont Emer Svc		0 4 / D D / Y Y Y Y 0 4 17 2011		
City	State Zip Code	Transaction ID: C1276476		
Las Vegas FEC ID number of contributing federal political committee.	NV 89108	Amount of Each Receipt this Period 100.00		
Name of Employer Fremont Emergency Services	Occupation Emergency Physician	-		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00			
SUBTOTAL of Receipts This Page (ontion:	al)	600.00		
	nber only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 206 / 322           (check only one)         X           X         11a         11b         11c         12			
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)           National Emergency Medicine Politica					
۷ A.	Full Name (Last, First, Middle Initial) Wade N Sears					
	Mailing Address 8670 W Cheyenne Ave Fremont Emer Svcs	04 / D D / Y Y Y Y 04 22 2011				
	City	State Zip Code	Transaction ID: C1272805			
	Las Vegas	NV 89108	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1000.00			
	Name of Employer Fremont Emergency Services	Occupation Emergency Physician				
	Receipt For:	Aggregate Year-to-Date ▼	1			
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	1100.00	]			
- B.	Full Name (Last, First, Middle Initial) Gregory L Shangold, MD, FACEP		Date of Receipt			
	Mailing Address 66 Beacon Hill Dr		M M / D D / Y Y Y Y 01 31 2011			
	City	State Zip Code	Transaction ID: C1191331			
	Storrs Manfld	CT 06268-2756	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		83.33			
	Name of Employer NE Emer Med Spec	Occupation Emergency Physician				
	Receipt For:	Aggregate Year-to-Date V	_			
	Primary     General       Other (specify) ▼	499.98				
- C.	Full Name (Last, First, Middle Initial) Gregory L Shangold, MD, FACEP	1	Date of Receipt			
	Mailing Address 66 Beacon Hill Dr		0 2 / 2 5 / Y Y Y Y 0 2 0 1 1			
	City	State Zip Code	Transaction ID: C1239451			
	Storrs Manfld	CT 06268-2756	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		83.33			
	Name of Employer NE Emer Med Spec	Occupation Emergency Physician				
	Receipt For: Primary General	Aggregate Year-to-Date	1			
	Other (specify)	499.98				
	SUBTOTAL of Receipts This Page (optional)	•	1166.66			
	TOTAL This Period (last page this line number	only)				

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 207 / 322           (check only one)         11c         12           13         14         15         16
Any informa or for comm	ation copied from such Reports and S nercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	DF COMMITTEE (In Full) al Emergency Medicine Political	Action Con	nmittee	
A. Gregory	ne (Last, First, Middle Initial) L Shangold, MD, FACEP			Date of Receipt
Mailing /	Address 66 Beacon Hill Dr			0 3 / D D / Y Y Y Y 2 5 / 2 0 1 1
City	N	State	Zip Code	Transaction ID: C1260479
	number of contributing political committee.	CT	06268-2756	Amount of Each Receipt this Period 83.33
Name of NE Eme	f Employer er Méd Spec	Occupatio Emerger	n ncy Physician	
	For: imary General ther (specify) <b>▼</b>	Aggregate	e Year-to-Date V 499.98	
Gregory	ne (Last, First, Middle Initial) L Shangold, MD, FACEP Address 66 Beacon Hill Dr	1		Date of Receipt
City		State	Zip Code	Transaction ID: C1272796
<u>Storrs</u>	Manfld	CT	06268-2756	Amount of Each Receipt this Period
	number of contributing political committee.	C		83.33
NE Eme	f Employer er Med Spec	, I – – – –	ncy Physician	
	For: imary General ther (specify) ♥	Aggregate	e Year-to-Date 🔻 499.98	
	ne (Last, First, Middle Initial) L Shangold, MD, FACEP			Date of Receipt
Mailing /	Address 66 Beacon Hill Dr			05 / <sup>D</sup> D / <u>Y</u> Y Y Y 26 2011
City	N (1.)	State	Zip Code	Transaction ID: C1293333
	Mantid number of contributing political committee.	CT	06268-2756	Amount of Each Receipt this Period 83.33
Name of NE Eme	f Employer er Méd Spec	Occupatio Emerger	n ncy Physician	_
	For: imary General ther (specify) <b>▼</b>	Aggregate	e Year-to-Date V 499.98	]
SUBTOTA	L of Receipts This Page (optional)			249.99
	his Period (last page this line number	only)		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitic committees of a solicitic committee.       113       11       15       116         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitic committee.       NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)       National Emergency Medicine Political Action Committee       Date of Record Policy         Gray of Committee.       C       28       2.0.1.1         Transaction tip: C1311574       Transaction tip: C1311574       Amount of Each Proceed Fills         Storrs Manfield       C       02828-2756       FEG ID number of contributing tederal policial committee.         PEC ID number of contributing tederal policial committee.       C       83.33         Name of Enployeer       Cocupation       Emergency Physician         Receipt For:       Proceept For:       Proceept For:         Philadelphia       PA       1930-3134       PC         PC ID Number of contributing tederal policial committee.       C       200.00         Name of Enployeer       Cocupation       PA       1930-3134         PC ID Number of contributing tederal policial committee.       C       200.00         Name of Enployeer       Cocupation       PA       1930-3134      <	SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 208 / 322           (check only one)         11c         12           X         11a         11b         11c         12
National Emergency Medicine Political Action Committee         Full Name (Last, First, Midde Initial)         Grappy L Shargad, MD, PACEP         Mailing Address       66 Beacon Hill Dr         City       State       Zip Code         Primary       General       Occupation         City       State       Zip Code         Primary       General       Occupation         City       State       Zip Code         Philadelphia       PA       1930.3134         FEC ID number of contributing       C       499.98         City       State       Zip Code         Mailing Address       2142 Mount Vernon St       C         City       State       Zip Code         Philadelphia       PA       1930.3134         FEC ID number of contributing       C       03 0 00         Ideal Sharar       Occupation       Emergency Physician         Mailing Address       2142 Mount Vernon St       Image of Engloyer         City       State       Zip Code       Philadelphia         Philadelphia       PA       1930.3134       Pa         Primary       General       Occupation       State       Zip Code         Philadelphia       PA </th <th>Any information copied from such Report or for commercial purposes, other than u</th> <th>rts and Statements may not be sold or used by any persor using the name and address of any political committee to s</th> <th>13     14     15     16     17       of or the purpose of soliciting contributions solicit contributions from such committee.</th>	Any information copied from such Report or for commercial purposes, other than u	rts and Statements may not be sold or used by any persor using the name and address of any political committee to s	13     14     15     16     17       of or the purpose of soliciting contributions solicit contributions from such committee.
L.       Gregory L Shargoid, MD, FACEP       Date of Receipt         Mailing Address       66 Beacon Hill Dr       0         City       State       Zip Code         Storrs Manfid       CT       06268-2756         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Receipt For:       Doccupation Emergency Physician       Agregate Year-to-Date ▼       Amount of Each Receipt this Period         Stars Manife Address       2142 Mount Vernon St       C       0.4 / 2.01.1         City       State       Zip Code       Date of Receipt         Philadelphia       PA       19130-3134       Parton of Encipt         FEUI Name (Last, First, Middle Initial)       State       Zip Code       Amount of Each Receipt this Period         Philadelphia       PA       19130-3134       Parton of Encipt       Amount of Each Receipt this Period         Receipt For:       Onumber of contributing federal political committee.       Occupation       Emergency Physician       Agregate Year-to-Date        Transaction ID: C1286602         Name of Encipty Parton       General       Occupation       Emergency Physician       Agregate Year-to-Date        Maing Address       2142 Mount Vernon St         City       State       Zip Code       PA<		Political Action Committee	
City       State       Zip Code         Storrs Manfid       CT       06268-2756         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Receipt For:       Cocupation       Emergency Physician       Aggregate Year-to-Date       Image: Cocupation         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date       Image: Cocupation       Date of Receipt         Mailing Address       2142 Mount Vernon St       Image: Cocupation       Date of Receipt         Mailing Address       2142 Mount Vernon St       Image: Cocupation       Date of Receipt         Name of Engloyer       Cocupation       Cocupation       Image: Cocupation         Fell Name (Last, First, Middle Initial)       Karen M Sharar       Date of Receipt this Period         FEC ID number of contributing federal political committee       C       Image: Cocupation         Philadelphia       PA       19130-3134       Pa         FEU ID number of contributing federal political committee       Cocupation       Image: Cocupation         Bare of Engloyer       Cocupation       Image: Cocupation       Image: Cocupation         Full Name (Last, First, Middle Initial)       Karen M Sharar       Date of Receipt Mis Period         Mailing Address       2142 Mount Vernon	( , , , , , , , , , , , , , , , , , , ,		Date of Receipt
Storrs Manfld       CT       06268-2756       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee       C       83.33         Receipt For:	Mailing Address 66 Beacon Hill	Dr	
FEC ID number of contributing federal political committee.       C       83.33         Name of Employer ME Emer Med Spec       Cocupation Emergency Physician       83.33         Receipt For:    Primary    General       Aggregate Year-to-Date ▼       0         Billing Address       2142 Mount Vernon St       Date of Receipt         City       State       Zip Code         Primary       C       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       200.00         Name of Employer Dr. Karen M Sharrar       Cocupation Emergency Physician       Aggregate Year-to-Date ▼         Mailing Address       2142 Mount Vernon St       C       200.00         Test Sharrar       Cocupation Emergency Physician       Aggregate Year-to-Date ▼       200.00         Name (Last, First, Middle Initia)       Aggregate Year-to-Date ▼       10       20.11         City       State       Zip Code       Transaction ID: C1286602         Philadelphia       PA       19130-3134       PA       19130-3134         FEC ID number of contributing federal political committee.       C       100.00       100.00         Name of Engloyer Dr. Karen M Sharrar       C       100.00       100.00       100.00         Name of Engloyer Dr. Karen M	•	-	Transaction ID: C1311574
federal political committee.       Occupation         Net Erner Med Spec       Decupation         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Aulting Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       Occupation         Name of Ernglover       Occupation         Primary       General       Occupation         Primary       General       Aggregate Year-to-Date       ▼         Other (specify) ▼       State       Zip Code       Transaction ID: C1256775         Amount of Each Receipt this Period       Emergency Physician       Aggregate Year-to-Date ▼       0         Name of Ernglover       Occupation       Emergency Physician       Date of Receipt       200.00         Full Name (Last, First, Middle Initial)       Xaren M Sharrar       Date of Receipt       Name of C1288602         Maling Address       2142 Mount Vernon St       Image of PA       19130-3134       PA         Full Name (Last, First, Middle Initial)       Karen M Sharrar       Date of Receipt       Amount of Each Receipt this Period         City       Stat		CT 06268-2756	Amount of Each Receipt this Period
Perceipt For:       Aggregate Year-to-Date ▼		C	83.33
Primary       General         Other (specify) ▼       499.98         Full Name (Last, First, Middle Initial)       Agreen M Sharrar         Mailing Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt This Period         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       300.00       Date of Receipt         City       State       Zip Code         Primary       General       Occupation Emergency Physician       Date of Receipt         Receipt For:       Occupation Primary       General       300.00       Date of Receipt         City       State       Zip Code       Aggregate Year-to-Date       Amount of Each Receipt Ins Period         City       State       Zip Code       Mount of Each Receipt Ins Period       Mount of Each Receipt Ins Period         Pilladelphia       PA       19130-3134       PEC In number of contributing federal political committee.       Aggregate Year-to-Date ▼       Mount of Each Receipt Ins Period         Dr. Karen M Sharrar       Occupation Emergency Physician       Aggre	Name of Employer NE Emer Med Spec		
Other (specify) ▼       499.98         Full Name (Last, First, Middle Initial)       Arren M Sharrar         Mailing Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employeer       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Date of Receipt         Other (specify) ▼       General       300.00       300.00       Date of Receipt         Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Transaction ID: C1286602       Transaction ID: C1286602         Name of Employeer       Occupation Emergency Physician       Date of Receipt       100.00         Name of Employeer       Occupation Emergency Physician       Transaction ID: C1286602       Transaction ID: C1286602         Name of Employeer       Occupation Emergency Physician       Mount of Each Receipt Ib: Period       100.00         Name of Employeer       Occupation Emergency Physician       Aggregate Year-to-Date ▼       300.00         Name of Employeer       Occupation Emergency Physician       Aggregate Year-to-Date ▼       300.00			
Karen M Sharrar       Date of Receipt         Mailing Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Primary       General Other (specify) ▼       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Karen M Sharrar       Date of Receipt         Karen M Sharrar       General Other (specify) ▼       Date of Receipt         Mailing Address       2142 Mount Vernon St       Transaction ID: C1288602         Amount of Each Receipt this Period       12 / 201.1         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       Date of Receipt         Mailing Address       2142 Mount Vernon St       Transaction ID: C1288602         Amount of Each Receipt this Period       100.00       100.00         Name of Employer Dr. Karen M Sharrar       C       Mount of Each Receipt this Period         PC       Onumber of contributing federal political committee.       Aggregate Year-to-Date ▼       100.00         Name		499.98	
City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       200.00         Name of Employer Dr. Karen M Sharrar       C       200.00         Receipt For: Primary Other (specify) ♥       Aggregate Year-to-Date ♥       Date of Receipt         Mailing Address       2142 Mount Vernon St       Date of Receipt         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       Date of Receipt         Mailing Address       2142 Mount Vernon St       Date of Receipt         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       Aggregate Year-to-Date ♥         Primary       General       Occupation Emergency Physician       100.00         Name of Employer Dr. Karen M Sharrar       Aggregate Year-to-Date ♥       100.00	· · · · · · · · · · · · · · · · · · ·	I	Date of Receipt
Philadelphia       PA       19130-3134       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       200.00         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       200.00         Receipt For: Primary Other (specify) ♥       Aggregate Year-to-Date ♥       Date of Receipt         Full Name (Last, First, Middle Initial) Karen M Sharrar       Date of Receipt         Mailing Address       2142 Mount Vernon St       Date of Receipt         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician         Receipt For: Primary       Occupation Emergency Physician       Amount of Each Receipt this Period         Mare of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       Amount of Each Receipt this Period         Mare of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       Amount of Each Receipt this Period         Mare of Enployer Dr. Karen M Sharrar       Aggregate Year-to-Date ♥       100.00	Mailing Address 2142 Mount Ve	rnon St	
FEC ID number of contributing federal political committee.       C       200.00         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       200.00         Receipt For: Primary General Other (specify) ♥       Aggregate Year-to-Date ♥       0         Full Name (Last, First, Middle Initial) Karen M Sharrar       Aggregate Year-to-Date ♥       Date of Receipt         Mailing Address 2142 Mount Vernon St       C       100.00         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       100.00         Name of Employer Dr. Karen M Sharrar       Aggregate Year-to-Date ▼       100.00         Name of Employer Dr. Karen M Sharrar       Aggregate Year-to-Date ▼       100.00	•	·	Transaction ID: C1256775
federal political committee.       C         Name of Employer Dr. Karen M Sharrar       Cocupation Emergency Physician         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial) Karen M Sharrar       Date of Receipt         Mailing Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Philadelphia       C       100.00         Receipt For: Primary       General       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Mark of Employer Dr. Karen M Sharrar       C       100.00       Amount of Each Receipt this Period         Primary       General       Occupation Emergency Physician       Aggregate Year-to-Date ▼       300.00	Philadelphia	PA 19130-3134	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       State         Karen M Sharrar       Date of Receipt         Mailing Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       300.00       300.00		C	200.00
Primary       General       300.00         Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Karen M Sharrar       Date of Receipt         Mailing Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer Dr. Karen M Sharrar       C       100.00         Receipt For:       Aggregate Year-to-Date ▼       300.00         Primary       General       300.00	Name of Employer Dr. Karen M Sharrar		-
Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       Arrar         Mailing Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       Image: Committee for the second for th		Aggregate Year-to-Date	
Karen M Sharrar       Date of Receipt         Mailing Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician Receipt For:       Aggregate Year-to-Date ▼         Primary       General       300.00       300.00		300.00	
Mailing Address       2142 Mount Vernon St         City       State       Zip Code         Philadelphia       PA       19130-3134         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       100.00         Receipt For:       Aggregate Year-to-Date ▼       300.00         Other (specify) ▼       300.00       300.00		I	Date of Receipt
Philadelphia       PA       19130-3134       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician       100.00         Receipt For:       Aggregate Year-to-Date ▼       300.00         Other (specify) ▼       300.00       300.00		rnon St	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.       100.00         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300.00	-	•	
federal political committee.       Image: Committee.         Name of Employer Dr. Karen M Sharrar       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300.00	•	PA 19130-3134	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       300.00		C	100.00
Primary General Other (specify) ▼ 300.00	Name of Employer Dr. Karen M Sharrar		]
Other (specify) ▼ 300.00		Aggregate Year-to-Date V	
SUBTOTAL of Receipts This Page (optional)		300.00	
	SUBTOTAL of Receipts This Page (or	tional)	383.33
TOTAL This Period (last page this line number only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 209 / 322           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any p a name and address of any political committe	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) William K Sheffield		Date of Receipt
	Mailing Address 5922 S 1000 E		03 / D D / Y Y Y Y 28 / 2011
	City	State Zip Code	Transaction ID: C1260447
	<u>Ogden</u>	UT 84405-7200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer EPIC LLC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	———————————————————————————————————————
	Primary General		
	Other (specify)	500.00	
- В.	Full Name (Last, First, Middle Initial) Stacy A Shundry		Date of Receipt
	Mailing Address 1820 Mount Vernon B	lvd NW	0 2 1 8 2 0 1 1
	City	State Zip Code	Transaction ID: C1191220
	Canton	OH 44709-2831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Summa Hith Syst	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	200.00	
- C.	Full Name (Last, First, Middle Initial) Stacy A Shundry		Date of Receipt
0.	Mailing Address 1820 Mount Vernon B	lvd NW	0 2 2 2 2 0 1 1
	City	State Zip Code	Transaction ID: C1239328
	Canton	OH 44709-2831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Summa HIth Syst	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	200.00	*
ſ	SUBTOTAL of Receipts This Page (optional)	1	900.00
┢			
	TOTAL This Period (last page this line number	only)	

