05/11/2011 14:00

FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

•		For O	ther Than An	Authorized	J Committe	ee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		FEC MAILING LAB PE OR PRINT		mple:If typing r the lines	, type				
L	National Emergency Medicir	ne Politic	al Action Committe	e 					1 1 1 1	
				1 1 1 1						
AD	DRESS (number and street)	112	25 Executive Circle			1 1 1			1 1 1 1	
г	Check if different									
L	than previously reported. (ACC)	Irvir	ng 				L ^{TX} _	750	038	Ш
2.	FEC IDENTIFICATION NUM	MBER	~	CITY 🛕		5	STATE A	Z	IPCODE A	
	C00140061		;	3. IS THIS REPORT		NEW N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b)) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Au	ug 20 (M8)	Nov 20 (Non-Ele Year Onl	ly)
	(a) Quarterly Reports:		Duc On.	Mar 20 (M3)		Jun 20 (M6)	Se	ep 20 (M9)	Dec 20 (Non-Ele Year Onl	(M12) ection ly)
	April 15			Apr 20 (M4)		Jul 20 (M7)	0	ct 20 (M10)	Jan 31 (• /
	Quarterly Report(C	21)	(c) 12-Day		Primary (12P	·)	Genera	al (12G)	Runoff ((12R)
	July 15 Quarterly Report(0	Q2)	PRE-Electio Report for th		Convention (-	Specia			
	X October 15 Quarterly Report(0	Q3)	rteport for ti		Convention (120)	Орсска	(120)		
	January 31 Quarterly Report(Y	/E)	E	lection on			-		n the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	OII	(d) 30-Day Post -Electi Report for th		General (300	G)	Runoff	(30R)	Special	(30S)
	Termination Repor	rt	,	lection on					n the State of	
5.	Covering Period 0	7	01 2010		through	0 9	30	2010		
	ertify that I have examined this	•			and belief it is	true, correct a	and complete	Э.		
Тур	be or Print Name of Treasurer	<u> Pr</u>	nyllis Edans, CPA,	CAE						
Sig	nature of Treasurer Electro	onically F	Filed by Phyllis E	dans, CPA, C	AE	D	ate 0	5 11	2011	
NO	TE : Submission of false, erro	neous, o	or incomplete inforr	nation may su	bject the pers	on signing this	Report to t	he penalties o	of 2 U.S.C 437g.	<u>. </u>
	Office Use								FORM 3X	

A. Form/Schedule: F3XA

Transaction ID:

in response to letter from FEC dated April 29, 2011 Items 1 and 2 from letter - wrong beginning balances used on report causing totals to be incorrect. Item 3 from letter has to do with contributions recorded in pacbuilder incorrectly on original filing that were corrected and sent with 1st amended filing. Item 4 from letter due to incorrect coding which has now been corrected.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name National Emergency Medicine Political Action Committee

Report Covering the Period: From: 0 7 0 1 2 0 1 0 To: To: To:

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		815920.52
	(b) Cash on Hand at Begining of Reporting Period	808059.29	
	(c) Total Receipts (from Line 19)	262198.53	728395.17
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1070257.82	1544315.69
	Total Disbursements (from Line 31)	293022.42	767080.29
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	777235.40	777235.40
•	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY 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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

National Emergency Medicine Political Action Committee

М М 0 1 м°м 0 9 3 0 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 153553.92 411986.96 (i) Itemized (use Schedule A) 108345.89 310653.84 (ii) Unitemized (iii) TOTAL (add 261899.81 722640.80 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 261899.81 722640.80 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees 17. Other Federal Receipts 298.72 754.37 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 262198.53 728395.17 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 262198.53 728395.17 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	291000.00	760500.00	
. Independent Expenditure (use Schedule E)	0.00	0.00	
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
(use Schedule F)			
Loan Repayments Made	0.00	0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements	2022.42	6580.29	
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	293022.42	767080.29	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	293022.42	767080.29	