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 210 / 322 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c} (\text{oncorr}, \text{onc}) \\ \hline X & 11a \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ 16 \\ \hline 17 \\ 16 \\ \hline 17 \\ 17 \\ 17 \\ 17 \\ 10 \\ 17 \\ 10 \\ 10 \\$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Cor	nmittee	
Z	Full Name (Last, First, Middle Initial)			
۹.	Stacy A Shundry			Date of Receipt
	Mailing Address 1820 Mount Vernon B	lvd NW		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1260681
	Canton	OH	44709-2831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		-200.00
	Name of Employer Summa HIth Syst	Occupatio	n ncy Physician	
	Receipt For:	1 I	e Year-to-Date V	-
	Primary General Other (specify) ▼		200.00	1
_	Full Name (Last, First, Middle Initial)			-
	Stanley F Siefer			Date of Receipt
	Mailing Address 1540 Madison St			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1191214
	Denver	CO	80206-1822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Presbyterian St Lukes Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)	0 0	200.00	]
-	Full Name (Last, First, Middle Initial) Stanley F Siefer			Date of Receipt
	Mailing Address 1540 Madison St			M M / D D / Y Y Y Y 02 22 2011
	City	State	Zip Code	Transaction ID: C1239324
	Denver	CO	80206-1822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Presbyterian St Lukes Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		200.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	I		0.00
┝	SUBTUTAL OF RECEIPTS THIS Page (Optional)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedu for each category of	
•		Detailed Summary P	age X 11a 11b 11c 12 13 14 15 16 17
			any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Γ			
	National Emergency Medicine Politica	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Stanley F Siefer		Date of Receipt
	Mailing Address 1540 Madison St		0 2 / D D / Y Y Y Y 2 5 2 0 1 1
	City	State Zip Code	Transaction ID: C1260675
	Denver	CO 80206-1822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	-100.00
	Name of Employer Presbyterian St Lukes Med	Occupation Emergency Physician	
	Ctr Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)		0.00
- В.	Full Name (Last, First, Middle Initial) Stanley F Siefer		Date of Receipt
	Mailing Address 1540 Madison St		M M / D D / Y Y Y Y 0 4 0 4 2 0 1 1
	City	State Zip Code	Transaction ID: C1276283
	Denver	CO 80206-1822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Presbyterian St Lukes Med	Occupation	
	Ctr	Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🛡	
	Other (specify)	200	0.00
- C.	Full Name (Last, First, Middle Initial) Weylin Sing	1	Date of Receipt
	Mailing Address 11347 Ledgement Ln		05 / Y Y Y Y 05 26 2011
	City	State Zip Code	Transaction ID: C1293344
	Windermere	FL 34786-6413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	1000	0.00
ſ	SUBTOTAL of Receipts This Page (optional)	I	1000.00
┢			
L	TOTAL This Period (last page this line number	опіу)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 212/322         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17			
Any information copied from such Reports or for commercial purposes, other than using the second se	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Committee				
Full Name (Last, First, Middle Initial) Siva Sivanesan		Date of Receipt			
Mailing Address 765 Bear Creek C	2ir	05 / <sup>D</sup> D D / <sup>Y</sup> Y Y Y Y 26 2011			
City	State Zip Code	Transaction ID: C1293288			
Winter Spgs FEC ID number of contributing federal political committee.	FL 32708-3892	Amount of Each Receipt this Period 1000.00			
Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) David P Sklar Mailing Address 25 Cedar Hill PI N	I	Date of Receipt			
		03 10 2011			
City Albuquerque	State Zip Code NM 87122-1906	Transaction ID: C1256762 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	<b>C</b>	1000.00			
Name of Employer Dept Emerg Med MSC08 4770	Occupation Emergency Physician	_			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Roman Edward Skylar		Date of Receipt			
Mailing Address 15290 SW 37th S	St	0 2 2 4 2 0 1 1			
City	State Zip Code	Transaction ID: C1240305			
Davie FEC ID number of contributing federal political committee.	FL 33331-2744	Amount of Each Receipt this Period 200.00			
Name of Employer Westside Reg Med Ctr	Occupation Emergency Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (optio	nal)	2200.00			
TOTAL This Period (last page this line nu	Imber only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 213 / 322 (check only one) X 11a 11b 11c 12
_		Detailed Summary Page	
Ar or	in information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
$\mathbb{Z}$	National Emergency Medicine Political	Action Committee	
	Full Name (Last, First, Middle Initial) Roman Edward Skylar		Date of Receipt
	Mailing Address 15290 SW 37th St		05 07 YYYY 2011
	City	State Zip Code	Transaction ID: C1288140
	Davie	FL 33331-2744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Westside Reg Med Ctr	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	300.00	
_	Other (specify)		
. —	Full Name (Last, First, Middle Initial) Todd Slesinger, MD, FACEP		Date of Receipt
	Mailing Address 427 Daub Ave		M M / D D / Y Y Y Y 01 31 2011
	City	State Zip Code	Transaction ID: C1191328
	Hewlett	NY 11557-1136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer North Shore Univ Hosp Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	600.00	
	Full Name (Last, First, Middle Initial) Todd Slesinger, MD, FACEP		Date of Receipt
•	Mailing Address 427 Daub Ave		
	City	State Zip Code	Transaction ID: C1239449
	Hewlett	NY 11557-1136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer North Shore Univ Hosp Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	600.00	
	<b>UBTOTAL</b> of Receipts This Page (optional)	<u> </u>	300.00
F	UDIVIAL OF DECEMPTS THIS Page (OPTIONAL)	·····	
Т	OTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 214/322           (check only one)         11a         11b         11c         12
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any person ng the name and address of any political committee to s	13 14 15 16 17 for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Po		
Full Name (Last, First, Middle Initial) Todd Slesinger, MD, FACEP		Date of Receipt
Mailing Address 427 Daub Ave		03 / 25 / Y Y Y Y 03 1 0 1 1
City	State Zip Code	Transaction ID: C1260482
Hewlett FEC ID number of contributing federal political committee.	NY 11557-1136	Amount of Each Receipt this Period 100.00
Name of Employer North Shore Univ Hosp Emer	Occupation Emergency Physician	
Phys Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  600.00	-
Full Name (Last, First, Middle Initial) Todd Slesinger, MD, FACEP Mailing Address 427 Daub Ave		Date of Receipt
		04 26 2011
City <u>Hewlett</u>	State Zip Code NY 11557-1136	Transaction ID: C1272798
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer North Shore Univ Hosp Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Todd Slesinger, MD, FACEP		Date of Receipt
Mailing Address 427 Daub Ave		05 / 26 / Y Y Y Y 011
City	State Zip Code	Transaction ID: C1293331
Hewlett FEC ID number of contributing federal political committee.	NY 11557-1136	Amount of Each Receipt this Period 100.00
Name of Employer North Shore Univ Hosp Emer Phys	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optic	nal)	300.00
TOTAL This Period (last page this line nu	umber only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 215/322 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
A.	/ Full Name (Last, First, Middle Initial) Todd Slesinger, MD, FACEP		Date of Receipt
	Mailing Address 427 Daub Ave		M M / D D / Y Y Y Y 06 28 2011
	City	State Zip Code	Transaction ID: C1311572
	Hewlett	NY 11557-1136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer North Shore Univ Hosp Emer Phys	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
- B.	Full Name (Last, First, Middle Initial) James L Smith, Jr	1	Date of Receipt
	Mailing Address 3278 Whidby Rd		05 / 04 / Y Y Y Y 05 / 04
	City	State Zip Code	Transaction ID: C1284772
	Buford	GA 30518-1450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Dr. James L Smith, Jr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	250.00	
- C.	Full Name (Last, First, Middle Initial) Aaron M Snyder		Date of Receipt
	Mailing Address 9800 Bald Cypress Dr		05 / 17 / Y Y Y Y 05 117
	City	State Zip Code	Transaction ID: C1289791
	Rockville	MD 20850-3494	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000.00
	Name of Employer Montgomery Emerg Physicia- ns	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	2000.00	
	SUBTOTAL of Receipts This Page (optional)	·	2350.00
	TOTAL This Period (last page this line number		

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 216/322           (check only one)         X           X         11a           11b         11c           12           13         14
Any int or for c	ormation copied from such Reports and Sta commercial purposes, other than using the n	on for the purpose of soliciting contributions		
	ME OF COMMITTEE (In Full) tional Emergency Medicine Political A	Action Comm	ittee	
	Name (Last, First, Middle Initial) er Erik Sokolove			Date of Receipt
Mai	ling Address 3889 Exmoor Cir			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: C1191337
<u>Sa</u>	cramento	CA	95864-5904	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Nar Un	ne of Employer v of CA - Davis	Occupation Emergency	Physician	
Red	ceipt For:	Aggregate Ye	ear-to-Date V	
	Primary General Other (specify) ▼		500.00	]
	Name (Last, First, Middle Initial) er Erik Sokolove			Date of Receipt
Mai	ling Address 3889 Exmoor Cir			04 / D D / Y Y Y Y 2011
City		State	Zip Code	Transaction ID: C1272799
<u>Sa</u>	cramento	CA	95864-5904	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Un	ne of Employer v of CA - Davis	Occupation Emergency	•	
Red	ceipt For:	Aggregate Ye	ear-to-Date 🔻	
	Primary   General     Other (specify)	0 0 0	500.00	
	Name (Last, First, Middle Initial) pert C Solomon			Date of Receipt
Mai	ling Address 108 Saddle Ridge Dr			M M / D D / Y Y Y Y 01 / 31 / 2011
City		State	Zip Code	Transaction ID: C1191329
	kdale	PA	15071-3726	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		83.33
	ne of Employer el Vly Emer Phys	Occupation Emergency	•	
Red	ceipt For: Primary General	Aggregate Ye	ear-to-Date 🔻	1
	Other (specify)	0 0 0	499.98	
SUBT	OTAL of Receipts This Page (optional)			583.33
	L This Period (last page this line number or			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 217/322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions	
	National Emergency Medicine Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Robert C Solomon	Date of Receipt	
	Mailing Address 108 Saddle Ridge Dr	02 25 2011	
	City	State Zip Code	Transaction ID: C1239450
	Oakdale	PA 15071-3726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Steel Vly Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	499.98	]
– B.	Full Name (Last, First, Middle Initial) Robert C Solomon		Date of Receipt
	Mailing Address 108 Saddle Ridge Dr		03 / D D / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: C1260480
	Oakdale	PA 15071-3726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Steel VIy Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	499.98	
- C.	Full Name (Last, First, Middle Initial) Robert C Solomon		Date of Receipt
	Mailing Address 108 Saddle Ridge Dr		0 4 / D D / Y Y Y Y 2 0 1 1
	City	State Zip Code	Transaction ID: C1272797
	Oakdale	PA 15071-3726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Steel Vly Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	499.98	
ſ	SUBTOTAL of Receipts This Page (optional).	۱ 	249.99
F	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 218 / 322         (check only one)			
Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Con	nmittee				
Full Name (Last, First, Middle Initial) Robert C Solomon			Date of Receipt			
Mailing Address 108 Saddle Ridge Dr	Mailing Address 108 Saddle Ridge Dr					
City	State	Zip Code	Transaction ID: C1293332			
Oakdale	PA	15071-3726	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		83.33			
Name of Employer Steel Vly Emer Phys	Occupation Emergen	n Icy Physician				
Receipt For:	Aggregate	e Year-to-Date 🔻				
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	0 0	499.98	]			
Full Name (Last, First, Middle Initial) Robert C Solomon			Date of Receipt			
Mailing Address 108 Saddle Ridge Dr			M · M         /         D · D         /         Y · Y · Y · Y         Y           0 6         2 8         2 0 1 1			
City	State	Zip Code	Transaction ID: C1311573			
Oakdale	PA	15071-3726	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		83.33			
Name of Employer Steel Vly Emer Phys	Occupation Emergen	<sup>n</sup> Icy Physician				
Receipt For:	Aggregate	e Year-to-Date 🔻				
Primary     General       Other (specify) ▼	0 0	499.98				
Full Name (Last, First, Middle Initial) Steve R Souter	I		Date of Receipt			
Mailing Address 10255 Loridan Ln			M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y         Y			
City	State	Zip Code	Transaction ID: C1241847			
Sandy	UT	84092-4494	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Dr. Steve R Souter	Occupatio Emergen	<sup>n</sup> icy Physician				
Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_			
Primary     General       Other (specify) ▼	0 0	500.00				
SUBTOTAL of Receipts This Page (optional)			666.66			
TOTAL This Period (last page this line number	only)	 				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 219 / 322         (check only one)       X         X       11a       11b       11c       12         I3       14       15       16       17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
لا م.	Full Name (Last, First, Middle Initial) Mark J Spiro	Date of Receipt	
	Mailing Address 832 Marisa Ln		06 / Y Y Y Y 06 / 30 / 2011
	City	State Zip Code	Transaction ID: C1318520
	Encinitas	CA 92024-6647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer CA Emer Phys	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	1000.00	
— 3.	Full Name (Last, First, Middle Initial) David G Srour	1	Date of Receipt
	Mailing Address 10303 Coniston Ct	05 / <sup>D</sup> D D / <u>Y Y Y Y</u> 2011	
	City	State Zip Code	Transaction ID: C1289790
	Potomac	MD 20854-1900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000.00
	Name of Employer Medical Edge PSR	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	2000.00	
	Full Name (Last, First, Middle Initial) Steven Joseph Stack		Date of Receipt
	Mailing Address 2083 Bridgeport Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1251358
	Lexington	KY 40502-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer St Joseph East Hosp ED Med Dir	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1000.00	
s	UBTOTAL of Receipts This Page (optional) .	\ 	4000.00
		r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 220 / 322           (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Gary C Starr		Date of Receipt
	Mailing Address 5012 Russell Ave S	M M M         /         D D         /         Y Y Y Y           04         20         2011	
	City	State Zip Code	Transaction ID: C1276484
	Minneapolis	MN 55410-2209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Emer Phys PA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) Gary C Starr		Date of Receipt
	Mailing Address 5012 Russell Ave S		M M         /         D         D         Y
	City	State Zip Code	Transaction ID: C1293274
	Minneapolis	MN 55410-2209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Emer Phys PA	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	250.00	
с. –	Full Name (Last, First, Middle Initial) Gary C Starr		Date of Receipt
	Mailing Address 5012 Russell Ave S		M M / D D / Y Y Y Y 06 28 2011
	City	State Zip Code	Transaction ID: C1311556
	Minneapolis	MN 55410-2209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Emer Phys PA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	ı 	250.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 221 / 322           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports an or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee					
Full Name (Last, First, Middle Initial) Christopher C Steffy, MD		Date of Receipt				
Mailing Address 1328 Sunset Dr		0 4 / D D / Y Y Y Y Y 0 4 2 5 2 0 1 1				
City	State Zip Code	Transaction ID: C1272561				
Fort Wayne FEC ID number of contributing federal political committee.	IN 46807-2952	Amount of Each Receipt this Period 250.00				
Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Richard L Stennes Mailing Address 2533 Calle Del Oro	)	Date of Receipt				
City	State Zip Code	03 25 2011				
La Jolla	State Zip Code CA 92037-2005	Transaction ID: C1260460 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	<b>C</b>	250.00				
Name of Employer Dr. Richard L Stennes	Occupation Emergency Physician	_				
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Richard L Stennes	I	Date of Receipt				
Mailing Address 2533 Calle Del Oro	)	0 6 2 8 2 0 1 1				
City	State Zip Code	Transaction ID: C1311554				
La Jolla FEC ID number of contributing federal political committee.	CA 92037-2005	Amount of Each Receipt this Period				
Name of Employer Dr. Richard L Stennes	Occupation Emergency Physician	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (optiona	al)	750.00				
TOTAL This Period (last page this line num	nber only)					

_		[		FOR LINE NUMBER: PAGE 222/322
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ľ	ITEMIZED RECEIPTS		or each category of the tetailed Summary Page	X 11a 11b 11c 12
_			otaliou ourninaly r ago	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not e name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	I Action Commit	tee	
A. –	Full Name (Last, First, Middle Initial) Joel A Stettner	Date of Receipt		
	Mailing Address 5877 Estates Dr			M M / D D / Y Y Y Y 06 30 2011
	City		Zip Code	Transaction ID: C1318517
	Piedmont	CA	94611-3138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CA Emerg Phys	Occupation		-
	GA Emerg Phys	Emergency F	Physician	
	Receipt For:	Aggregate Yea	r-to-Date 🔻	
	Primary General		1000.00	1
	Other (specify) ▼	0 0 0		
	Full Name (Last, First, Middle Initial) Lawrence M Stock	Date of Receipt		
	Mailing Address 20540 Pacific Coast H	M M / D D / Y Y Y Y 0 3 28 2011		
	City	State	Zip Code	Transaction ID: C1260534
	Malibu	CA	90265-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation		-
	Antelope Valley Hosp	Emergency F	Physician	
	Receipt For:	Aggregate Yea	r-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0 0	1200.00	]
	Full Name (Last, First, Middle Initial) Lawrence M Stock			Date of Receipt
	Mailing Address 20540 Pacific Coast H	lwy		M M / D D / Y Y Y Y 06 29 2011
	City	State	Zip Code	Transaction ID: C1312441
	Malibu	CA	90265-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Antelope Valley Hosp	Occupation Emergency F	Physician	
	Receipt For:	Aggregate Yea	r-to-Date 🔻	
	Primary     General       Other (specify) ▼		1200.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			2200.00
F	COLICIAL OF TECEIPIS THIS FAYE (Optional)		P	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 223 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Matthew A Stupple		Date of Receipt
Mailing Address 18 Lasher Rd		05 / D / Y Y Y Y 20 / 2011
City	State Zip Code	Transaction ID: C1291338
Woodstock	NY 12498-1106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	1
Primary     General       Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Thomas Jerome Sugarman		Date of Receipt
Mailing Address 1563 Solano Ave		M · M         /         D · D         /         Y · Y · Y · Y         Y
City	State Zip Code	Transaction ID: C1307476
Berkeley	CA 94707-2116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Sutter Delta Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Thomas Jerome Sugarman		Date of Receipt
Mailing Address 1563 Solano Ave		0 6 / D / Y Y Y Y 0 2 0 1 1
City	State Zip Code	Transaction ID: C1318529
Berkeley	CA 94707-2116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Sutter Delta Hosp	Occupation Emergency Physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optiona	l a)	3000.00
	ber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 224/322           (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	rson for the purpose of soliciting contributions	
	National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Robert Eduard Suter		Date of Receipt
	Mailing Address PO Box 670785	05 / 26 / Y Y Y Y 011	
	City	State Zip Code	Transaction ID: C1293284
	Dallas	TX 75367-0785	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer UT Southwestern	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)	1000.00	
в.	Full Name (Last, First, Middle Initial) Sara F Sutherland		Date of Receipt
	Mailing Address 515 Foxdale Ln	02 / P D / Y Y Y Y 02 22 2011	
	City	State Zip Code	Transaction ID: C1239400
	Charlottesvle	VA 22903-9201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Sara F Sutherland, MD, FA- CEP	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	500.00	
с. –	Full Name (Last, First, Middle Initial) Douglas N Tannas		Date of Receipt
	Mailing Address 6339 Red Fox Rd	03 10 Y Y Y Y 03 10 2011	
	City	State Zip Code	Transaction ID: C1251363
	Pendleton	IN 46064-8732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer EMGI	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)		2500.00
f	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 225 / 322         (check only one)       11a         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	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Thomas Lukens Thomas Lukens	Date of Receipt		
	Mailing Address 15503 Clifton Blvd.	04 D D / Y Y Y Y 2011		
	City	State	Zip Code	Transaction ID: C1271990
	Lakewood FEC ID number of contributing federal political committee.	ОН	44107	Amount of Each Receipt this Period
		Occupatio	n	
	Name of Employer MetroHealth	Physicial		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Jeffrey B Thompson			Date of Receipt
	Mailing Address PO Box 12779	05 / <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>		
	City	State	Zip Code	Transaction ID: C1288657
	Beaumont	TX	77726-2779	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Meml Herman Baptist Beaum- ont	Occupatio Emerger	<sup>n</sup> Icy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		500.00	
С.	Full Name (Last, First, Middle Initial) Michael J Tocci			Date of Receipt
	Mailing Address 136 Vista Ter			M M / D D / Y Y Y Y 0 4 22 2011
	City	State	Zip Code	Transaction ID: C1272018
	New Haven	СТ	06515-2404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CT Emer Med Spec	Occupatio Emerger	<sup>n</sup> Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0.0	250.00	
	SUBTOTAL of Receipts This Page (optional)		·····•	1000.00
	TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 226 / 322         (check only one)			
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee				
Full Name (Last, First, Middle Initial) A. Prentice A Tom					
Mailing Address 226 Via La Posada	Mailing Address 226 Via La Posada				
City	State Zip Code	Transaction ID: C1318522			
Los Gatos	CA 95032-1641	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Good Samaritan Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date V				
Primary     General       Other (specify) ▼	1000.00				
Full Name (Last, First, Middle Initial) B. Carluis Torres		Date of Receipt			
Mailing Address 152 Estancias Del I	Mailing Address 152 Estancias Del Lago				
City	State Zip Code	Transaction ID: C1260640			
Caguas	PR 00725-3364	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Mennonite Gen Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary     General       Other (specify) ▼	350.00				
Full Name (Last, First, Middle Initial) Carluis Torres		Date of Receipt			
Mailing Address 152 Estancias Del I	_ago	M · M         /         D · D         /         Y · Y · Y · Y         Y           0 6         1 8         2 0 1 1			
City	State Zip Code	Transaction ID: C1307481			
Caguas	PR 00725-3364	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Mennonite Gen Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date V				
Primary     General       Other (specify) ▼	350.00				
SUBTOTAL of Receipts This Page (optiona	l)	1350.00			
TOTAL This Period (last page this line num	·				