DETAILED SUMMARY PAGE

of Disbursements

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

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	261899.81	722640.80
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	261899.81	722640.80
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) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dennis Michael Allin, MD, FACEP			Date of Receipt
Mailing Address 8522 Widmer Rd			09 27 2010
City	State	Zip Code	Transaction ID: C1127843
Lenexa	KS	66215-5415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Phys Svcs of KS Univ	Occupatio		
Receipt For:	, '	ncy Physician	\dashv
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) E Jackson Allison, Jr	ı		Date of Receipt
Mailing Address 4 Hickory Forest Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C958044
Asheville	NC	28805-1400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer E Jackson Allison Jr, MD, FACEP(E)	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Leonardo L Alonso			Date of Receipt
Mailing Address 831 Chicopit Ln			07 30 YYYYY 2010
City	State	Zip Code	Transaction ID: C961533
<u>Jacksonville</u>	FL	32225-4913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer SEC	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			1600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Stephen H Andersen, MD, FACEP		Date of Receipt
Mailing Address 12202 E Shangri La		07 19 2010
City	State Zip Code	Transaction ID: C953517
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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Stephen H Anderson	Date of Receipt	
Mailing Address 29933 1st PI S		09 26 7 2010
City	State Zip Code	Transaction ID: C1127979
Federal Way	WA 98003-4305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Auburn Reg Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Paul Anthony Andrulonis		Date of Receipt
Mailing Address 1819 SE 17th St		08 03 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C963737
<u>Ft Lauderdale</u>	FL 33316-3060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Baptist Hosp of Miami EM Dept	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
)	1600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 206 (check only one) X
(Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage 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.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica			
Α.	Full Name (Last, First, Middle Initial) Paul Anthony Andrulonis Mailing Address 1819 SE 17th St			Date of Receipt
		01-1-	7's Octo	09 26 2010
	City <u>Ft Lauderdale</u>	State FL	Zip Code 33316-3060	Transaction ID: C1106108 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer Baptist Hosp of Miami EM Dept	Occupatio Emerger	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ В.	Full Name (Last, First, Middle Initial) James V Antinori	Date of Receipt		
	Mailing Address 3060 Oak Rim Ln			09 26 2010
	City	State	Zip Code	Transaction ID: C1106182
	Park City FEC ID number of contributing federal political committee.	C	84060-6803	Amount of Each Receipt this Period 1000.00
	Name of Employer EPIC LLC	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) David A Arai	Date of Receipt		
	Mailing Address 9 Harbour Town Ct			0 9 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1105958
	Frisco FEC ID number of contributing federal political committee.	C	75034-6819	Amount of Each Receipt this Period 250.00
	Name of Employer Innovative Emer Med	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		2150.00
t	TOTAL This Period (last page this line number		<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 10 / 206 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Brahim Ardolic Mailing Address 475 Seaview Ave			Date of Receipt
Staten Island Univ City Staten Island FEC ID number of contributing	State NY	Zip Code 10305-3436	Transaction ID: C1106114 Amount of Each Receipt this Period 1000.00
Name of Employer Staten Island Univ Dept of EM Receipt For: Primary General Other (specify)		n cy Physician Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert David Argand Mailing Address 1645 Adobe Dr	Date of Receipt M M D D Y Y Y Y Y Y Y Y		
City Pacifica	State CA	Zip Code 94044-4048	Transaction ID: C1126338 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Dr. Robert David Argand Receipt For: Primary General Other (specify)		n cy Physician Year-to-Date ▼ 225.00	100.00
Full Name (Last, First, Middle Initial) Thomas L Arnold, Jr Mailing Address 7061 N Highfield D	Date of Receipt 0 9 2 6 2 0 1 0		
City Birmingham	State AL	Zip Code 35242-7241	Transaction ID: C1106126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Meadow Brook	Occupation		500.00
Receipt For: Primary General Other (specify)		cy Physician Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person gethe name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Crystal Arthur		Date of Receipt
Mailing Address 906 Rowland Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C985726
Leonard	MI 48367-2212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Med Ctr Emer Svcs	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Brent Asplin		Date of Receipt
Mailing Address 4198 Berkshire Rd	SW	0 7 3 0 2 0 1 0
City	State Zip Code	Transaction ID: C961637
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 EM	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	
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 O D O D O D O D O D O D O D O D
City	State Zip Code	Transaction ID: C985727
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 EM	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	
SUBTOTAL of Receipts This Page (options	al)	416.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions is solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Brent Asplin Mailing Address 4198 Berkshire Rd	SW	Date of Receipt
Cit.	Chata 70 Cada	09 25 2010
City Rochester	State Zip Code MN 55902-1699	Transaction ID: C1095766
FEC ID number of contributing federal political committee.	C 33902-1099	Amount of Each Receipt this Period 83.33