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 227 / 322           (check only one)         X           X         11a           11b         11c           12         13           14         15           16         17
Any infor or for cor	nation copied from such Reports and Sta nmercial purposes, other than using the n	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	OF COMMITTEE (In Full) nal Emergency Medicine Political /	Action Corr	nmittee	
	ame (Last, First, Middle Initial) Trieu Trang			Date of Receipt
Mailin	g Address 113 Centennial Dr			03 / D D / Y Y Y Y 2011
City		State	Zip Code	Transaction ID: C1257156
	htree Cty	GA	30269-1098	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		500.00
Name Upsor	of Employer Regl Med Ctr ED	Occupation Emergen	n cy Physician	
	ot For:	<b>.</b>	Year-to-Date V	
	Primary General Other (specify) <b>v</b>		600.00	
	ame (Last, First, Middle Initial) Trieu Trang			Date of Receipt
Mailin	g Address 113 Centennial Dr			05 / 12 / Y Y Y Y 05 112 2011
City		State	Zip Code	Transaction ID: C1288658
	htree Cty	GA	30269-1098	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		100.00
Upso	of Employer Regl Med Ctr ED		cy Physician	
	ot For: Primary General	Aggregate	Year-to-Date <b>V</b>	_
	Other (specify) <b>v</b>		600.00	
	ame (Last, First, Middle Initial) Tranquada			Date of Receipt
Mailin	g Address 726 W Sand Rake Dr			03 / D D / Y Y Y Y 04 2011
City		State	Zip Code	Transaction ID: C1241834
	/alley	AZ	85755-6799	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		500.00
Name Emer	of Employer Med Assoc	Occupation Emergen	n cy Physician	
	ot For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) <b>v</b>	0 0	600.00	
SUBTO	TAL of Receipts This Page (optional)			1100.00
	This Period (last page this line number or			

	SCHEDULE A (FEC Form 3X)		rate schedule(s)	FOR LINE NUMBER: PAGE 228 / 322 (check only one)
	ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold name and address of any p	or used by any perso political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee		
	Full Name (Last, First, Middle Initial)			
Α.	Kim E Tranquada Mailing Address 726 W Sand Rake Dr	Date of Receipt		
	City	State Zip Cod	le	Transaction ID: C1318426
	Oro Valley	AZ 85755-0	6799	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Emer Med Assoc	Occupation Emergency Physicia	an	_
	Receipt For:	Aggregate Year-to-Date	e 🔻	
	Other (specify) ▼		600.00	
в.	Full Name (Last, First, Middle Initial) Owen T Traynor			Date of Receipt
	Mailing Address 1640 Farmington Cour	02 / D D / Y Y Y Y 24 2011		
	City	State Zip Cod	le	Transaction ID: C1239162
	Pittsburgh	PA 15237		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ERMI	Occupation Physician		
	Receipt For:	Aggregate Year-to-Date	e ▼	
	Primary     General       Other (specify) ▼		350.00	
с.	Full Name (Last, First, Middle Initial) Owen T Traynor			Date of Receipt
	Mailing Address 1640 Farmington Cour	t		05 / 0 1 / Y Y Y Y 05 / 0 1 1
	City	State Zip Cod	le	Transaction ID: C1303522
	Pittsburgh	PA 15237		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer ERMI	Occupation Physician		
	Receipt For:	Aggregate Year-to-Date	e ▼	
	Primary     General       Other (specify) ▼		350.00	
	SUBTOTAL of Receipts This Page (optional)		••••••	450.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A ( ITEMIZED REC	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 229 / 322           (check only one)         X           X         11a           11b         11c           12         13           14         15           16         17
Any information copied f or for commercial purpor	rom such Reports and Statement ses, other than using the name ar	s may not be sold or used by any personal address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMIT	TEE (In Full) ncy Medicine Political Action	Committee	
Full Name (Last, Firs Borys Trochym	t, Middle Initial)		Date of Receipt
Mailing Address 22	20 Browns Dr		M M M         /         D D         /         Y Y Y Y Y           0 2         2 2         2 0 1 1
City	Sta	te Zip Code	Transaction ID: C1239313
Easton	PA	18042-9443	Amount of Each Receipt this Period
FEC ID number of configuration federal political comm			1000.00
Name of Employer Emergency Medical	Associa- Occu	pation rgency Physician	
tes Receipt For:		egate Year-to-Date V	
Primary Other (specify)	General	1100.00	]
Full Name (Last, Firs Borys Trochym	t, Middle Initial)		Date of Receipt
Mailing Address 22	20 Browns Dr		05 / D D / Y Y Y Y 27 2011
City	Sta	1	Transaction ID: C1303526
Easton	PA	18042-9443	Amount of Each Receipt this Period
FEC ID number of co federal political comm			100.00
Name of Employer Emergency Medical tes	Annonin	pation rgency Physician	
Receipt For:		egate Year-to-Date 🔻	
Primary Other (specify)	General	1100.00	]
Full Name (Last, Firs Jeremy David Tucker	t, Middle Initial)		Date of Receipt
Mailing Address 23	3959 Meredith Ct		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 5         1 3         2 0 1 1
City	Sta		Transaction ID: C1288546
Hollywood	ME	20636-2172	Amount of Each Receipt this Period
FEC ID number of co federal political comm			1000.00
Name of Employer Phys Staffing Solutio	ons Occu Eme	pation ergency Physician	
Receipt For:		egate Year-to-Date 🔻	
Other (specify)	General	1000.00	]
SUBTOTAL of Receipt	s This Page (optional)		2100.00
	st page this line number only)		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 230 / 322 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the	X 11a $11b$ 11c 12
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	pn for the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Political	Action Committee	
, ∠ A.	Full Name (Last, First, Middle Initial) John A Tyrrell	Date of Receipt	
	Mailing Address 3 Cedar Tree Ln		M M / D D / Y Y Y Y 0 1 1 0 2 0 1 1
	City	State Zip Code	Transaction ID: C1177944
	Chester	NJ 07930-2218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Overlook Emer Svcs Union	Occupation	
	Overlook Emer Svcs Union Camp	Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	500.00	1
	Other (specify)	500.00	1
— В.	Full Name (Last, First, Middle Initial) Vikram Varma	·	Date of Receipt
	Mailing Address 10 Georjean Dr		M M / D D / Y Y Y Y 02 17 2011
	City	State Zip Code	Transaction ID: C1191198
	Holmdel	NJ 07733-1604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Jersey Emer Med Spec	Occupation	
	Jersey Emer wea Spec	Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	500.00	]
- C.	Full Name (Last, First, Middle Initial) Warren J Ventriglia	I	Date of Receipt
	Mailing Address 304 S Broadway		M M / D D / Y Y Y Y 06 06 2011
	City	State Zip Code	Transaction ID: C1295229
	Cape May	NJ 08204-5343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Warren J Ventriglia, MD, FACEP	Occupation Emergency Physician	1
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General	250.00	1
	Other (specify)	230.00	
Γ	SURTATAL of Respire This Base (antional)	1	1250.00
┝	SUBTOTAL of Receipts This Page (optional)	·····	
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 231 / 322           (check only one)         11c         12           X         11a         11b         15         12
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
A.	Full Name (Last, First, Middle Initial) Steve M Vets		Date of Receipt
	Mailing Address 61 NJ Rt 24		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1256754
	Chester	NJ 7930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer SUNY/ Buffalo Gen Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	300.00	
- В.	Full Name (Last, First, Middle Initial) Steve M Vets		Date of Receipt
	Mailing Address 61 NJ Rt 24		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C1318428
	Chester	NJ 7930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer SUNY/ Buffalo Gen Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	300.00	
- C.	Full Name (Last, First, Middle Initial) Barbara B Victor		Date of Receipt
	Mailing Address 26231 Glen Canyon E	)r	M M / D D / Y Y Y Y 06 14 2011
	City	State Zip Code	Transaction ID: C1307485
	Laguna Hills	CA 92653-6327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Garden Grove Hosp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
ſ	SUBTOTAL of Receipts This Page (optional).	·····	400.00
ŀ	TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 232 / 322           (check only one)         11a           X         11a           13         14           15         16           17
or for commercial purposes, other than using	nd Statements may not be sold or used by any persor the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Barbara B Victor		Date of Receipt
Mailing Address 26231 Glen Canyo	n Dr	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1318518
Laguna Hills	CA 92653-6327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Garden Grove Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	1
Primary     General       Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Robert V Violante		Date of Receipt
Mailing Address 1056 University Av	e	0 1 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1177948
Palo Alto	CA 94301-2236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		125.00
Name of Employer Santa Clara Valley Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	225.00	
Full Name (Last, First, Middle Initial) Robert V Violante	1	Date of Receipt
Mailing Address 1056 University Av	e	03 / D D / Y Y Y Y 021 2011
City	State Zip Code	Transaction ID: C1267983
Palo Alto	CA 94301-2236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Santa Clara Valley Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	225.00	
SUBTOTAL of Receipts This Page (optional	al)	1225.00
	nber only)	

	.E A (FEC Form 3X) RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 233 / 322           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
or for commerci	al purposes, other than using the	l Statements ma he name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	COMMITTEE (In Full) Emergency Medicine Politic	cal Action Con	nmittee	
Mary Jo Wag				Date of Receipt
Mailing Addr	ess 5425 Nottingham Dr	Ν		03 25 Y Y Y Y 03 25 2011
City		State	Zip Code	Transaction ID: C1260452
<u>Saginaw</u>		MI	48603-2821	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		250.00
Name of Em Synergy Me	ployer d Educ Alliance	Occupatio Emerger	<sup>n</sup> ncy Physician	
Receipt For:		Aggregate	e Year-to-Date 🔻	_
Primar Other	ry General (specify) <b>▼</b>	0 0	250.00	
,	Last, First, Middle Initial) s Louis Walshak			Date of Receipt
Mailing Addr	ress 17 Gereg Glen Rd			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: C1270751
<u>Brookfield</u>		СТ	06804-1054	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		750.00
Name of Em Danbury Ho	ployer sp	Occupatio Emerger	<sup>n</sup> ncy Physician	
Receipt For:		Aggregate	e Year-to-Date 🔻	
Primar Other	ry General (specify) <b>▼</b>	0 0	750.00	
Full Name (L Neil Wang	ast, First, Middle Initial)			Date of Receipt
Mailing Addr	ress 1407 Coventry Close	e St		0 6 <sup>7</sup> 3 0 <sup>7</sup> 2 0 1 1
City		State	Zip Code	Transaction ID: C1318906
East Lansi	•	MI	48823-2418	Amount of Each Receipt this Period
federal polition	ber of contributing cal committee.	C		500.00
Name of Em Dr. Neil Wa	-	×	ncy Physician	
Receipt For: Primar		Aggregate	e Year-to-Date 🔻	_
	(specify) <b>▼</b>	0 0	500.00	
SUBTOTAL of	f Receipts This Page (optional)			1500.00
	Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 234 / 322         (check only one)       (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	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Cynthia Paige Waslewski, MD, FACEP		Date of Receipt
	Mailing Address 9811 N 131st Pl		03 28 Y Y Y Y 03 2011
	City	State Zip Code	Transaction ID: C1260448
	Scottsdale	AZ 85259-5324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Scottsdale Emer Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1000.00	
В.	Full Name (Last, First, Middle Initial) Jerry O Waters		Date of Receipt
	Mailing Address 717 W Pine Ave		0 2 / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	City	State Zip Code	Transaction ID: C1191222
	El Segundo	CA 90245-2930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Community Memorial Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	200.00	
С.	Full Name (Last, First, Middle Initial) Jerry O Waters		Date of Receipt
	Mailing Address 717 W Pine Ave		M M / D D / Y Y Y Y 02 22 2011
	City	State Zip Code	Transaction ID: C1239330
	El Segundo	CA 90245-2930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Community Memorial Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	200.00	
	SUBTOTAL of Receipts This Page (optional)	•	1400.00
	TOTAL This Period (last page this line number	only)	

Arr information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciling contributions from such committee         NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         during OV askes         Mailing Address 717 W Pine Ave         City         State       Zip Code         Receipt For:         Name of Employer         Communities         Other (specify)         General         Address 8300 W 38th Ave         Lutheran Med Ctr         City         Name (Last, First, Middle Initial)         Mailing Address 8300 W 38th Ave         Lutheran Med Ctr         City         State       Zip Code         Wheat Ridge       Communities         Primary       General         Other (specify)       State         Zip Code       Transaction ID: C1280452         Annout of Each Receipt       City         Name of Encloper       Cocupation         Lutheran Med Ctr       City         Receipt For:       Aggregate Vaex-to Date         Mailing Address 3300 W 38th Ave	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 235 / 322         (check only one)       11c         X       11a       11b         13       14       15       16       17
A National Emergency Medicine Political Action Committee         A.       Full Name (Last, First, Middle Initial) dary O Waters infy       Date of Receipt         City       State       Zip Code         Diffy       State       Zip Code         Pictor       Community Manoral Hosp       Cocupation         Receipt       Community Medicates       Primary         Other (specify) ▼       Occupation       Aggregate Year-to-Date ▼         Primary       General       Occupation       Date of Receipt         Mailing Address       8300 W 38th Ave       Date of Receipt       Zip Code         Litheran Med Ctr       City       State       Zip Code       Amount of Each Receipt this Period         Name of Employer       Cocupation       Cocupation       City       Date of Receipt         B.       Nathen P Wathins       Date of Receipt       Zip Code       Zip Code         Wheat Ridge       CO       200.00       Transaction ID: C1230452       Amount of Each Receipt this Period         Primary       General       C       250.00       Transaction ID: C1230452         Amount of Each Receipt this Period       Zip Code       Amount of Each Receipt this Period         Primary       General       C       250.00       Zip Code	or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	for the purpose of soliciting contributions
A.       Jery O Waters       Date of Receipt         Mailing Address       717 W Pine Ave       Date of Receipt         City       State       Zip Code         El Segundo       CA       90245-230         FEC ID number of contributing federal political committies.       C       Anount of Each Receipt Ihs Period         Name of Employer       Occupation Emergency Physician       Aggregate Vear-to-Date ▼       Pinary         Receipt For:       Aggregate Vear-to-Date ▼       Date of Receipt Instruction       Date of Receipt Instruction         Mailing Address       8300 W 38th Ave Lutheran Med Ctr       Date of Receipt Instruction       Date of Receipt Instruction         Receipt For:       C       80033-6005       Anount of Each Receipt Ihs Period         Period of Contributing federal political committee.       C       80033-6005       Anount of Each Receipt Ihs Period         Nature F Valkins       Mailing Address 8300 W 38th Ave Lutheran Med Ctr       Date of Receipt Ins Period       250.0         Nature F Valkins       Aggregate Year-to-Date ▼       Instruction Ib: C12207056       201         Nature F Valkins       Mailing Address 8300 W 38th Ave Lutheran Med Ctr       Date of Receipt Ims Period       221 / 201         C.       Full Name (Last, First, Middle Initial) Nature Address 8300 W 38th Ave Lutheran Med Ctr       Date of R		ical Action Committee	
City       State       Zip Code       22 25 20 1         Transaction ID: C12600683       Transaction ID: C12600683         Amount of Each Receipt IIs Period       C	A. Jerry O Waters		
El Segundo       CA       90245-2930       Amount of Each Receipt this Period         FC: ID number of contributing federal political committee.       C	Mailing Address /1/ W Pine Ave		
FEC ID number of contributing federal political committee.       C	-	·	Transaction ID: C1260683
federal political committee.       C       200.00         Name of Employer Community Memorial Hosp       Ccupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       200.00       Community Memorial Hosp         B.       Nathan P Watkins       200.00       Date of Receipt         Mailing Address       8300 W 38th Ave Lutheran Med Ctr       Zip Code       Communitiee.         FC: ID rumber of contributing federal political committee.       C       200.00       Transaction ID: C1239452         Aggregate Year-to-Date       C       250.00       Transaction ID: C1239452         Amme of Employer Lutheran Med Ctr       C       250.00         Primary       General       Occupation Emergency Physician       Date of Receipt         Receipt For:       C       Occupation Emergency Physician       Date of Receipt         Mailing Address       8300 W 38th Ave Lutheran Med Ctr       Aggregate Year-to-Date ▼       Date of Receipt         City       Wheat Ridge       CO       20033-6005       Transaction ID: C1257056         Anount of Each Receipt this Period       Cocupation Emergency Physician       Transaction ID: C1257056       Anount of Each Receipt this Period         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       Aggregate Year-to-Date ▼       <		CA 90245-2930	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       200.00         B.       Full Name (Last, First, Middle Initial)         Mailing Address       8300 W 38th Ave         Lutheran Med Ctr       City         City       State       Zip Code         Wheat Ridge       CO       80033-6005         FEC ID number of contributing       C       Aggregate Year-to-Date ▼         Intervention       Occupation       Primary         Receipt For:       Occupation       Primary         Qeneral       Other (specify) ▼       Occupation         C.       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         Name of Employer       Occupation       Primary         Other (specify) ▼       Italian       Date of Receipt         Mailing Address       8300 W 38th Ave       Date of Receipt         City       State       Zip Code       Moount of Each Receipt Iis Period         Wheat Ridge       CO       80033-6005       Amount of Each Receipt Iis Period         FEC ID number of contributing federal political committee.       C       80033-6005       Amount of Each Receipt Iis Period         Name of Employer       Cocupation		C	-200.00
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       200.00         B.       Nathan P Watkins         Malling Address       8300 W 38th Ave         Lutheran Med Ctr       C0         City       State         Year to Date       Y         PEC ID number of contributing tederal political committee.       C         Name of Employer       Occupation         Lutheran Med Ctr       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Isso.00	Name of Employer Community Memorial Hosp	•	
Primary       General       200.00         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       8300 W 38th Ave       0 2 1 2 0 1         Lutheran Med Ctr       C0       80033-6005         FEC ID number of contributing federal political committee.       C       80033-6005         Name of Employer       Occupation       250.00         Lutheran Med Ctr       Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       1350.00       0 2 1 2 8 1 2 0 1         C.       Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       0 2 1 2 8 1 2 0 1         Other (specify) ▼       1350.00       0 2 8 1 2 0 1         C.       Mailing Address 8300 W 38th Ave Lutheran Med Ctr       1350.00       0 2 8 1 2 0 1         City       State       Zip Code       80033-6005       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       80038-6005       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       80038-6005       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C	Receipt For:		-
B.       Nathan P Watkins       Date of Receipt         Mailing Address       8300 W 38th Ave       Lutheran Med Ctr         City       State       Zip Code         Wheat Ridge       CO       80033-6005         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       8300 W 38th Ave       1350.00         C.       Full Name (Last, First, Middle Initial)       Nathan P Watkins       Date of Receipt         Mailing Address       8300 W 38th Ave       Lutheran Med Ctr       Mailing Address       230 / Y Y Y         City       State       Zip Code       Mailing Address       Agoregate Year-to-Date       Mailing Address         Mailing Address       8300 W 38th Ave       Lutheran Med Ctr       Mailing Address       Agoregate Year-to-Date       Mailing Address         Mailing Address       Raoumittee.       C       General       Date of Receipt       Mailing Address         Mailing Address       Raoumittee.       C       Aggregate Year-to-Date       Mailing Address       Aggregate Year-to-Date       Manount of Each Receipt this Period <th>Primary General</th> <th></th> <th></th>	Primary General		
Lutheran Med Ctr       0.2       2.5       2.0.1         City       State       Zip Code       30033-6005         FEC ID number of contributing federal political committee.       C       250.01         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       250.01         Receipt For:       Occupation Primary       General Other (specify) ▼       0       250.01         C.       Name of Employer Lutheran Med Ctr       Aggregate Year-to-Date ▼       0       250.01         C.       Name of Employer Lutheran Med Ctr       1350.00       Date of Receipt       0         C.       Mailing Address       8300 W 38th Ave Lutheran Med Ctr       Date of Receipt       0       2         City       State       Zip Code       30033-6005       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       30033-6005       Amount of Each Receipt this Period         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       100.01       100.01         Name of Employer Lutheran Med Ctr       Aggregate Year-to-Date ▼       1350.00       100.01		1	Date of Receipt
Wheat Ridge       CO       80033-6005       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.0         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       250.0         Receipt For: Primary Other (specify) ♥       Aggregate Year-to-Date ♥       Image: Contributing Mailing Address       Date of Receipt         Mailing Address       8300 W 38th Ave Lutheran Med Ctr       Date of Receipt       Mount of Each Receipt         City       State       Zip Code       Mount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       80033-6005       Amount of Each Receipt         Mame of Employer Lutheran Med Ctr       Occupation Emergency Physician       Date of Receipt       Mount of Each Receipt this Period         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       Amount of Each Receipt this Period       100.0         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       Aggregate Year-to-Date ▼       100.0         Name of Fecipt For: Primary       General Other (specify) ♥       Aggregate Year-to-Date ▼       1350.00       150.00	• • • • • • • •		
FEC ID number of contributing federal political committee.       C       250.0         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       250.0         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       0         C.       Full Name (Last, First, Middle Initial) Nathan P Watkins       Date of Receipt         Mailing Address       8300 W 38th Ave Lutheran Med Ctr       Date of Receipt         City       State       Zip Code         Wheat Ridge       CO       80033-6005         FEC ID number of contributing federal political committee.       C       100.0         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       1350.00         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       1350.00	•	•	
federal political committee.       C       230.01         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       1350.00         Other (specify) ▼       Date of Receipt         Mailing Address       8300 W 38th Ave Lutheran Med Ctr       Date of Receipt         City       State       Zip Code         Wheat Ridge       CO       80033-6005         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Name of Employer       Occupation         Name of Employer       Occupation         Mailing Address       8300 W 38th Ave         Lutheran Med Ctr       C         Beroid Employer       C         Name of Employer       Occupation         Mailing Address       General         Occupation       Emergency Physician         Receipt For:       Occupation         Primary       General         Other (specify) ▼       1350.00		CO 80033-6005	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1350.00         C.       Full Name (Last, First, Middle Initial)         Nathan P Watkins       Date of Receipt         Mailing Address       8300 W 38th Ave         Lutheran Med Ctr       Date of Receipt         City       State       Zip Code         Wheat Ridge       CO       80033-6005         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer       Occupation       100.00         Name of Employer       Occupation       1350.00         Primary       General       0ther (specify) ▼       1350.00	federal political committee.		250.00
Primary       General         Other (specify) ▼       1350.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       8300 W 38th Ave         Lutheran Med Ctr       0 2         City       State         Wheat Ridge       CO         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1350.00	Name of Employer Lutheran Med Ctr		
Other (specify) ▼       1350.00         Full Name (Last, First, Middle Initial) Nathan P Watkins       Date of Receipt         Mailing Address       8300 W 38th Ave Lutheran Med Ctr       Date of Receipt         City       State       Zip Code         Wheat Ridge       CO       80033-6005         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       100.00         Receipt For:       Aggregate Year-to-Date ▼       1350.00         Primary       General       1350.00       1350.00		Aggregate Year-to-Date	]
C.       Nathan P Watkins       Date of Receipt         Mailing Address       8300 W 38th Ave       Mailing Address       8300 W 38th Ave         Lutheran Med Ctr       City       State       Zip Code       Transaction ID: C1257056         Wheat Ridge       CO       80033-6005       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer       Occupation       100.00         Name of Employer       Occupation       100.00         Receipt For:       Aggregate Year-to-Date ▼       1350.00         Primary       General       1350.00       150.00		1350.00	
Lutheran Med Ctr       0 2       2 8       2 0 1         City       State       Zip Code       Transaction ID: C1257056         Wheat Ridge       C       80033-6005       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       100.01         Name of Employer       Occupation       100.01         Name of Employer       Occupation       100.01         Primary       General       01350.00       1350.00			Date of Receipt
Wheat Ridge       CO       80033-6005       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       100.01         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician       100.01         Receipt For:       Aggregate Year-to-Date ▼       1350.00         Other (specify) ▼       1350.00       150.00			
FEC ID number of contributing federal political committee.       100.01         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1350.00		•	
federal political committee.       Image: Committee.         Name of Employer Lutheran Med Ctr       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1350.00		<u> </u>	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1350.00	federal political committee.		100.00
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1350.00	Name of Employer Lutheran Med Ctr		
Other (specify) ▼ 1350.00			1
150.0		1350.00	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional	)	150.00
TOTAL This Period (last page this line number only)		<u>,                                     </u>	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 236 / 322         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may no name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Commi	ittee	
Α.	Full Name (Last, First, Middle Initial) Nathan P Watkins			Date of Receipt
	Mailing Address 8300 W 38th Ave Lutheran Med Ctr			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1293285
	Wheat Ridge	CO	80033-6005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Lutheran Med Ctr	Occupation Emergency	Physician	
	Receipt For:	Aggregate Ye	ar-to-Date 🔻	
	Primary     General       Other (specify) ▼		1350.00	]
В.	Full Name (Last, First, Middle Initial) Steven C Watsky			Date of Receipt
	Mailing Address 2205 87th St NW			M M / D D / Y Y Y Y 0 4 19 2011
	City	State	Zip Code	Transaction ID: C1283538
	Bradenton	FL	34209-9430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Manatee Memorial Hosp ED	Occupation Emergency	Physician	
	Receipt For: Primary General	Aggregate Ye	ar-to-Date 🔻	
	Other (specify) ▼	0 0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Matthew J Watson, MD, FACEP	I		Date of Receipt
	Mailing Address 1280 Longpointe Pass			03 / 25 / Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: C1260459
	Alpharetta	GA	30005-2284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northside Emer Assoc	Occupation Emergency	· · ·	
	Receipt For: Primary General	Aggregate Ye	ar-to-Date 🔻	
	Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)		•••••	2250.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 237 / 322       (check only one)     11a       X     11a       11b     11c       12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may n name and addre	ot be sold or used by any perso ss of any political committee to	13     14     15     16     17       In for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Comm	nittee	
⊻ A.	Full Name (Last, First, Middle Initial) Matthew J Watson, MD, FACEP			Date of Receipt
	Mailing Address 1280 Longpointe Pass			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1311553
	Alpharetta	GA	30005-2284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northside Emer Assoc	Occupation Emergency	/ Physician	
	Receipt For:	, <b>,                                   </b>	ear-to-Date V	1
	Primary     General       Other (specify)     ▼		500.00	]
- В.	Full Name (Last, First, Middle Initial) Kurt Weber	1		Date of Receipt
	Mailing Address 1426 Belle Vista Dr			M M / D D / Y Y Y Y 03 / 04 2011
	City	State	Zip Code	Transaction ID: C1241842
	Orlando	FL	32809-3505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dr. Kurt Weber	Occupation Emergency	Physician	
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary     General       Other (specify) ▼		600.00	
- c.	Full Name (Last, First, Middle Initial) Kurt Weber			Date of Receipt
	Mailing Address 1426 Belle Vista Dr			M M / D D / Y Y Y Y 04 19 2011
	City	State	Zip Code	Transaction ID: C1276508
	Orlando	FL	32809-3505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Kurt Weber	Occupation Emergency	Physician	
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary     General       Other (specify) ▼		600.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I	<b>h</b>	850.00
F	TOTAL This Period (last page this line number of			

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 238 / 322         (check only one)
Any inform or for con	nation copied from such Reports and Sta nmercial purposes, other than using the n	atements may name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full) nal Emergency Medicine Political A	Action Com	mittee	
Full Ni A. Ellis W	ame (Last, First, Middle Initial) /eeker			Date of Receipt
Mailing	g Address 2105 S Bascom Ave CEP America Med Grp			M         M         /         D         D         Y
City		State	Zip Code	Transaction ID: C1318524
<u>Cam</u>	obell	CA	95008-3278	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		1000.00
Name CEP /	of Employer America Med Grp	Occupation Emergenc	cy Physician	
Receip	ot For:		Year-to-Date V	
	Primary General Other (specify) <b>▼</b>		1000.00	]
	ame (Last, First, Middle Initial) d P Wendell			Date of Receipt
Mailing	g Address 925 Royall Ave			M         M         /         D         D         Y
City		State	Zip Code	Transaction ID: C1261961
<u>Mt Pl</u>	easant	SC	29464-5037	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		200.00
Name Palme ml	of Employer tto Hith Richland Me-	Occupation Emergenc	cy Physician	
Receip		Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	700.00	]
	ame (Last, First, Middle Initial) d P Wendell			Date of Receipt
Mailing	g Address 925 Royall Ave			M         M         /         D         D         Y
City		State	Zip Code	Transaction ID: C1276509
<u>Mt Pl</u>	easant	SC	29464-5037	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		500.00
ml	of Employer tto Hith Richland Me-	Occupation Emergenc	cy Physician	
Receip		Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) <b>▼</b>	0 0	700.00	]
SUBTO	TAL of Receipts This Page (optional)		<b>b</b>	1700.00
	This Period (last page this line number or			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 239 / 322           (check only one)         11c         12
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to s	13     14     15     16     17       a for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	•	
Full Name (Last, First, Middle Initial) Steven G Werdehoff		Date of Receipt
Mailing Address 1233 Deborah Dr		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1241840
Huntsville	AL 35801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Huntsville Hosp	Occupation Emergency Physician	-
Receipt For:	Aggregate Year-to-Date ▼	]
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Steven G Werdehoff	I	Date of Receipt
Mailing Address 1233 Deborah Dr		M M / D D / Y Y Y Y 06 16 2011
City	State Zip Code	Transaction ID: C1307487
Huntsville	AL 35801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Huntsville Hosp	Occupation Emergency Physician	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify)     ▼	600.00	
Full Name (Last, First, Middle Initial) Gordon Wheeler		Date of Receipt
Mailing Address ACEP 2121 K St NW Ste	325	$ \begin{array}{c c} M & M \\ 0 & 1 \end{array} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City	State Zip Code	Transaction ID: C1191335
Washington	DC 20037-1886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Mr. Gordon Wheeler	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	249.99	
SUBTOTAL of Receipts This Page (option	nal)	683.33
	mber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 240 / 322           (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to s	13 14 15 16 17
NAME OF COMMITTEE (In Full)           National Emergency Medicine Politi	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) Gordon Wheeler		Date of Receipt
Mailing Address ACEP 2121 K St NW Ste 3	325	M M / D D / Y Y Y Y 02 25 2011
City	State Zip Code	Transaction ID: C1239453
Washington	DC 20037-1886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Mr. Gordon Wheeler	Occupation Emergency Physician	]
Receipt For:	Aggregate Year-to-Date ▼	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	249.99	
Full Name (Last, First, Middle Initial) Gordon Wheeler	- 1	Date of Receipt
Mailing Address ACEP 2121 K St NW Ste 3		M M / D D / Y Y Y Y 03 25 2011
City	State Zip Code	Transaction ID: C1260473
Washington FEC ID number of contributing federal political committee.	DC 20037-1886	Amount of Each Receipt this Period 83.33
Name of Employer Mr. Gordon Wheeler	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	249.99	
Full Name (Last, First, Middle Initial) Dennis C Whitehead	1	Date of Receipt
Mailing Address 1721 S Stephenson Dickinson County M	lemorial Hosp	M M         /         D         D         /         Y         Y         Y         Y           0 6         /         0 1         /         2 0 1 1         1
City Iron Mountain	State Zip Code MI 49801-3637	Transaction ID: C1303639
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer Dickinson County Memorial Hosp	Occupation Emergency Physician	-
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify)     ▼	400.00	
SUBTOTAL of Receipts This Page (optional	)	566.66
TOTAL This Period (last page this line number	· •	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE NUMBER:       PAGE 241/322         (check only one)       X         X       11a       11b       11c       12         I3       14       15       16       17
or for commercial purposes, other that	ports and Statements may not be sold n using the name and address of any p	or used by any perso political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicin	e Political Action Committee		
Full Name (Last, First, Middle Initia A. Michael E Whiting	,		Date of Receipt
Mailing Address 1224 Camino	De Cruz Blanca		05 / D D / Y Y Y Y 02011
City	State Zip Cod	le	Transaction ID: C1288540
Santa Fe	NM 87505-0	0380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Northern New Mexico Emerg-	Occupation Emergency Physicia	an	
ency Receipt For:	Aggregate Year-to-Date		-
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initia B. David E Wilcox	al)		Date of Receipt
Mailing Address 8 Aspen Dr			05 20 Y Y Y Y 05 20 11
City	State Zip Cod	le	Transaction ID: C1291337
S Glastonbury	CT 06073-2	2938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. David E Wilcox	Occupation Emergency Physicia	an	
Receipt For:	Aggregate Year-to-Date	e ▼	
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initia Jason Melvin Wilhelmsen	al)		Date of Receipt
Mailing Address 15548 Moons	struck Dr		04 25 2011
City	State Zip Cod		Transaction ID: C1272552
Caldwell	ID 83607-1	1471	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Holy Rosary Med Ctr	Occupation Emergency Physicia	an	
Receipt For:	Aggregate Year-to-Date	e ▼	
Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (	optional)		2000.00
	ne number only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 242 / 322           (check only one)         (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	tatements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Dean Wilkerson		Date of Receipt
	Mailing Address 538 Rolling Hills Rd		M M / D D / Y Y Y Y 03 / 16 / 2011
	City	State Zip Code	Transaction ID: C1257081
	Coppell	TX 75019-4049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Mr. Dean Wilkerson	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00	
- B.	Full Name (Last, First, Middle Initial) Dean Wilkerson	1	Date of Receipt
	Mailing Address 538 Rolling Hills Rd		M M / D D / Y Y Y Y 04 26 2011
	City	State Zip Code	Transaction ID: C1272800
	Coppell	TX 75019-4049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Mr. Dean Wilkerson	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	1000.00	
- C.	Full Name (Last, First, Middle Initial) Michael Joseph Willing	ı	Date of Receipt
	Mailing Address 589 Terrace Ave		M M / D D / Y Y Y Y 04 19 2011
	City	State Zip Code	Transaction ID: C1270162
	Cincinnati	OH 45220-1916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Univ of Cincinnati Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	225.00	
ſ	SUBTOTAL of Receipts This Page (optional)		1200.00
ŀ	TOTAL This Period (last page this line number		

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 243 / 322           (check only one)         X           X         11a           11b         11c           13         14
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full)	atements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions be to solicit contributions from such committee.
	ational Emergency Medicine Political	Action Committee	
	Il Name (Last, First, Middle Initial) chael Joseph Willing		Date of Receipt
	ailing Address 589 Terrace Ave		04 20 2011
Cit	ty	State Zip Code	Transaction ID: C1276513
<u>Ci</u>	ncinnati	OH 45220-1916	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	25.00
Na Ur	ame of Employer niv of Cincinnati Med Ctr	Occupation Emergency Physician	
Re	eceipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) <b>v</b>	225.00	
	ll Name (Last, First, Middle Initial) Idred J Willy, MD, FACEP		Date of Receipt
Ma	ailing Address 5576 Hickory Lane		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y
Cit		State Zip Code	Transaction ID: C1259414
	ay City	MI 48706	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C	1000.00
Ti	ame of Employer mberline Emergency Phys- ans, PC	Occupation emergency physician	
	eceipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00	
	II Name (Last, First, Middle Initial) iil E Winston		Date of Receipt
Ma	ailing Address 1476 S Prairie Ave		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 3         2 8         2 0 1 1
Cit		State Zip Code	Transaction ID: C1260443
	hicago	IL 60605-3343	Amount of Each Receipt this Period
feo	EC ID number of contributing deral political committee.	C	250.00
	ame of Employer . Neil E Winston	Occupation Emergency Physician	
Re	eceipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	250.00	
SUB	TOTAL of Receipts This Page (optional)		1275.00
	AL This Period (last page this line number of		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 244/322           (check only one)         11a           X         11a           13         14           15         16           17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) A. Mark E Winther		Date of Receipt
Mailing Address 219 Bibik Rd		03 / 04 / Y Y Y 03 / 04
City	State Zip Code	Transaction ID: C1241838
Richfld Spgs	NY 13439-4541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Albany Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Micah Wittler		Date of Receipt
Mailing Address 11600 Hunters Gr	een Trl	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: C1266012
Austin	TX 78732-2055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emerg Med Residency Div	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Michael J Zappa		Date of Receipt
Mailing Address 2290 Seven Oaks	Ln	05 / Y Y Y Y 20 20 11
City	State Zip Code	Transaction ID: C1291339
West Palm Bch	FL 33410-2006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emer Phys Enterprise	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2250.00
	nber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 245/322           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Cor	nmittee	
∠ A.	Full Name (Last, First, Middle Initial) Gary David Zimmer			Date of Receipt
	Mailing Address 1201 Langhorne Newto St Marys Med Ctr	own Rd		05 26 YYYY 2011
	City	State	Zip Code	Transaction ID: C1303532
	Langhorne	PA	19047-1233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St Marys Med Ctr	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		500.00	]
- В.	Full Name (Last, First, Middle Initial) Andrew R Zinkel			Date of Receipt
	Mailing Address 5215 Beard Ave S			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1191336
	Minneapolis	MN	55410-2117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Health Partners	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	499.98	]
- C.	Full Name (Last, First, Middle Initial) Andrew R Zinkel			Date of Receipt
	Mailing Address 5215 Beard Ave S			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C1239454
	<u>Minneapolis</u>	MN	55410-2117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Health Partners	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 499.98	1
Г				
	SUBTOTAL of Receipts This Page (optional)		······	666.66
	TOTAL This Period (last page this line number	only)		

	A (FEC Form 3X)				FOR LINE NUMBER: PAGE 246 / 322
			Use separate schedu for each category of	ule(s)	(check only one)
ITEMIZED F			Detailed Summary P		X 11a 11b 11c 12
Any information co or for commercial	ppied from such Reports and Sta purposes, other than using the r	atements may	y not be sold or used by dress of any political con	any person for mittee to sol	13     14     15     16     17       or the purpose of soliciting contributions licit contributions from such committee.
NAME OF CO	MMITTEE (In Full)				
National Em	ergency Medicine Political	Action Con	nmittee		
Andrew R Zinke					Date of Receipt
Mailing Addres	s 5215 Beard Ave S				03 / 25 / Y Y Y 2011
City		State	Zip Code		Transaction ID: C1260474
<u>Minneapolis</u>		MN	55410-2117		Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C			83.33
Name of Emplo Health Partners	oyer s	Occupatio			
Receipt For:			ncy Physician e Year-to-Date 🔻		
Primary	General	Aggregate			
Other (sp	pecify) <b>▼</b>	0 0	495	9.98	
Full Name (Las Andrew R Zinke	st, First, Middle Initial)				Date of Receipt
-	s 5215 Beard Ave S				M M / D D / Y Y Y Y 04 26 2011
City		State	Zip Code		Transaction ID: C1272801
<u>Minneapolis</u>		MN	55410-2117		Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C			83.33
Name of Emplo Health Partners	oyer S	Occupatio Emerger	n ncy Physician		
Receipt For:			e Year-to-Date 🔻		
Primary Other (sp	General becify) <b>▼</b>	0 0	499	9.98	
Full Name (Las Andrew R Zinke	st, First, Middle Initial)				Date of Receipt
Mailing Addres	s 5215 Beard Ave S				M M / D D / Y Y Y Y 05 26 2011
City		State	Zip Code		Transaction ID: C1293334
<u>Minneapolis</u>		MN	55410-2117	_	Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C			83.33
Name of Emplo Health Partners	byer S	Occupatio Emerger	<sup>n</sup> ncy Physician		
Receipt For:			e Year-to-Date 🔻		
Primary Other (sp	General becify) <b>▼</b>	0 0	499	9.98	
SUBTOTAL of R	leceipts This Page (optional)			I	249.99
				···· <b>P</b>	
TOTAL This Per	iod (last page this line number c	only)		🕨	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 247 / 322         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political A	Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Andrew R Zinkel			Date of Receipt
	Mailing Address 5215 Beard Ave S			M M / D D / Y Y Y Y 06 28 2011
	City	State	Zip Code	Transaction ID: C1311571
	Minneapolis	MN	55410-2117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Health Partners	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 499.98	

SUBTOTAL of Receipts This Page (optional)	►	83.33
TOTAL This Period (last page this line number only)	►	271004.27

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 248/322         (check only one)       11a       11b       11c       12         13       14       15       16       \$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may n e name and addre	ot be sold or used by any pers ass of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Comm	nittee	
∠ A.	Full Name (Last, First, Middle Initial) SMITH BARNEY			Date of Receipt
	Mailing Address 1050 Connecticut Ave	e NW		0 1 / D D / Y Y Y Y 3 1 2 0 1 1
	City	State	Zip Code	Transaction ID: C1326612
	Washington	DC	20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.66
	Name of Employer	Occupation		
	Receipt For:	Aggregate Y	ear-to-Date V	-
	Primary     General       Other (specify) ▼		385.60	]
- В.	Full Name (Last, First, Middle Initial) SMITH BARNEY			Date of Receipt
	Mailing Address 1050 Connecticut Ave	e NW		02 / D D / Y Y Y Y 02 28 2011
	City	State	Zip Code	Transaction ID: C1326613
	Washington	DC	20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2.47
	Name of Employer	Occupation		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary     General       Other (specify) ▼		385.60	]
– c.	Full Name (Last, First, Middle Initial) SMITH BARNEY			Date of Receipt
	Mailing Address 1050 Connecticut Ave	e NW		03 / D D / Y Y Y Y 03 31 2011
	City	State	Zip Code	Transaction ID: C1326614
	Washington	DC	20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2.75
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 385.60	]
ſ	SUBTOTAL of Receipts This Page (optional)			10.88
F	TOTAL This Period (last page this line number	r only)		