Name of Employer Mayo Clnc-Chair Dept of	Occupation Emergency Physician	
EM Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.65	
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 Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C955106
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Bruce S Auerbach, MD, FACEP	I	Date of Receipt
Mailing Address 211 Park St		0 8 2 2 2 2 1 0 1 0
City	State Zip Code	Transaction ID: C969825
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) ▼	900.00	
		283.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	for commercial purposes, other than using the	Statements may not be sold or used by any personance name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
· <u>/</u>	Full Name (Last, First, Middle Initial) Bruce S Auerbach, MD, FACEP		Date of Receipt
	Mailing Address 211 Park St City	State Zip Code	0 9 2 6 2 0 1 0 Transaction ID: C1106289
	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
	Full Name (Last, First, Middle Initial) Brian Lee Barnes	Date of Receipt	
	Mailing Address 1276 Lambrusca Dr		07 16 2010
	City	State Zip Code NV 89436-8124	Transaction ID: C953550
	Sparks FEC ID number of contributing federal political committee.	NV 89436-8124	Amount of Each Receipt this Period 250.00
	Name of Employer St Marys Regl Med Ctr	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Tamera Counts Barnes		Date of Receipt
	Mailing Address 14541 Sarum Ter		07 30 7 2010
	City	State Zip Code	Transaction ID: C962025
	Midlothian	VA 23113-6047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Henrico Doctor's Hospital	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	
	UBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 206 (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) National Emergency Medicine Policy	and Statements may not be sold or used by any persong the name and address of any political committee to litical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tamera Counts Barnes Mailing Address 14541 Sarum Ter City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Midlothian FEC ID number of contributing federal political committee.	VA 23113-6047	Amount of Each Receipt this Period 100.00
Name of Employer Henrico Doctor's Hospital Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1150.00	
Full Name (Last, First, Middle Initial) Tamera Counts Barnes Mailing Address 14541 Sarum Ter City	State Zip Code	Date of Receipt 0 9 25 2010 Transaction ID: C1105430
Midlothian FEC ID number of contributing federal political committee. Name of Employer.	VA 23113-6047 C Occupation	Amount of Each Receipt this Period 100.00
Henrico Doctor's Hospital Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 1150.00	
Full Name (Last, First, Middle Initial) Tamera Counts Barnes Mailing Address 14541 Sarum Ter		Date of Receipt
City Midlothian FEC ID number of contributing federal political committee.	State Zip Code VA 23113-6047	Transaction ID: C1127973 Amount of Each Receipt this Period 150.00
Name of Employer Henrico Doctor's Hospital	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	
SUBTOTAL of Receipts This Page (option	nal)	350.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eac	eparate schedule(s) th category of the ed Summary Page	FOR LINE NUMBER: PAGE 15 / 206 (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 the	Statements may not be so e name and address of ar	old or used by any persony political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Committee		
∠ A .	Full Name (Last, First, Middle Initial) Brien Alfred Barnewolt, MD, FACEP			Date of Receipt
	Mailing Address 68 Greenlawn Ave			09 26 7 2010
	City Newton Center	State Zip C MA 0245	Code 59-1714	Transaction ID: C1106148
	FEC ID number of contributing federal political committee.	C 0245	9-1714	Amount of Each Receipt this Period 83.33
	Name of Employer New England Med Ctr Emer Phys	Occupation Emergency Physi	cian	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-D	Date ▼ 583.33	
_ 3.	Full Name (Last, First, Middle Initial) Wayne S Barry			Date of Receipt
	Mailing Address 397 Caddie Dr			09 26 7 2010
	City	State Zip C		Transaction ID: C1106184
	Debary FEC ID number of contributing federal political committee.	FL 3271	3-4514	Amount of Each Receipt this Period 250.00
	Name of Employer Emer Med Pro	Occupation Emergency Physi	cian	7
	Receipt For: Primary General	Aggregate Year-to-D		1
	Other (specify) ▼		260.00	
-).	Full Name (Last, First, Middle Initial) Wayne S Barry			Date of Receipt
	Mailing Address 397 Caddie Dr			09 / 26 / Y Y Y Y Y Y
	City	State Zip C		Transaction ID: C1106208
	Debary FEC ID number of contributing federal political committee.	FL 3271	3-4514	Amount of Each Receipt this Period 10.00
	Name of Employer Emer Med Pro	Occupation Emergency Physi	cian	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D		
	SUBTOTAL of Receipts This Page (optional)	1		343.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports are compressed as processed of the state of the sta	nd Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit		• •	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Beverly H Bauman Mailing Address PO Box 530818			Date of Receipt
City	State	Zip Code	09 27 2010
Harlingen	TX	78553-0818	Transaction ID: C1128165 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 3 3 3 3 1 3	300.00
Name of Employer Valley Emergency Physicia- ns Receipt For:		ey Physician Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Thomas E Benzoni, DO, FACEP Mailing Address 4343 Far Hills Rd			Date of Receipt
			09 27 2010
City	State	Zip Code	Transaction ID: C1127975
Sioux City	<u>IA</u>	51104-1030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer NW IA Emer Phys		y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Joseph Bergen			Date of Receipt
Mailing Address 133 Old Road To 9 Emerson Hosp	Acre Cor		09 26 2010
City <u>Concord</u>	State MA	Zip Code 01742-4159	Transaction ID: C1106209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emerson Hosp Emer Phys PC	Occupation Emergend	y Physician	
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional	(l		1800.00