		Г		FOR LINE NUMBER: PAGE 249 / 322
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12
Г				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Political	I Action Com	mittee	
A.	Full Name (Last, First, Middle Initial)			Date of Receipt
Α.	Mailing Address 1050 Connecticut Ave	NW		M M / D D / Y Y Y Y 04 30 2011
	City	State	Zip Code	Transaction ID: C1326615
	Washington	DC	20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		369.14
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date V	-
	Primary General	riggregate		1
	Other (specify)	0 0	385.60	
в.	Full Name (Last, First, Middle Initial) SMITH BARNEY			Date of Receipt
	Mailing Address 1050 Connecticut Ave	NW		M M / D D / Y Y Y Y 05 31 2011
	City	State	Zip Code	Transaction ID: C1326616
	Washington	DC	20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3.60
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	385.60	]
- C.	Full Name (Last, First, Middle Initial) SMITH BARNEY			Date of Receipt
0.	Mailing Address 1050 Connecticut Ave	NW		0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: C1326617
	Washington	DC	20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1.98
	Name of Employer	Occupation	1	7
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	385.60	]
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	)		eck only	<b>-</b> '	R:				GE	250 /	_
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NAME OF COMMITTEE (In Full)	le and address of any pointca	I COITI				ibuti			SUCITO	OUUU	nitee	
National Emergency Medicine Political Ac	tion Committee											
Full Name (Last, First, Middle Initial) VIEW PAC					<b>Trans</b> Date		-	-	01158 ent	57		
Mailing Address 701 8th Street, NW - #5	00				0 <sup>M</sup> 3	М	/ D	3 <sup>D</sup>	/ Y	ž	0 Ì 1	Y
City Alexandria	State Zip Code VA 22305				Amou	int of	f Eacl	h Dis	burse	-		-
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Senate President	ement For: 2011 Primary General Other (specify) ▼											
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Full Name (Last, First, Middle Initial) ALAMO PAC					Trans Date	of Di	sburs	seme			X	X
Mailing Address c/o 1020 North Fairfax S Suite 201	Street				0 <sup>M</sup> 4	М	/ D	27	/ Y	ž	0 Ì 1	Y
City Alexandria	StateZip CodeVA22314				Amou	int of	f Eacl	h Dis	burse			
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Candidate Name			itego Fype									
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	contribution											
Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress					<b>Trans</b> Date		sburs	seme		53		
Mailing Address P.O. Box 2232					0 <sup>M</sup> 3	M	D	3 <b>0</b>	/ Y	ž	0 Ì 1	Y
City Jenkintown	StateZip CodePA19046				Amou	int o	f Eacl	h Dis	burse	-		
Purpose of Disbursement Contributions for Federal Candidates					L.					25	00.00	
Candidate Name Rep. Allyson Y. Schwartz			tego Type	-								
Senate X President	ement For: 2012 Primary General Other (specify) ▼											
State: PA District: 13												
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FEC Schedule B ( Form 3X) (Revised 02/2003)

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NAME OF COMMITTEE (In Full)				
National Emergency Medicine Po	litical Action Committee			
Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: D117219 Date of Disbursement			
Mailing Address P.O. Box 2232				11 <sup>°</sup>
City Jenkintown	State Zip Code PA 19046		Amount of Each Disbursement th	is Perio
Purpose of Disbursement Contributions for Federal Candidates		011	1000	.00
Candidate Name Rep. Allyson Y. Schwartz		Category/ Type		
Office Sought: X House Senate President	Disbursement For:     2012       X     Primary     General       Other (specify)     ▼			
State: PA District: 13 Full Name (Last, First, Middle Initial)				
Andy Harris For Congress			Transaction ID: D117023 Date of Disbursement	V V
Mailing Address PO Box 1527				11
City Annapolis	State Zip Code MD 21404		Amount of Each Disbursement th	
Purpose of Disbursement Contributions for Federal Candidates		011	1000	.00
Candidate Name Mr. Andrew Harris		Category/ Type		
Office Sought: X House Senate President	Disbursement For:     2012       X     Primary     General       Other (specify)     ▼	•		
State: MD District: 01				
Full Name (Last, First, Middle Initial) Andy Harris For Congress			Transaction ID: D117569 Date of Disbursement	
Mailing Address PO Box 1527				11
City Annapolis	State Zip Code MD 21404		Amount of Each Disbursement th	
Purpose of Disbursement Contributions for Federal Candidates		011	2500	.00
Candidate Name Mr. Andrew Harris		Category/ Type		
Office Sought: X House Senate President	Disbursement For: 2012 X Primary General Other (specify) ▼			
State: MD District: 01				
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FEC Schedule B ( Form 3X) (Revised 02/2003)

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$ \rangle$		gency Medicine Pol	itical Actio	n Comm	nittee											
	Full Name (Last, First, Middle Initial) Bass Victory Committee								Transaction ID: D115647 Date of Disbursement							
	Mailing Address	PO Box 3451							0 <sup>M</sup> 3	М	/ D	1	<sup>D</sup> <sup>/</sup>	Y	žo i	1 <sup>Y</sup>
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	Candidate Name Rep. Charles F						ateg Typ	ory/ e								
	Office Sought:	X House Senate President		ient For: <sup>P</sup> rimary Other (spe	2012 General ecify) ▼											
	State: NH	District: 02														
	Full Name (Last, First, Middle Initial) Ben Cardin For Senate								Date	of D	sbur	ser				
	Mailing Address 38 Ivy Street, SE								0 <sup>M</sup> 3	М	/ D	0	2	Y	žo i	1 <sup>Y</sup>
	City Washington			tate IC	Zip Code 20003				Amou	int o	fEac	h [	Disburs			
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	Ben Cardin						Тур									
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	Full Name (Last, First, Middle Initial) Ben Cardin For Senate								<b>Trans</b> Date		sbur	ser		433		
	Mailing Address 38 Ivy Street, SE								0 <sup>M</sup> 6	М	/ D	2	<sup>D</sup> /	Y	žoì	1 <sup>Y</sup>
	City Washington			tate IC	Zip Code 20003				Amou	int o	fEac	h [	Disburs	-		
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FEC Schedule B ( Form 3X) (Revised 02/2003)

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K	NAME OF COMMITTEE (In Full)			-							-		
V	National Emergency Medicine Political Ac	tion Committee											
<u> </u>	Full Name (Last, First, Middle Initial) Benishek for Congress					Trans Date				-	06		
	Mailing Address 802 Pentoga Trail					0 <sup>™</sup> 5	М	D 2	25	/ Y	ž	0 1 1	Y
	City Crystal Falls	StateZip CodeMI49920	_			Amou	int o	Each	n Disb	oursei	-		÷
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	Senate > President	ement For: 2012 C Primary Genera Other (specify) ▼	al										
	State: MI District: 01												
	Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress					Trans Date	of Di	sburs	emen				X
	Mailing Address 8550 United Plaza Blvd Suite 1001					0 <sup>M</sup> 4	М	1	<sup>□</sup> 3	/ Y	Ž	0 1 1	Ŷ
	City Baton Rouge	State Zip Code LA 70809-225	56			Amou	int o	Each	n Disb	oursei			U
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	Candidate Name Bill Cassidy		C	Categ Typ									
	Senate > President	ement For: 2012 C Primary Genera Other (specify) ▼	al										
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	Bill Cassidy for US Congress					Trans Date		sburs	emen			Y	Y
	Mailing Address 8550 United Plaza Blvd Suite 1001					03		1	<sup>D</sup> 6		2	0 Ì 1	
	City Baton Rouge	State Zip Code LA 70809-225	56			Amou	int of	Each	n Disb	oursei	-		-
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	Senate > President	ement For: 2012 Primary Genera Other (specify) ▼	al										
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ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam						
	e and address of any political C			S HOIT SUCH	committee	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac	tion Committee					
Full Name (Last, First, Middle Initial)			Transaction		265	
Blue Dog Coalition			Date of Disb			14
Mailing Address 236 Massachusetts Ave Suite 603	., NE		0 2 /	<sup>D</sup> 1 6	² 201	1 <sup>×</sup>
City	State Zip Code		Amount of E	ach Disburse	ement this	Perio
Washington	DC 20002				5000.0	0
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Candidate Name		Category/				
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	ement For: 2011					
Senate	Primary General					
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Full Name (Last, First, Middle Initial)			Transaction		420	
Bucshon for Congress			Date of Disb	ursement		Y
Mailing Address PO Box 250			03	<sup>D</sup> 0 2 /	201	1
City Newburgh	State Zip Code IN 47629-0250		Amount of E	ach Disburse		
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Candidate Name Larry Buschon		Category/ Type				
5 X	ement For: 2012 Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial)			Transaction	<b>ID</b> . D117	198	
Cantor For Congress			Date of Disb	ursement		, Y
Mailing Address P. O. Box 17813			06	<sup>D</sup> 0 8 /	² ² 0 ľ	1
City Richmond	StateZip CodeVA23226		Amount of E	ach Disburse		
Purpose of Disbursement Contributions for Federal Candidates		011			2500.0	0
Candidate Name Rep. Eric I. Cantor		Category/ Type				
Senate X President	ement For: 2012 Primary General Other (specify) ▼					
State: VA District: 07						
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	iling Address	PO Box 12612		<b>·</b>					0 <sup>™</sup> €	М	/ D		D /	Ý Ž	0 1 1	Y
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NAME OF COMMITTEE (In Full)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
National Emergency Medicine Political Act	on Committee											
Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Com	mittee				Trans Date of					234		
Mailing Address 430 S Capitol St SE					0 <sup>M</sup> 2	М			) /	Ý 2	201	Y
	State Zip Code DC 20003-4024				Amou	nt o	Each	ו D	isburs			
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Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committ	ee				Trans Date of	of Di	sburs	em	nent			
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State: District:												
Full Name (Last, First, Middle Initial) Dennis Ross for Congress					Trans Date of		-			153		
Mailing Address P.O. Box 7310					0 <sup>M</sup> 2	M	D (	) 2	2	Ý Ž	201 ·	Y
	State Zip Code FL 33807				Amou	nt o	Each	ו D	isburs			
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Ϊ	National Emergency Medicine Political A	ction Committee											
	Full Name (Last, First, Middle Initial) Dennis Ross for Congress					<b>Trans</b> Date				D115 ment	644	Ļ	
	Mailing Address P.O. Box 7310					0 <sup>M</sup> 3	М	/	<sup>D</sup> 1	D /	Y	žo ľ	1 <sup>Y</sup>
	City Lakeland	State Zip Code FL 33807				Amou	int o	f Ea	ch [	Disburs	_		
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	State: FL District: 12												
	Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.					Date	of D	isbu	irser				
	Mailing Address P.O. Box 61337					0 <sup>M</sup> 4	М		2	7	Y	žo i	1 <sup>×</sup>
	City Denver	StateZip CodeCO80206				Amou	int o	f Ea	ch [	Disburs			
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	Full Name (Last, First, Middle Initial) Diane Black for Congress					Date	of D	isbu	irser				
	Mailing Address PO Box 1437					0 <sup>M</sup> 4	М		<sup>D</sup> 2	7	Y	žo i	1
	City Gallatin	State Zip Code TN 37066-1437				Amou	int o	f Ea	ch [	Disburs			
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	y Information copied from such Reports and State for commercial purposes, other than using the nar											S
	NAME OF COMMITTEE (In Full)		 									
$ \rangle$	National Emergency Medicine Political Ad	ction Committee										
<u>v</u>	Full Name (Last, First, Middle Initial) Duncan for Congress				<b>Trans</b> Date				D117 nent	427		
	Mailing Address PO Box 732				0 <sup>M</sup> 6	М	/ D	2 -	D / 1	Y	201	1 <sup>Y</sup>
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	State: SC District: 03		 									
	Full Name (Last, First, Middle Initial) Enzi For Us Senate				<b>Trans</b> Date			sen		078		
	Mailing Address PO Box 2775		 		<sup>™</sup> 4	М	/ D.	13	D / 3	Y	201	<b>1</b> Y
	City Cody	State Zip Code WY 82414			Amou	int o	f Eacł	n D	Disburs	eme	nt this	Period
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	Sen. Michael B. Enzi		tega Type									
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee          NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Friends of Scott Des.Jarlais         Mailing Address       3697 Main Street         City       State         Purpose of Disbursement         Contributions for federal candidates         Contributions for Federal Candidates <th>EMIZED DISBURSEMENTS</th> <th>for each category of the</th> <th></th> <th>22 X</th> <th></th> <th></th> <th></th> <th></th> <th><math>\square</math></th>	EMIZED DISBURSEMENTS	for each category of the		22 X					$\square$
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National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Friends of Scott DesJarlais         Mailing Address       3697 Main Street         City       State         Jasper       Tit         Contributions for federal candidates       011         Candidate Name       011         Contributions for federal candidates       011         Candidate Name       Disbursement For:         Office Sought:       X House         District: 04       Disbursement For:         Cuty       State         Mailing Address       236 Massachusetts Ave., NE         State: TN       District: 04         Full Name (Last, First, Middle Initial)       State         City       State         Washington       Dc         Dic       20002         Purpose of Disbursement       011         Candidate Name       011         Category/       Y 2 0 1 1         Mailing Address       236 Massachusetts Ave., NE         State: TN       Disbursement For:         Cuty       Senate         Mailing Address       Posidont         State: Y       Disbursement For:         Contributi									
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Bowling Green       KY       42102         Purpose of Disbursement       011         Contributions for Federal Candidates       011         Candidate Name       Category/         Mr. Steven Guthrie       Disbursement For: 2012         Office Sought:       X         President       Other (specify)         State: KY       District: 02	Mailing Address PO Box 9639			03	02	2 / Y	ź	Dľ1	Y
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ITEMIZED DISBURSEMENTS		B (FEC Form 3X	Use sepa	arate schedule(s)	-	R LINE eck only	NUMBE	R:			P	AGE	266 /	322
of for commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee         NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Hatch Election Committee         Mailing Address       PO Box 1480         City       State       Zip Code         Washington       DC       2013 1480         Ortice Sought       House       Disbursement for:         Contributions for Foderal Candidates       Ontic       Candidate Name         Candidate Name       Disbursement For:       2012         State: UT       Distorsement for:       2012         Full Name (Last, First, Middle Initial)       Hatch Election Committee       Transaction ID:         Mailing Address       PO Box 1480       Transaction ID:         City       Senate       Other (specify) ▼       Amount of Each Disbursement for:         City       Senate       Other (specify) ▼       Amount of Each Disbursement for:         City       Senate       Other (specify) ▼       Amount of Each Disbursement for:         City       Senate       Other (specify) ▼       Amount of Each Disbursement for:         City       Senate       Other (specify) ▼			Detailed S	Summary Page	Ì	21b 27	22 28a	X	28b		28c		29	2
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EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)	—		_		
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NAME OF COMMITTEE (In Full)								
National Emergency Medicine Political Act	ion Committee							
Full Name (Last, First, Middle Initial) Hoyer For Congress			Transaction		-	21		
Mailing Address 4201 Northview Dr, Ste 3	307		03 <sup>//</sup>	<sup>D</sup> 0 2	/ Y	ž0	1 1	Y
City Bowie	State Zip Code MD 20716		Amount of	Each Dis	burser	nent th	iis Pe	ərio
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Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee			Transactic Date of Dis	sburseme		59		
Mailing Address PO Box 75214			03	<sup>D</sup> 2 3	/ Y	²0	1́1	Y
City Washington	State Zip Code DC 20013		Amount of	Each Dis	burser		_	ərio
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac	ction Committee											
Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee					Trans Date		-		D1162 ent	263		
Mailing Address PO Box 75214					0 <sup>M</sup> 4	М	□2	2 <sup>⊅</sup>	/ Y	Ź	0 1 1	Y
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Full Name (Last, First, Middle Initial) Karen Bass for Congress					Date	of D	sburs	eme	D1156 ent			
Mailing Address c/o SG Consulting 1280 Bison Avenue, Sui	ite B9-585				0 <sup>™</sup> 3	М	<b>1</b>	16	/ )	ź	0 Ì 1	Y
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State: CA       District: 33         Full Name (Last, First, Middle Initial)         Karen Bass for Congress							on ID: sburs	-	D1174 ent	134		
Mailing Address c/o SG Consulting 1280 Bison Avenue, Sui	ite B9-585				0 <sup>™</sup> 6	М	D 2	21	/ )	ź	0 Ì 1	Y
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Full Name (Last, First, Middle Initial) Kurt Schrader For Congress						Date		sburs	em			Y	Y
Mailing Address 205 N Main St.						0 <sup>M</sup> 3		′ <b>Ľ</b> 1	16		2	0 <sup>1</sup> 1	_
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Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS						Date	of D	sburs	em				
Mailing Address 370 Tall Tree Ct						0 <sup>M</sup> 4	М	2	27	/ Y	ź	0 1 1	Y
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	3 (FEC Form 3X) SBURSEMENTS	Use separate schedule( for each category of the Detailed Summary Page	s) (check only	NUMBER:     PAGE     270 / 322       y one)     22     X     23     24     25     26       28a     28b     28c     29     30
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Full Name (Last, Langevin For C Mailing Address	First, Middle Initial) Congress 181-A Knight St			Transaction ID: D115645 Date of Disbursement 0 3 / 1 6 / 2 0 1 1
City Warwick Purpose of Disbu	rsement	State Zip Code RI 02886		Amount of Each Disbursement this Period 5000.00
Contributions for Candidate Name Mr. James Lan Office Sought:		bursement For: 2012	011 Category/ Type	
State: RI	Senate President District: 02 First, Middle Initial)	X Primary Genera Other (specify) ▼		
	Congress Committee 320 Kenarden Dr.			Transaction ID: D116284 Date of Disbursement 04 / $27$ / $2011$
City Highland Hts. Purpose of Disbu Contributions for Candidate Name	rsement Federal Candidates	State Zip Code OH 44143	011 Category/	Amount of Each Disbursement this Period 2500.00
Rep. Steven C Office Sought: State: OH		bursement For: 2012 X Primary Genera Other (specify) ▼	Туре	
Full Name (Last, LEGPAC	First, Middle Initial)			<b>Transaction ID:</b> D111266 Date of Disbursement
Mailing Address	38 Ivy Street	State Zip Code		Amount of Each Disbursement this Period
Washington Purpose of Disbu	rsement Federal PACs/Committees	DC 20003	011	5000.00
Candidate Name Sen. Benjamin	Cardin		Category/ Type	
Office Sought:	X Senate President	bursement For: 2011 Primary Genera X Other (specify) ▼		
State: MD		nual Contribution		12500.00

Aléxandria       VA       22301-1015         Purpose of Disbursement       011         Annual contribution PAC to PAC       011         Candidate Name       011         Office Sought:       House         Senate       President         X Other (specify)       V         State:       District:         Full Name (Last, First, Middle Initial)       LONE STAR LEADERSHIP PAC         Mailing Address       104 Hume Ave         City       State         Alexandria       VA         VA       22301-1015         Purpose of Disbursement       011         City       State         Alexandria       VA         VA       22301-1015         Purpose of Disbursement       011         Contributions for Federal PAC/Committees       011         Category/ Type       2500.00         Office Sought:       House         Disbursement For:       2011         Category/ Type       2500.00         Office Sought:       House         Disbursement For:       2011         Category/ Type       2500.00         Office Sought:       House         District:       annual contributio	SCHEDULE B (FEC Form 3 TEMIZED DISBURSEMENT	Use separate schedule(s)	FOR LINE (check only 21b 27	
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Alexandria       VA       22301-1015         Purpose of Disbursement Annual contribution PAC to PAC       011       Category/ Type         Office Sought:       House       Disbursement For:       2011         State:       District:       President       X Other (specify)       Transaction ID:       D117429         Jumame (Last, First, Middle Initial)       LONE STAR LEADERSHIP PAC       Transaction ID:       D117429         Mailing Address       104 Hume Ave       VA       22301-1015       Amount of Each Disbursement this Perio         City       State       Zip Code       011       Category/ Type       2500.00         Office Sought:       House       Disbursement For:       2011       Category/ Type       2500.00         Office Sought:       House       Disbursement For:       2011       Category/ Type       2500.00         Office Sought:       House       Disbursement For:       2011       Category/ Type       2500.00         Full Name (Last, First, Middle Initial)       Disbursement For:       2011       Category/ Type       2500.00         Mailing Address       14 Hume Avenue       Disbursement For:       2011       Category/ Type       2011 1         Gity       State       VA       22301       Amount of Each D	LONE STAR LEADERSHIP PAC			Date of Disbursement
Office Sought:       House Senate President       Disbursement For: 2011 X Other (specify) ▼       2011 X Other (specify) ▼         Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC       Transaction ID: D117429 Date of Disbursement City       Transaction ID: D117429 Date of Disbursement         Mailing Address       104 Hume Ave       Mailing Address       104 Hume Ave         City       State       Zip Code VA       22301-1015         Purpose of Disbursement Contributions for Federal PAC/Committees       011 Category/ Type       Amount of Each Disbursement this Peric 2500.00         Office Sought:       House Senate       Disbursement For: 211 X Other (specify) ▼       011 Category/ Type       Transaction ID: D117194 Date of Disbursement 0 6 4 / 0 8 / 2 0 1 1         Full Name (Last, First, Middle Initial) LONGHORN PAC       Disbursement For: 2301       011 Category/ Type       Transaction ID: D117194 Date of Disbursement 0 6 4 / 0 8 / 2 0 1 1         Mailing Address       14 Hume Avenue       011 Category/ Type       Amount of Each Disbursement this Peric 0 6 4 / 0 8 / 2 0 1 1         City Alexandria       X State       Zip Code VA       22301         Office Sought:       House Senate       Disbursement For: 2011 Primary Category/ Type       011 Category/ Type         Office Sought:       House Senate       Disbursement For: 2011 President       011 Category/ Type         Office Sought:       <	Alexandria Purpose of Disbursement Annual contribution PAC to PAC		Category/	Amount of Each Disbursement this Period 2500.00
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City       State       Zip Code         Alexandria       VA       22301         Purpose of Disbursement       011         Contributions for Federal PACs/Committees       011         Candidate Name       011         Office Sought:       House         Disbursement For:       2011         Yange       Senate         President       X         State:       District:	Full Name (Last, First, Middle Initial)			Date of Disbursement
Alexandria       VA       22301         Purpose of Disbursement       011         Contributions for Federal PACs/Committees       011         Candidate Name       011         Candidate Name       Disbursement For: 2011         Office Sought:       House         Primary       General         President       X         State:       District:	Mailing Address 14 Hume Avenue	9		06 08 2011
Candidate Name     Category/ Type       Office Sought:     House       Senate     Primary       President     X       State:     District:	Alexandria Purpose of Disbursement	VA 22301	011	Amount of Each Disbursement this Period 1000.00
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NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political Ac	tion Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: D117003
Lincoln PAC			Date of Disbursement
Mailing Address 3701 Connecticut Ave.,	NW - #404		
City	State Zip Code DC 20008		Amount of Each Disbursement this Peri
Washington Purpose of Disbursement	DC 20008		2500.00
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	Other (specify)		
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Martin Heinrich for Congress			Transaction ID: D115411 Date of Disbursement
Mailing Address 2118 CENTRAL AVENU	E SE #71		
City ALBUQUERQUE	State Zip Code NM 87106		Amount of Each Disbursement this Peri
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Mcgoff For Congress			Date of Disbursement
Mailing Address PO Box 44003			
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Indianapolis Purpose of Disbursement	IN 46244		2500.00
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Candidate Name Mr. John McGoff		Category/ Type	
	ement For: 2012	<b>I</b>	
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McKinley for Con	,							Dat	e of	Dis	burs	em	ent			
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NAME OF COMMITTEE (In Full)													
National Emergency Medicine Political Acti	on Committee												
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Candidate Name Rep. Michael C. Burgess, M.D.			egory/ ype	_									
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State: TX District: 26													
Full Name (Last, First, Middle Initial) Michael Burgess For Congress					Trans Date o	of D	isbur	ser	nent	72 <sup>.</sup>		×	X
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Candidate Name Rep. Michael C. Burgess, M.D.			egory/ ype										
Office Sought: X House Disburser Senate X President	ment For: 2012 Primary General Other (specify) ▼												
State: TX District: 26													
Full Name (Last, First, Middle Initial) National Republican Congressional Commi	ttee				<b>Trans</b> Date o	of D	isbur	ser	nent	12			
Mailing Address 320 1st St SE					<sup>™</sup> 2	М	/ D	1 (	Ď /	Y	ž	0 Ì 1	ľ
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Ary Information copied from such Reports and Statements may not be sold or used by any portsol. for the purposes, other than using the name and address of any political committee to solicit contributions from such committee         NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         National Republican Senatorial Committee         Mailing Address       425 2nd St NE         City       State         Variation of Federal PACs/Committees         Office Sought:       House         Primary       General         City       State         Office Sought:       House         Office Sought:       House         Disbursement       Office Sought:         Arring Address       Point (Specify)         Annual contribution       Transaction ID: D111267         Data Contribution       Annual contribution         Full Name (Last, First, Middle Initial)       Annual contribution         NELSON 2012       State:       Disbursement For:       2011         Mailing Address       PO BOX 8666       011       Annual Contribution         City       State       Disbursement For:       2012         Mailing Address       607 14th Street, NW       State       Zip Code		Detailed Summary Page		Н					$\vdash$	1	Н		$\left  \right $
NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         National Republican Senatorial Committee         Maling Address       425 2nd St NE         City       State       Zp Code         Washington       DC       20002-4914         Purpose of Disbursement       011         Candidate Name       Disbursement For:       2011         Contributions for Faderal PACs:Committees       011       Category/         Office Sought:       House       Disbursement For:       2011         State:       District:       President       Disbursement For:       2011         Maling Address       PO BOX 8666       011       Maling Address       PO BOX 8666         City       Maling Address       PO BOX 8666       011       Maling Address       0100.00         Contributions for Foderal Candidates       011       Category/       Transaction ID: D11563       1000.00         Purpose of Disbursement       Disbursement For:       2012       Maling Address       607 14th Street, NW         Category/ Sen, E, Nelson       Disbursement For:       2012       X       President       Macunt of Each Disbursement         Maling Address <td< th=""><th></th><th></th><th></th><th></th><th>person f</th><th>or the pu</th><th>irpos</th><th>e of s</th><th></th><th>iting co</th><th></th><th>oution</th><th></th></td<>					person f	or the pu	irpos	e of s		iting co		oution	
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Detailed Summary Page       21b       22b       2b       2b	ITEMIZED DISBURSEMENTS	for each category of the	,	(ch	eck only	one)		• •	F			_		_
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NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         NEXT CENTURY FUND         Mailing Address       116 S ROYAL STREET         City       State       Zip Code         AtEXANDRIA       VA       22314         Purpose of Disbursement       Ontimutions for Federal PACs/Committees       011         Candidate Name       Disbursement For:       2011         City       State:       Disbursement For:       2011         City       State       Zip Code       Amount of Each Disbursement this Perice         Mailing Address       900 19th Street, NW       City       Amount of Each Disbursement this Perice         City       State       Zip Code       Amount of Each Disbursement this Perice         Candidate Name       Disbursement For:       2011       Amount of Each Disbursement this Perice         City       State:       Disbursement For:       2011       Category/ Type       1500.00 </th <th></th> <th></th> <th></th> <th>ny p</th> <th>person f</th> <th>or the p</th> <th></th> <th>se of</th> <th></th> <th>iciting</th> <th>cont</th> <th>tribu</th> <th>utions</th> <th></th>				ny p	person f	or the p		se of		iciting	cont	tribu	utions	
Autional Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial) NEXT CENTURY FUND       Transaction ID: D117189 Date of Disbursement         Mailing Address       116 S ROYAL STREET         City Purpose of Disbursement Contributions for Federal PACs/Committees       011 Other (specify)         Control Last, First, Middle Initial) Othice Sought:       House President       Disbursement For: 2011 Primary			COIII		50 10 30		nouti			11 3001				
NEXT CENTURY FUND       Date of Disbursement         Mailing Address       116 S ROYAL STREET         City       State       Zip Code         ALEXANDRIA       VA       22314         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Candidate Name       Disbursement For:         Office Sought:       House         District:       Disbursement For:         Other (specify)       V         Amount of Each Disbursement       1500.00         Christian       Disbursement For:         Other (specify)       V         State:       District:         District:       District:         Mailing Address       900 19th Street, NW         City       State         Quide and Disbursement For:       2011         Candidate Name       Disbursement For:       2011         Christian       Disbursement For:       2011         City       State       Disbursement For:       2011         City       State       Disbursement For:       2011         City       District:       PA       19026-4821		ion Committee												
Mailing Address       116 S ROYAL STREET         City       State       Zip Code         ALEXANDRIA       VA       22314         Purpose of Disbursement       011         Candidate Name       011         Chy       Senate       011         Senate       011         Senate       Disbursement For:       2011         Office Sought:       House       Disbursement For:       2011         State:       District:       Chy       Full Name (Last, First, Middle Initial)         Ohio's Future PAC       Mailing Address       900 19th Street, NW       Fig 3 ( 2011)         City       Sanate       Disbursement For:       2011         Candidate Name       011       Category/ Type       ( 1 3 ) ( 2 0 1 1)         Office Sought:       House       Disbursement For:       2011         Candidate Name       Disbursement For:       2011       Amount of Each Disbursement file Period         Candidate Name       Disbursement For:       2011       Amount of Each Disbursement file Period         Candidate Name       Disbursement For:       2011       Amount of Each Disbursement file Period         Candidate Name       Disbursement For:       2011       Amount of Each Disbursement file Period </td <td></td> <td>718</td> <td>9</td> <td></td> <td></td>											718	9		
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National Emergency Medicine Political Ac	ction Committee											
Full Name (Last, First, Middle Initial) Paul Gosar for Congress					Date o	action II of Disbur	seme		158			
Mailing Address P.O. Box 368					0 2	M / D	0 2	/ Y	Ý 2	žo i	1 <sup>×</sup>	
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People for Enterprise/Trade/Econ Growth					Date o	of Disbur	seme				Y	
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Mailing Address 900 19th Street, NW 8th Floor				0	6	/	۵	<sup>D</sup> 9	Y	ž	0 Ì 1	Y
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Any Information copied from such Reports and Statements may not be sold or used by any person for th       27       2         Any Information copied from such Reports and Statements may not be sold or used by any person for th       or for commercial purposes, other than using the name and address of any political committee to solicit or         NAME OF COMMITTEE (In Full)       NAtional Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)       The presence of the political Action Committee         Full Name (Last, First, Middle Initial)       The presence of the political PACs/Committees         City       State       Zip Code         TAMPA       FL       33606         Purpose of Disbursement       011       Category/         Candidate Name       Disbursement For:       2011         Office Sought:       House       Disbursement For:       2011         State:       District:       annual contribution       The president         State:       District:       annual contribution       The pace of Disbursement         City       State       Zip Code       A         Mailing Address       P.O. Box 640       Disbursement       Dispursement         City       State       Zip Code       A         The purpose of Disbursement       Contributions for Federal Candidates	22       X       23       24       25       2         28a       28b       28c       29       3         e purpose of soliciting contributions contributions from such committee         ransaction ID:       D115407         vate of Disbursement       02       Y       Y       Y       Y       Y       Y
or for commercial purposes, other than using the name and address of any political committee to solicit of NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS (PATPAC) Mailing Address 610 S. BOULEVARD City State Zip Code TAMPA FL 33606 Purpose of Disbursement Contributions for Federal PACs/Committees O11 Category/ Type Office Sought: House Disbursement For: 2011 Senate President Senate President X Other (specify) ▼ annual contribution Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Mailing Address P.O. Box 640 City State Zip Code City Comment Contributions for Federal Candidates Contributions for Federal Candidates Candidate Name City State Zip Code City State Zip Code City Comment Contribution Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Mailing Address P.O. Box 640 City State Zip Code City State Zip Code City Comment Contributions for Federal Candidates Contributions Contributions for Federal Candidates Contributions Contributions Contributions Contributions Contributio	contributions from such committee ransaction ID: D115407 bate of Disbursement $M_{0.3}^{M}$ / $D_{0.2}^{D}$ / $Y_{2.011}^{Y}$
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Rep. Bill Pascrell, Jr.     Type       Office Sought:     X     House     Disbursement For: 2012       Senate     X     Primary     General       President     Other (specify)     ▼	
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Mailing Address PO Box 27	
Hollidaysburg PA 16648	mount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) LATTA FOR CONGRESS						Trans Date	of D	-	urse	eme	ent		ÝÝ	Y
Mailing Address P.O. Box 106						06			0	<sup>D</sup>		2	201	1
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Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRESS						Trans Date	of D		urse	eme	ent			
Mailing Address 991C Lomas Santa Fe E	Drive					0 <sup>M</sup> 6	М	/	<sup>D</sup> 0	<sup>D</sup> 8		2	0 ľ	1 <sup>×</sup>
City Solana Beach	State Zip Code CA 92075					Amou	int o	fΕ	ach	Di	sburse			
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Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRESS						<b>Trans</b> Date				eme	ent	642		
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Committee												
Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONG	RESS				<b>Trans</b> Date	of D		urse	mer				
Mailing Address 22 West Padonia Road	Suite C-141				0 <sup>M</sup> 3	М		<sup>D</sup> 1	<sup>D</sup> 6	/ Y	ž	0 Ì ·	1 <sup>Y</sup>
City Timonium	StateZip CodeMD21093				Amou	int o	fΕa	ach I	Disl	bursei	-	t this I	
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Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONG	RESS				Trans Date			urse	mer	–		v	Y
Mailing Address 22 West Padonia Road	Suite C-141				0 <sup>™</sup> 6	M		<sup>D</sup> 0	8	/	ź	0 Ì ·	1
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Full Name (Last, First, Middle Initial) CATHY MCMORRIS RODGERS FOR CO	DNGRESS				Trans Date		-	urse	mer				V
Mailing Address Box 137					<sup>™</sup> 4	м		1	3	/	ź	0 Ì -	1
City Spokane	StateZip CodeWA99210				Amou	int o	fΕa	ach I	Disl	bursei		t this I	
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National Emergency Medicine Political A	ction Committee								
Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS				Transa Date of			6645	;	
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Mailing Address PO Box 442				05		11		201	
City Allentown	State Zip Code PA 18105			Amount	of Eac	h Disbu	rseme	nt this I	Period
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State: PA District: 15									
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CHARLIE DENT FOR CONGRESS				Date of	Disburs	sement			X
Mailing Address PO Box 442				02	/ D	02	Y	žoľ	ľ
City Allentown	State Zip Code PA 18105			Amount	of Eac	h Disbu	rseme	nt this I	Period
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State: PA District: 15									
Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS				Transa Date of	Disburs	sement			14
Mailing Address PO Box 2408				03	/ D	02	Y	ž01	1
City Loveland	State Zip Code CO 80539			Amount	of Eac	h Disbu	rseme	nt this I	Perioc
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NAME OF COMMITTEE (In Full)				
National Emergency Medicine Political Ac	tion Committee			
Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS			Date of Disbur	
Mailing Address 5915 Eastman Avenue Number 304				16 <sup>7</sup> 2011 <sup>°</sup>
City Midland	StateZip CodeMI48640		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011		2500.00
Candidate Name Rep. Dave Camp		Category/ Type		
<b>5</b> X	ement For: 2012 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS			Date of Disbur	
Mailing Address 5915 Eastman Avenue Number 304				16 <sup>7</sup> 2011 <sup>4</sup>
City Midland	StateZip CodeMI48640		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011		2500.00
Candidate Name Rep. Dave Camp		Category/ Type		
	ement For: 2012 ⟨ Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT			Transaction II Date of Disbur	sement
Mailing Address P. O. Box 53322			0 <sup>M</sup> 2 <sup>M</sup> /	
City Bellevue	State Zip Code WA 98015		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011		1500.00
Candidate Name Rep. Dave Reichert		Category/ Type		
Office Sought: X House Disburs Senate President State: WA District: 08	ement For: 2010 Primary X General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)				6500.00
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SCHEDULE B (FEC Form 3X)		FO	R LINF	NUMBE	R:			F	PAG	E 2	285 /	322
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	-	eck only	one)		22	г			_		
	Detailed Summary Page	$\mathbb{H}$	21b 27	22 28a	H	23 28b	$\left  \right $	24	, ⊦		25 29	
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NAME OF COMMITTEE (In Full)												
National Emergency Medicine Political Ac	tion Committee											
Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS				<b>Trans</b> Date		sbur	ser		1258	8		
Mailing Address PO Box 531086		 		0 <sup>M</sup> 2	М	D	1	<b>6</b>	Y	ž o	ľ1	Y
City Henderson	State Zip Code NV 89053			Amou	int of	Eac	h [	Disbur			-	eriod
Purpose of Disbursement Contributions for Federal Candidates		011		L.						000	0.00	
Candidate Name Rep. Dean Heller		atego Type	-									
<b>0 X</b>	ement For: 2012 Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS				<b>Trans</b> Date	of Di	sbur	ser		-			
Mailing Address PO Box 531086				0 <sup>M</sup> 3	М	D	0	<sup>D</sup> 2	Y	ž o	ľ1	Y
City Henderson	State Zip Code NV 89053	 		Amou	int of	Eac	h [	Disbur	-			eriod
Purpose of Disbursement Contributions for Federal Candidates		011		L.					4	000	0.00	
Candidate Name Rep. Dean Heller		atego Type										
5 <u>X</u>	ement For: 2012 Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ FOR C	ONGRESS			<b>Trans</b> Date	of Di	sbur	ser		6268	8		
Mailing Address 1071 Twin Branch Ln		 		0 <sup>M</sup> 4	М	D	2	<sup>D</sup> 7	Y	ž 0	ľ1	Y
City Weston	State Zip Code FL 33326	 		Amou	int of	Eac	h [	Disbur	-			eriod
Purpose of Disbursement Contributions for Federal Candidates		011	· · · · · · · · · · · · · · · · · · ·	L.					1	000	0.00	
Candidate Name Rep. Debbie Wasserman Schultz		atego Type	-									
Senate X President	ement For: 2012 Primary General Other (specify) ▼											
State: FL District: 20		 					-		<u> </u>	000	000	
SUBTOTAL of Disbursements This Page (optional)			<u>▶</u>		•	-		*	0	000	00.00	-
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only		PAGE 286/322
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
National Emergency Medicine Political Act	ion Committee			
Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS			Transaction ID: D Date of Disburseme	
Mailing Address 3440 Youngfield Street			06 <sup>M</sup> /08 <sup>D</sup> /08	Ý ŽOÍIÍ
City Wheat Ridge	State Zip Code CO 80033		Amount of Each Dis	bursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011		1500.00
Candidate Name Rep. Ed Perlmutter		Category/ Type		
Senate X President	ment For: 2012 Primary General Other (specify) ▼			
State: CO District: 07 Full Name (Last, First, Middle Initial)			Transaction ID: D	)117603
WHITFIELD FOR CONGRESS COMMITT	EE		Date of Disburseme	nt
Mailing Address P.O. BOX 391			0 6 / 2 9	Ý ŽOÍI
City HOPKINSVILLE	State Zip Code KY 42241		Amount of Each Dis	bursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011		1500.00
Candidate Name Rep. Edward Whitfield		Category/ Type		
<b>0</b> X	ment For: 2012 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITT	EE		Transaction ID: D	
Mailing Address P.O. BOX 391			0 <sup>M</sup> 5 <sup>M</sup> / <sup>D</sup> 25 <sup>D</sup>	<sup>7</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
City HOPKINSVILLE	State Zip Code KY 42241		Amount of Each Dis	bursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	L	1000.00
Candidate Name Rep. Edward Whitfield		Category/ Type		
Senate X President	ment For: 2012 Primary General Other (specify) ▼			
State: KY District: 01				4000.00
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TOTAL This Period (last page this line number only) E6AN026		►	FFC. Schedule B	(Form 3X) (Revised

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-		NUMBE	R:			P	AGE	287	/ 322
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(ch	eck only 21b 27	/ one) 22 28a	X	23 28b	F	24		25 29	$\square$
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	ion Committee										
Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS				Date	of Di	isbur	ser		653		
Mailing Address 462 California Road				0 <sup>M</sup> 3	М	/ D	1 (	<b>b</b> / <b>b</b>	Ŷ	žo i	1
City Bronxville	State Zip Code NY 10708			Amo	unt of	fEac	h C	Disburs			
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Rep. Eliot L. Engel       Office Sought:     X       House     Disburs	ement For: 2012 Primary General Other (specify)	Туре	-								
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS				<b>Tran</b> Date	of Di	isbur	ser		_		V
Mailing Address PO Box 3176				0 <sup>™</sup> 3	М	/ D	02	2	Ý ź	žo i	1
City Long Branch	State Zip Code NJ 07740			Amou	unt of	fEac	h C	Disburs			
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Frank Pallone, Jr.		atego		L.						0.00	0
Office Sought: X House Disburs	ement For: 2012 Primary General Other (specify)	 Туре	3								
Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US		 		Date	of Di	isbur	ser				
Mailing Address P.O. Box 490				0 <sup>M</sup> 3	М	/ D	3 (	5 ′	Ŷ	žo i	1
City St. Joseph	State Zip Code MI 49085			Amou	unt of	fEac	h C	Disburs			
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Rep. Fred Upton	oment For: 0010	atego Type	-								
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National Emergency Medicine Political Ad	ction Committee											
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Mailing Address P.O. Box 490					0 <sup>M</sup> 6	М	/ D	29	/ Y	ž	0 1 1	Y
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ů X	eement For: 2012 ✓ Primary General Other (specify) ▼	•										
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GIFFORDS FOR CONGRESS							isburs					
Mailing Address PO Box 12886					0 <sup>M</sup> 5	М	/ D	2 <sup>D</sup>	/ Y	ž	0 1 1	Y
City Tucson	StateZip CodeAZ85732				Amou	unt o	f Eacl	h Dis	burse	U		
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Full Name (Last, First, Middle Initial)					Trans	sacti	ion ID	): Г	01162	85		
GEOFF DAVIS FOR CONGRESS							isburs	seme				
Mailing Address PO BOX 17192					0 <sup>M</sup> 4	М	/ D	2 <sup>D</sup>	/ Y	ž	0 Ì 1	Y
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Candidate Name Rep. Geoff Davis			itego Type									
Senate 2 President	eement For: 2012 K Primary General Other (specify) ▼	-										
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	)		OR LIN		-	R:				F	PAG	iΕ	289 /	322
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National Emergency Medicine Political	Action Committee														
Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS						Trans Date			ours		ent	575 Y		0 1 1	Y
Mailing Address PO Box 8446						03			2	23		_	2(	011	
City Asheville	State Zip Code NC 28814					Amou	int o	of E	ach	ו D	isbur	_		this F	Period
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Rep. Heath Shuler       Office Sought:     X       Senate     President       State:     NC	ursement For: 2012 X Primary General Other (specify) ▼			rpe											
Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS						Trans Date			ours	em	ent	722 Y	-	Y	Y
Mailing Address Post Office Box 112						0 6		<i>,</i>	Č	) 8		_	2(	0 Å 1	
City Burlingame	State Zip Code CA 94011					Amou	int o	of E	ach	ו D	isburs			-	Period
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Rep. Jackie Speier       Office Sought:     X       Y     House       Senate       President       State:     CA	ursement For: 2012 X Primary General Other (specify) ▼		Ту	rpe											
Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN						Trans Date	of D	-	ours	em	ent	586	-		
Mailing Address PO BOX 12567						0 <sup>M</sup> 3	М	/	۵3	3 0	1	Y	ž (	0 1 1	Y
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Purpose of Disbursement Contributions for Federal Candidates			0	11		L.							100	0.00	
Candidate Name Rep. James E. Clyburn		С		egory/ /pe											
Office Sought: X House Disb Senate President State: SC District: 06	ursement For: 2012 X Primary General Other (specify) ▼	I		-											
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			R LINE		R:				PA	GE	290	/ 322
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac	tion Committee												
Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN					Date	of D	isbu	rse	ment		-	X	Y
Mailing Address PO BOX 12567					0 4			1	3 Ĵ	Ľ	Ź	01	1
City COLUMBIA	State Zip Code SC 29211				Amou	int o	f Ea	ch I	Disb	ursei	-	-	
Purpose of Disbursement Contributions for Federal Candidates Candidate Name			)11 ego		L.		X       23       24       25       29         pose of soliciting contributions from such committee         ction ID:       D116081         Disbursement       /       Y	)					
Rep. James E. Clyburn           Office Sought:         X         House         Disburs	ement For: 2012 Primary General Other (specify)		ype	-									
Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMM	ITTEE				Date	of D	isbu	rse	ment			Y	Y
Mailing Address PO Box 87 Suite 700					0 3			0	Ž	Ľ	Ż	01	1
City Uwchland	State Zip Code PA 19480				Amou	int o	f Ea	ch I	Disb	ursei	0	-	
Purpose of Disbursement Contributions for Federal Candidates Candidate Name		Cat	)11 ego	ry/	L.						200	0.00	J
5 <u>X</u>	ement For: 2012 Primary General Other (specify) ▼	1	ype										
Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS						of D	isbu	rse	ment		17		
Mailing Address P.O. BOX 521048					0 5	м		2	<sup>D</sup>	Y	ž	0 ľ	1 <sup>Y</sup>
City SALT LAKE CITY	State Zip Code UT 84152				Amou	int o	f Ea	ch I	Disb	ursei	-	-	
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	ement For: 2012 Primary General Other (specify) ▼												
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such comm         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         FRIENDS OF JOHN BOEHNER         Mailing Address         Mailing Address         7908 Cincinnati Dayton Road         City         State         Very Compose of Disbursement         Contributions for Federal Candidates         Contributions for Federal Candidates         Office Sought:         X Primary         Glice Sought:         X Primary         General         President         Disbursement For:         2012         Senate         President         South Capitol Street, SE         Glity	291 / 322
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Nam (Last, First, Middle Initia)         FRIENDS OF JOHN BOEHNER         Mailing Address       7908 Cincinnati Dayton Road         City       State         Vest Chester       OH         Purpose of Disbursement       011         Candidate Name       011         Rep. John A. Boehner       011         Office Sought       X House         State: OH       Disbursement For:         City       State         Vest Chester       Other (specify)         Full Name (Last, First, Middle Initia)         LARSON FOR CONGRESS         Mailing Address       330 Main Street         430 South Capitol Street, SE         City       State: OH         Purpose of Disbursement         Corributions for Federal Candidates         Candidate Name         Rep. John B. Larson         Transaction ID:         Disbursement         Office Sought:       House         President         State: CT       Disbursement For:       201	25 22 29 3
FRIENDS OF JOHN BOEHNER       Disbursement       Disbursement         Mailing Address       7908 Cincinnati Dayton Road       Disbursement         City       State       Zip Code         West Chester       OH       45069         Purpose of Disbursement       Oth       Category/ Type         Contributions for Federal Candidates       Oth       Category/ Type         Office Sought:       All House President       Disbursement For:       2012         State:       OH       District: 08       Transaction ID:         Full Name (Last, First, Middle Initial)       LARSON FOR CONGRESS       Amount of Each Disbursement         Mailing Address       330 Main Street       30 ( Y Ž I         430 South Capitol Street, SE       Other (specify) ▼       Amount of Each Disbursement         Office Sought:       X House       Disbursement For:       2012         Candidate Name       Senate       Other (specify) ▼       Transaction ID:         Office Sought:       X House       Disbursement For:       2012         Y Primary       General       Other (specify) ▼       Amount of Each Disbursement         JON RUNYAN FOR CONGRESS, INC       Mailing Address       700 12th St NW       State       Zip Code         Mailing Address       7	
Mailing Address       7908 Cincinnati Dayton Road         City       State       Zip Code         West Chester       OH       45069         Purpose of Disbursement       OH       45069         Cardidate Name       Other (specify)       State         Office Sought:       X       House         President       Disbursement For:       2012         X       Primary       General         Other (specify)       Transaction ID:       D115858         Data of Disbursement       Transaction ID:       D115858         Data of Disbursement       Other (specify)       Transaction ID:       D115858         Data of Disbursement       Other (specify)       Transaction ID:       D115858         Data of Disbursement       Other (specify)       Transaction ID:       D115858         Data of Disbursement       City       State       Zip Code       Amount of Each Disbursement         Mailing Address       330 Main Street       Interview       Interview       Interview       Interview         City       State       CT       Ofilo6       Interview       Interview       Interview         Office Sought:       House       Disbursement For:       2012       Senate       Y 2 6 / Y	
West Chester       OH       45069         Purpose of Disbursement       011       Cardidate Name       011         Candidate Name       011       Category/ Type       011         Office Sought:       Y House       Disbursement For:       2012         State: OH       Distursement For:       2012       Full Name (Last, First, Middle Initial)         LARSON FOR CONGRESS       Other (specify) ▼       Full Name (Last, First, Middle Initial)         Malling Address       330 Main Street       Zip Code         Hartford       CT       06106         Purpose of Disbursement       Other (specify) ▼         Contributions for Federal Candidates       011         Candidate Name       011         Cardidate Name       011         Cardidate Name       Disbursement For:       2012         Candidate Name       Disbursement For:       2012         Office Sought:       X       House       Disbursement For:       2012         Office Sought:       X       House       Disbursement For:       2012         Yerniany       General       Other (specify) ▼       Transaction ID:       D117018         JON RUNYAN FOR CONGRESS, INC       Malling Address       700 12th St NW       Amount of Each Disbu	) <sup>×</sup> 11 <sup>×</sup>
Contributions for Federal Candidates       011         Candidate Name       011         Rep. John A. Boehner       Disbursement For:       2012         Øffice Sought:       X       House       Disbursement For:       2012         X       President       Other (specify)       ✓       Transaction ID:       D115858         District: 08       District: 08       Transaction ID:       D115858         Mailing Address       330 Main Street       430 South Capitol Street, SE       Amount of Each Disbursement         City       State       Zip Code       Amount of Each Disbursement         Purpose of Disbursement       O11       Category/ Type       100         Office Sought:       X       House       Disbursement For:       2012         Candidate Name       Senate       O11       Category/ Type       100         Office Sought:       X       House       Disbursement For:       2012         Senate       President       Other (specify)        Transaction ID:       D117018         JON RUNYAN FOR CONGRESS, INC       Mailing Address       700 12th St NW       State       Zip Code       Amount of Each Disbursement         Mailing Address       700 12th St NW       State       Zip Code	
Rep. John A. Boehner       Type         Office Sought:       X House Senate President       Disbursement For:       2012 X Primary         State: OH       District: 08       Transaction ID:       D115858 Date of Disbursement         Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS       Transaction ID:       D115858 Date of Disbursement         Mailing Address       330 Main Street 430 South Capitol Street, SE       Mailing Address       330 Main Street 430 South Capitol Street, SE       Amount of Each Disbursement         City       State       Zip Code Contributions for Federal Candidates       011 Category/ Type       Amount of Each Disbursement         Office Sought:       X Primary       General Other (specify)       Transaction ID:       D117018 Date of Disbursement         JON RUNYAN FOR CONGRESS, INC       Mailing Address       700 12th St NW Ste 700       State       Zip Code 20005-4052       Amount of Each Disbursement         Mailing Address       700 12th St NW Ste 700       State       Zip Code 20005-4052       Amount of Each Disbursement         Office Sought:       X House       Disbursement For:       2012       Amount of Each Disbursement         Office Sought:       X House       Disbursement For:       2012       Amount of Each Disbursement         Office Sought:       X House       Disbursement For:       2	0.00
Senate       President         State: OH       District: 08         Full Name (Last, First, Middle Initial)       Transaction ID: D115858         LARSON FOR CONGRESS       Mailing Address         Mailing Address       330 Main Street         430 South Capitol Street, SE       Zip Code         City       State         Purpose of Disbursement       011         Contributions for Federal Candidates       011         Candidate Name       President         President       Disbursement For:         Office Sought:       X         President       Other (specify)         State: CT       Disbursement For:         2012       Senate         President       Other (specify)         State: CT       Disbursement For:         2010       Senate         President       Other (specify)         State: CT       District: 01         Full Name (Last, First, Middle Initial)       JON RUNYAN FOR CONGRESS, INC         Mailing Address       700 12th St NW         Ste 700       State         City       State         Washington       DC         20005-4052         Purpose of Disbursement for:         C	
LARSON FOR CONGRESS       Date of Disbursement         Mailing Address       330 Main Street         430 South Capitol Street, SE       Image: State Stat	
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ITEMIZED DISBURSEMENTS       Ose separate scriedule(s) for each category of the Detailed Summary Page       (check only one)	SCHEDULE B (FEC Form 3X)			FO	R LINF	NUMBE	R			P	AGF	292	/ 322
Detailed Summary Page       21b       22       23b       24b       25b         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee       22b       2b	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	,	(ch	eck only	one)			-				_
Ary Information copied from such Reports and Statements may not be sold or used by any person for the purpose of coloning contributions from such committee to solicit contributions from such committee         NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         CASTOR FOR CONGRESS         Mailing Address       301 W. Platt Street #385         City       State         Purpose of Disbursement       011         Candidate Name       Elsion         Reprint Control (Control (Contro	······································	Detailed Summary Page		$\dashv$			H		╞		$\vdash$	1	$\left  \right $
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State: FL       President         State: FL       District: 11         Full Name (Last, First, Middle Initial)       KEVIN MCCARTHY FOR CONGRESS         Mailing Address       PO Box 12667         City       State       Zip Code         Bakersfield       CA       93389         Purpose of Disbursement       011         Contributions for Federal Candidates       011         Category/       Transaction ID: D115424         State: CA       Disbursement For:       2012         Contributions for Federal Candidates       011         Category/       Type         Office Sought:       X House       Disbursement For:         State: CA       District: 22         Full Name (Last, First, Middle Initial)       X House       Other (specify)         LEE TERRY FOR CONGRESS       Mailing Address       PO Box 540098         City       State       Zip Code       Amount of Each Disbursement this Period         Office Sought:       X House       Disbursement For:       2012         City       State       Zip Code       Amount of Each Disbursement this Period         Office Sought:       X House       Disbursement For:       2012         City       State       Other (specify) </td <td>Rep. Kathy Castor</td> <td></td> <td></td> <td>•</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Rep. Kathy Castor			•	-								
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initia) ComMitTEE TO RE-ELECT LINDA SANCHEZ Mailing Address 1212 S. Victory Blvd City State 2ip Code Disbursement Contributions for Federal Candidates Condition Name Rep. Linda T. Sanchez Disbursement For: 2012 City Senate President State: CA District: 39 Full Name (Last, First, Middle Initia) FRIENDS OF LOIS CAPPS Office Sught: X House CA 93121 Purpose of Disbursement Contributions for Federal Candidates Conditate Name Real: CA District: 23 Full Name (Last, First, Middle Initia) FRIENDS OF LOIS CAPPS Full	ITE		SBURSEMEN	TS	for each Detailed	category of the Summary Page	F	] 2	1b	22	L	Х		F					
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         COMMITTEE TO RE-ELECT LINDA SANCHEZ         Mailing Address       121 S. Victory Bivd         City       State       Zip Code         BURBANK       CA       91502         Purpose of Disbursement       011         Candidate Name       1000.00         Candidate Name       011         State: CA       Disbursement For:       2012         Other (specify)        Transaction ID:       D117015         Date of Disbursement       Other (specify)        Transaction ID:       D117015         Date of Disbursement       Other (specify)        Transaction ID:       D117015         Date of Disbursement       CA       93121       Date of Disbursement       011         Catigate Name       CA       93121       Amount of Each Disbursement       1500.00         Office Sought:       X House       Disbursement For:       2012       X District: 23       Amount of Each Disbursement         Office Sought:       X House       Disbursement For:       2012       Amount of Each Disbursement       1500.00         Office Sought:       X House       Disbursement For:       2012 <td>or for</td> <td>r commercial pur</td> <td>poses, other than usi</td> <td></td> <td>3</td>	or for	r commercial pur	poses, other than usi																3
COMMITTEE TO RE-ELECT LINDA SANCHEZ       Date of Disbursement         Mailing Address       1212 S. Victory Bivd         City       State       Zip Code         Purpose of Disbursement       011         Candidate Name       011         State: CA       District: 39         Other (specify)       Image: Condition of the provide of the	· ·		. ,	olitical Acti	on Comm	nittee													
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Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS					Date	of D	isbur	ser		5751			
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) National Emregracy Medicine Political Action Committee Full Name (Last, First, Middle Initia) PETE SESSIONS FOR CONGRESS Maling Address PO Box 823047 City Data of Disbursement Contributions for Federal Candidates Candidate Name Rep. Phil Gingrey Office Sought: X House Senate Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Phil Gingrey Office Sought: X House Disbursement Contributions for Federal Candidates Candidate Name Rep. Phil Gingrey Office Sought: X House Disbursement Contributions for Federal Candidates Candidate Name Rep. Phil Gingrey Office Sought: X House Disbursement Contributions for Federal Candidates Contributions for Federal Candidates Condition Disbursement Contributions for Federal Candidates Contributions for					27	28a 2	8b 2	Bc	29							
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r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) SHELLEY MOORE CAPITO FOR CONGRESS  Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS  Mailing Address P.O. Box 11519  City Charleston VV 25339 Purpose of Dibbursement Candidate Name Candidate Name State: NV District: 09  Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS  Mailing Address P.O. Box 37091  City City Charleston VV State V State: NC Disbursement Committee VV District: 09  Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS  Mailing Address P.O. Box 37091  City City Charleston VC 28237  Purpose of Dibbursement Committee V State: NC Disbursement City Charleston VC 28237  Purpose of Dibbursement City Charleston V V State V District: 09  Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS  Mailing Address P.O. Box 37091  City City Charleston VC 28237  Purpose of Dibbursement City Charleston VC 28237  Purpose City Charleston VC Charleston VC 28237  Purpose City Charleston VC Ch	IT	EMIZED DIS	SBURSEMENT	S	for each	category of the			21b	ly c	22	X		$\square$		$\square$		
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E6AN026 FEC Schedule B ( Form 3X) (Revised	=6	5AN026									FE	C 5	chedu	ie B	( For	m 3X	) (Re	vised

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	one) 22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Sta for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)	arrie and address of any political con		
National Emergency Medicine Political	Action Committee		
Full Name (Last, First, Middle Initial) TIM BISHOP FOR CONGRESS			Transaction ID: D117213 Date of Disbursement
Mailing Address PO Box 437			$\begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} I & D \\ 0 & 8 \end{bmatrix} \begin{bmatrix} I & Y \\ 2 & 0 & 1 \end{bmatrix} \begin{bmatrix} Y \\ 2 & 0 & 1 \end{bmatrix} \begin{bmatrix} Y \\ 1 \end{bmatrix}$
City Farmingville	State Zip Code NY 11738		Amount of Each Disbursement this Per
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name Rep. Timothy H. Bishop		ategory/ Type	
Office Sought: X House Disbu Senate President State: NY District: 01	rsement For: 2012 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) MARINO FOR CONGRESS			Transaction ID: D117432 Date of Disbursement
Mailing Address PO BOX 653			$\begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix}$
City WILLIAMSPORT	State Zip Code PA 17703		Amount of Each Disbursement this Per
Purpose of Disbursement Contributions for Federal Candidates		011	1000.00
Candidate Name Rep. Tom Marino		ategory/ Type	
Senate President	rsement For: 2012 X Primary General Other (specify) ▼		
State:         PA         District:         10           Full Name (Last, First, Middle Initial)			Transation ID: D115405
PRICE FOR CONGRESS			Transaction ID: D115405 Date of Disbursement
Mailing Address P.O. Box 425			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{pmatrix} $
City Roswell	State Zip Code GA 30077		Amount of Each Disbursement this Per
Purpose of Disbursement Contributions for Federal Candidates		011	1000.00
Candidate Name Rep. Tom Price		ategory/ Type	
Office Sought: X House Disbu Senate President	rsement For: 2012 X Primary General Other (specify) ▼		
State: GA District: 06			
SUBTOTAL of Disbursements This Page (option	- 0	►	4500.00

Schedule b (Fex Form Sx)       Use segrate schedule(s)       FOR LINE NUMBER:       [PAGE 357/322]         ITEMIZED DISBURSEMENTS       Use segrate schedule(s)       [Pace 357/322]       [Pace 357/322]         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of schedule(s)       [Pace 357/322]         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of schedule(s)       [Pace 357/322]         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of schedule(s)       [Pace 357/322]         National Emergency Medicine Political Action Committee       [Pace 357/322]         Full Name (Last, First, Middle Initial)       Transaction ID: D116074         TREY GOWDY FOR CONGRESS       [Pace 367]         Mailing Address       P DOX 3324         Office Scoph:       [Pace 367]         State:       SC       29304         Purpose of Disbursement for:       2011         Cardigen Name       [Pace 367]       [Pace 367]         Rep. Tray Gowdy       [Parasetton ID: D115652       [Pace 367]         State:       SC       29304       [Pace 367]         Purpose of Disbursement       Sc       29304       [Pace 367]         Full Name (Last, First, Middle Initial)       Tra	SCHEDULE B (FEC Form 3X)		T	FO			B٠			Þ		305	(300
Detailed Summary Page       210       22       22       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 contributions from such committee of solicit contributions from such committee of commendation committee to solicit contributions from such committee         NAME CF COMMITTEE (in Full)       National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)       Transaction ID: D116074         TREY GOWDY FOR CONGRESS       Transaction ID: D116074         Mailing Address       PO BOX 3324         City       State       Zip Code         SPARTANBURG       SC       29304         Purpose of Distoursement       011       (100.00         Cardidate Name       Category       Transaction ID: D116074         Rep. Trey Gowdy       Senate       011       (100.00         State: SC       District:04       Transaction ID: D115652       Transaction ID: D115652         TREY GOWDY FOR CONGRESS       Mailing Address       PO BOX 3324       011       (101         Gity       Senate       Sc       29304       7       20 1 1         Full Name (Last, First, Middle Initial)       Transaction ID: D115652       Transaction ID: D115652       Date of Disbursement 1		for each category of the	.	(ch	eck only	one)			_				_
Ary Information capiel from such Reports and Statements may not be sold or used by any parson for the purposes of solicing contributions or for commercial purposes, other than using the name and address of any polical committee to solicit contributions from such committee         NAME OF COMMITTEE (In Full)       National Emergency Medicine Political Action Committee         National Emergency Medicine Political Action Committee       Transaction ID: D116074         Full Name (Last, First, Middle Initia)       Transaction ID: D116074         TREY GOWDY FOR CONGRESS       011         Mailing Address       PO BOX 3324         City       State         Spart Ansburg       State         Cardidate Name       Disbursement For: 2012         Cardidate Name       Disbursement For: 2012         State: SC       Disbursement For: 2012         City       State         State: SC       Disbursement For: 2012         City       State: SC         SPARTANBURG       State         State: SC       Disbursement For: 2012         City       State: SC         SPARTANBURG       State         State: SC       Disbursement For: 2012         City       State         SPARTANBURG       State         State: SC       District: 04         Full Name (Last, First, Middl				$\dashv$			LX		$\vdash$			1	$\left  \right $
NAME OF COMMITTEE (In Full)         National Energency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         TREY GOWDY FOR CONGRESS         Maling Address       PO BOX 3324         City         SPARTANBURG       SC         Candidate Name         Candidate Name         Candidate Name         Cate of Disbursement         Contributions for Federal Candidates         Office Sought:       X House         District: 04       Disbursement For:         Office Sought:       X House         State: SC       District: 04         Purpose of Disbursement       State         Zip Code       Category/ Type         Office Sought:       X House         Shafes       Poil Name (Last, First, Middle Initial)         TREY GOWDY FOR CONGRESS       Other (specify) ▼         Mailing Address       PO BOX 3324         City       State         Spentrational Candidates       Other (specify) ▼         Candidate Name       Category/ Type         Office Sought:       X House         Senate       Disbursement For:       2012         Y Primary       General         Other (specify) ▼ <t< th=""><th></th><th></th><th></th><th></th><th>person f</th><th>or the pu</th><th></th><th>e of s</th><th></th><th>citing c</th><th></th><th>outions</th><th></th></t<>					person f	or the pu		e of s		citing c		outions	
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ITEMIZED DISBURSEMENTS	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	R LINE	-	R:			PA	GE	306 /	322
er for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee          NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         WALLY HERGER FOR CONGRESS COMMITTEE         Mailing Address       PO Box 1007         City       State         Villows       Cat         Candidate Name       011         State: CA       Disbursement For:         Office Sought:       Purpose of Disbursement         Full Name (Last, First, Middle Initial)       ECERAR POR CONGRESS         Mailing Address       P.O, Box 261060         City       State: CA         Disbursement       011         Candidate Name       Catagoony         Rep, Xavier Becerra       011         Office Sought:       Y Primary       General         Office Sought:       Y Primary       General         Office Sought:       Y Primary       General	ITEMIZED DISBURSEMENTS			21b	22	X						
NAME OF COMMITTEE (In Full)         National Energency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         WALLY HERGER FOR CONGRESS COMMITTEE         Mailing Address       PO Box 1007         Öfty       State         Puppose of Disbursement       Cadegory?         Cardidate Name       011         Category?       State         Prepose of Disbursement       011         Category?       Transaction ID: D117211         Date of Disbursement       Cadegory?         Type       Office Sought:       X House         Prepose of Disbursement       District: 02         Office Sought:       X House       Disbursement For:         State: CA       District: 02       Disbursement         Office Sought:       X House       Category?         Type       Other (specify)       Transaction ID: D117013         DECERNA FOR CONGRESS       Disbursement For:       2012         Mailing Address       P.O. Box 261060       Other (specify)         Other (specify)       Image Address       P.O. Box 261060         City       State: CA       Disbursement For:       2012         Candidate Name       Category?       Type												<u></u>
Full Name (Last, First, Middle Initial)       Transaction ID: D117211         WALLY HERGER FOR CONGRESS COMMITTEE       Date of Disbursement         Mailing Address       PO Box 1007         City       State       Zip Code         Willows       CA       95988         Purpose of Disbursement       O11         Cardidate Name       State       O11         Cardidate Name       President         State: CA       Disbursement For:       2012         Office Sought:       X House       Disbursement For:       2012         City       State: CA       District: 02       Transaction ID:       D117013         DECERRA FOR CONGRESS       Mailing Address       P.O. Box 261060       011       011         City       State:       CA       90026       26 / 20 / 20 / 12       11         Contributions for Federal Candidates       Other (specify)       Transaction ID:       D117013       Date of Disbursement         Contributions for Federal Candidates       Other (specify)       Transaction ID:       D117013         Decerna       Other (specify)       Transaction ID:       D117013         District: 31       District: 31       Other (specify)       Transaction ID:       D116072         Cato	NAME OF COMMITTEE (In Full)		 									
WALLY HERGER FOR CONGRESS COMMITTEE       Indee of Disbursement (Disbursement this Period)         Mailing Address       PO Box 1007         City       State       Zip Code         Willows       CA       95988         Purpose of Disbursement       Other (Specify)         Candidate Name       011         Candidate Name       Disbursement For:       2012         Candidate Name       President         State: CA       Disbursement For:       2012         Office Sought:       X House       Disbursement For:       2012         City       President       Other (specify)       Image: Candidates         Mailing Address       P.O. Box 261060       Other (specify)       Image: Candidates         City       Senate       Senate       Other (specify)       Image: Candidates         Candidate Name       CA       90026       Amount of Each Disbursement this Period         City       Senate       Disbursement For:       2012       Image: Candidates         Candidate Name       President       Senate       Other (specify)       Image: Candidates         State: CA       Disbursement For:       2012       Image: Candidates       Image: Candidates         Gandrate Name       Reg. Michael J. Roger	National Emergency Medicine Political Act	ion Committee										
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Willows       CA       95988         Purpose of Disbursement Contributions for Federal Candidates       011 Category/ Type       2500.00         Office Sought:       X House Senate       011 Category/ Type       Category/ Type         Office Sought:       X House Senate       Disbursement For: President       2012 Category/ Type       Transaction ID: D117013 Date of Disbursement         BECERRA FOR CONGRESS       Transaction ID: D117013 Date of Disbursement       Transaction ID: D117013 Date of Disbursement         Mailing Address       P.O. Box 261060       011 Category/ Type       Amount of Each Disbursement this Period         City       State:       CA       90026       Amount of Each Disbursement this Period         Contributions for Federal Candidates       011 Category/ Type       Category/ Type       1000.00         Office Sought:       X House Senate       Disbursement For: Disbursement For: 2012       2012         Full Name (Last, First, Middle Initial) Rogers For Congress       Disbursement For: 2012       2013       Transaction ID: D116072 Date of Disbursement this Period         Mailing Address       PO Box 581       011 Category/ Type       Amount of Each Disbursement this Period       2000.00         City       State: CA       Disbursement For: 2012       201 X Primary       General Category/ Type       Amount of Each Disbursement this Period	Mailing Address PO Box 1007					M		08	/ Y	ź	0 1 1	ľ
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initia) Railing Address PO Box 581 City State Zip Code Brighton MI 48116 Purpose of Disbursement Contributions for Federal Candidates Candidate Name President State: MI District: 08 Full Name (Last, First, Middle Initia) Railing Address PO Box 581 City State Zip Code Brighton MI 48116 Purpose of Disbursement Contributions for Federal Candidates Candidate Name President State: MI District: 08 Full Name (Last, First, Middle Initia) Raderss PO Box 581 City Senate Senate President State: MI District: 08 Full Name (Last, First, Middle Initia) Rogers For Congress Office Sought: X House Senate President State: MI District: 08 Full Name (Last, First, Middle Initia) Rogers Por Congress Office Sought: X House Senate President State: MI District: 08 Full Name (Last, First, Middle Initia) Rogers Por Congress Committee Office Sought: X House Senate President State: MI District: 08 Full Name (Last, First, Middle Initia) Roskam For Congress Committee Transaction ID: D11562 Disbursement For: 2012 X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initia) Roskam For Congress Committee Transaction ID: D11563 City Senate President State: MI District: 08 Full Name (Last, First, Middle Initia) Roskam For Congress Committee Transaction ID: D11563 City Senate President State: IL District: 06 Disbursement For: 2012 X Primary General City Senate President State: IL District: 06 Disbursement For: 2012 X Primary General President State: IL District: 06 Disbursement For: 2012 X Primary General President State: IL District: 06 Disbursement For: 2012 X Primary General City Primary General President State: IL District: 06 Disbursement For: 2012 X Primary General President State: IL District: 06 Disbur	25 2 29 3
NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Rogers For Congress         Mailing Address       PO Box 581         City       State         Brighton       MI         Purpose of Disbursement       Other (specify)         Candidate Name       Calegory/ Type         Office Sought:       X House         Disbursement For:       2012         Senate       President         District 0.8       Disbursement For:         Candidate Name       Senate         President       Disbursement For:         State: MI       District 0.8         Full Name (Last, First, Middle Initial)       Rogers For Congress         Mailing Address       PO Box 581         City       Senate         Purpose of Disbursement       Other (specify) ▼         Candidate Name       Category/ Type         Office Sought:       X House         Disbursement For:       2012         Candidate Name       Category/ Type         Office Sought:       X House         Disbursement For:       2012         Senate       President         President </th <th></th>	
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Mailing Address 200 Reservoir \$	St						(	<sup>M</sup> 6	М	/	<sup>D</sup> 2	<sup>D</sup> 1	/ Y	ž	0 ł	1 <sup>Y</sup>
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-		E 313/322							
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National Emergency Medicine Politica	I Action Committee										
Full Name (Last, First, Middle Initial) Stivers For Congress			Transaction ID: D115422 Date of Disbursement								
Mailing Address 217 3rd St SE				2011 <sup>°</sup>							
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Full Name (Last, First, Middle Initial) Stivers For Congress			Transaction ID: D116264 Date of Disbursement								
Mailing Address 217 3rd St SE			0 4 <sup>M</sup> / 2 7 / Y	2011 <sup>°</sup>							
City Washington	State Zip Code DC 20003-1904		Amount of Each Disburseme	ent this Period							
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Full Name (Last, First, Middle Initial) Stivers For Congress			Transaction ID: D115758 Date of Disbursement								
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Full Name (Last, First, Middle Initial) Tim Murphy For Congress				Trans Date					721	8		
Mailing Address PO Box 24551		 		0 <sup>M</sup> 6	М	/ D	0	B /	Y	ž	0 Ì 1	Y
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City Alexandria	State Zip Code VA 22301		Amount of	Each Disbu			eriod
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Full Name (Last, First, Middle Initial) Tuesday Group PAC			Transactio Date of Dis	bursement			14
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Full Name (Last, First, Middle Initial) Volunteers For Shimkus			Transactio Date of Dis	bursement	11224		
Mailing Address PO Box 5458			02	<sup>D</sup> 1 0	2	011	Ť
City Springfield	State Zip Code IL 62705		Amount of	Each Disbu			eriod
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Senate President	Disbursement For: 2012 X Primary General Other (specify) ▼						
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National Emergency Medicine Political A	ction Committee											
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Mailing Address PO Box 5458					0 <sup>M</sup> 3	М	<sup>′</sup> <b>°</b>	0 <sup>₽</sup>	/ Y	ž	0 1 1	ľ
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City Jenkintown	State Zip Code PA 19046		Amou	unt of	f Each	n Disb	Disbursement this Perio 2500.00					
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Full Name (Last, First, Middle Initial) Wicker for Senate					-		on ID isburs	-		14		
Mailing Address 20 F St NW Ste 500					0 <sup>M</sup> 6	М	<sup>′</sup> <b>°</b> C	0 <sup>₽</sup>	/ Y	ž	0 1 1	ľ
City Washington	State Zip Code DC 20001-6703				Amou	unt of	f Each	n Disb	oursei	-	-	
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Α.		Full Name (Last, First, Middle Initial) Irv E Edwards, MD, FACEP Mailing Address 111 N Sepulved	o Plud						Date	of D	isburs	_	01167 ent / Y		0 1 1	Y	
		Mailing Address 111 N Sepulved Ste 210 City Manhattan Bch	S	State CA	Zip Code 90266-6849								burse				d
		Purpose of Disbursement Refund of 2010 over limit contribution							L.					25	00.00		
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National Emergency Medicine Political Act	ion Committee	
Full Name (Last, First, Middle Initial)		Transaction ID: D115755
3 Dog Consulting		Date of Disbursement
Mailing Address 104 Hume Street		
City Alexandria	State Zip Code VA 22301	Amount of Each Disbursement this Perio
Purpose of Disbursement		200.00
Consultant	002	2
Candidate Name	Categ Typ	
<b>°</b>	ment For:	
Senate	Primary General	
	Other (specify) <b>v</b> ant payment	
Full Name (Last, First, Middle Initial)	1 - 7	Transaction ID: D116204
CHASE BANK		Date of Disbursement
Mailing Address 545 E John Carpenter Fo	vy	
City Irving	State Zip Code TX 75062-8114	Amount of Each Disbursement this Perio
Purpose of Disbursement	-245.00	
Void CK 7675		
Candidate Name	Categ Typ	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Transaction ID: D115443
CHASE BANK		Date of Disbursement
Mailing Address 545 E John Carpenter Fr	vy	
City	State Zip Code TX 75062-8114	Amount of Each Disbursement this Perio
	1. / 2002-0114	245.00
Irving Purpose of Disbursement	1X 75062-6114	245.00
Irving	Categ	jory/
Irving Purpose of Disbursement Federal Taxes Candidate Name	Categ	jory/
Irving Purpose of Disbursement Federal Taxes Candidate Name	Categ Typ	jory/
Irving Purpose of Disbursement Federal Taxes Candidate Name Office Sought: House Disburse	Categ	jory/
Irving       Purpose of Disbursement       Federal Taxes       Candidate Name       Office Sought:     House       Disburse	Categ Typ ment For: Primary General	jory/
Irving Purpose of Disbursement Federal Taxes Candidate Name Office Sought: House Disburse Senate President	Categ Typ ment For: Primary General Other (specify) ▼	jory/

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 320 / 322
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 28a 28b	24 25 2 28c X 29
ny Information copied from such Reports and Stat r for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
National Emergency Medicine Political A	ction Committee			
Full Name (Last, First, Middle Initial) CHASE BANK			Transaction ID Date of Disburs	ement
Mailing Address 545 E John Carpenter	Fwy		0 <sup>M</sup> 1 <sup>M</sup> /3	B 1 / Y Y Y Y Y 2 0 1 1
City Irving	StateZip CodeTX75062-8114		Amount of Each	Disbursement this Perior
Purpose of Disbursement Bank Fees January 2011				173.70
Candidate Name		Category/ Type		
Office Sought: House Disbu	sement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) CHASE BANK			Transaction ID Date of Disburs	
Mailing Address 545 E John Carpenter	Fwy			28 / Y Y Y Y Y 2011
City Irving		Amount of Each	Disbursement this Period	
Purpose of Disbursement Bank Fees February 2011				153.90
Candidate Name		Category/ Type		
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) CHASE BANK			Transaction ID Date of Disburs	
Mailing Address 545 E John Carpenter	Fwy		03 <sup>M</sup> / <sup>D</sup> 3	B 1 / Y Y Y Y Y 2 0 1 1
City Irving	State Zip Code TX 75062-8114		Amount of Each	Disbursement this Perio
Purpose of Disbursement Bank Fees March 2011	[			1420.42
Candidate Name		Category/ Type		
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optiona	I)	······ <b>Þ</b>		1748.02
TOTAL This Period (last page this line number on	ly)	►		· · · · · · · ·
6AN026			FEC Schedu	le B (Form 3X) (Revised

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	R LINE NUMBER: PAGE 321 / 322
TEMIZED DISBURSEMENTS	Detailed Summary Page	21b     22     23     24     25       27     28a     28b     28c     X     29
Any Information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)	חמוווים מווע מעערפאג טו מווץ אטוווונימו נטוזוחוונפ	
National Emergency Medicine Politica	Action Committee	
Full Name (Last, First, Middle Initial) CHASE BANK		Transaction ID: D117663 Date of Disbursement
Mailing Address 545 E John Carpente	er Fwy	$\begin{array}{c c} & M & M \\ \hline 0 & 4 \\ \hline \end{array} & \left( \begin{array}{c} D \\ 3 & 0 \\ \hline \end{array} \right) & \left( \begin{array}{c} Y & Y \\ 2 & 0 & 1 \\ 1 \\ \hline \end{array} \right) \\ \end{array}$
City Irving	State Zip Code TX 75062-8114	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees April 2011		1479.54
Candidate Name	Catego Type	
Office Sought: House Disl Senate President State: District:	oursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) CHASE BANK		Transaction ID: D117664 Date of Disbursement
Mailing Address 545 E John Carpente	er Fwy	$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 0 \\ 5 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} \begin{array}{c} D \\ 3 \\ 1 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \end{array} \begin{array}{c} Y \\ 1 \end{array} \begin{array}{c} Y \\ 2 \\ 1 \end{array} \begin{array}{c} Y \\ 1 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} \end{array} $
City Irving	Amount of Each Disbursement this Period	
Purpose of Disbursement Bank Fees May 2011	675.22	
Candidate Name	Catego Type	
Office Sought: House Disl Senate President State: District:	oursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) CHASE BANK		Transaction ID: D117665 Date of Disbursement
Mailing Address 545 E John Carpente	er Fwy	
City Irving	State Zip Code TX 75062-8114	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees June 2011		844.35
Candidate Name	Catego Type	
Office Sought: House Disl Senate President State: District:	oursement For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optic	nal)	▶ 2999.11
TOTAL This Period (last page this line number	only)	•
6AN026		FEC Schedule B (Form 3X) (Revised

	SCHEDULE B (FEC Form 3X)			Use separate schedule(s)					INE NUMBER: PAGE 322 / 322									
	ITEMIZED DISBURSEMENTS		S	for each category of the			21b	F	22 28a	П	23 28b	$\square$	24 28c	X	25 29	$\square$	26 30b	
		y Information copied from such Reports a for commercial purposes, other than using																
		NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Actio	on Comm	ittee													
Α.		Full Name (Last, First, Middle Initial) US Treasury Mailing Address 1125 Executive (	Circle						_	Trans Date of 0 3		sburs		nt	•	0 <sup>1</sup> 1	Y	
		City Irving		itate ΓX	Zip Coo 75038					Amou	nt of	Each	Dis	burser				d
		Purpose of Disbursement Federal Taxes								L.					24	15.00		
		Candidate Name						egory/ pe										
		Office Sought: House Senate President		nent For: Primary Other (spe		eneral												
		State: District:																

	SUBTOTAL of Disbursements This Page (optional)	•	245.00
	TOTAL This Period (last page this line number only)	►	5192.13
i	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)