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/206 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Andrew I Bern Mailing Address 9846 NW 18th St			Date of Receipt
City Coral Springs FEC ID number of contributing federal political committee.	State FL	Zip Code 33071-5826	Transaction ID: C962026 Amount of Each Receipt this Period 83.33
Name of Employer Inphynet Team Hith Receipt For: Primary General Other (specify)	Occupatio Emerger	n ncy Physician Year-to-Date V 933.34	
Full Name (Last, First, Middle Initial) Andrew I Bern Mailing Address 9846 NW 18th St			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Coral Springs FEC ID number of contributing federal political committee.	State FL	Zip Code 33071-5826	Transaction ID: C970185 Amount of Each Receipt this Period 100.00
Name of Employer Inphynet Team HIth Receipt For: 2010 Primary X General Other (specify) ▼	_ '	n icy Physician e Year-to-Date ▼ 933.34	
Full Name (Last, First, Middle Initial) Andrew I Bern Mailing Address 9846 NW 18th St	1		Date of Receipt 0 9 0 2 2 0 1 0
City Coral Springs FEC ID number of contributing federal political committee.	State FL	Zip Code 33071-5826	Transaction ID: C985734 Amount of Each Receipt this Period 83.33
Name of Employer Inphynet Team HIth Receipt For: Primary General Other (specify) ▼	_ · · _ · _	n locy Physician e Year-to-Date ▼ 933.34	
SUBTOTAL of Receipts This Page (optional)			266.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Andrew I Bern		Date of Receipt
Mailing Address 9846 NW 18th St		09 / 25 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1105431
Coral Springs	FL 33071-5826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.37
Name of Employer Inphynet Team Hith	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	933.34	
Full Name (Last, First, Middle Initial) Andrew I Bern		Date of Receipt
Mailing Address 9846 NW 18th St		0 9 2 6 2 0 1 0
City	State Zip Code	Transaction ID: C1106267
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	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	933.34	
Full Name (Last, First, Middle Initial) Omar R Billano		Date of Receipt
Mailing Address 2831 Shook Hill Ci	r	0 9 1 0 2 0 1 0
City	State Zip Code	Transaction ID: C985556
Birmingham	AL 35223-2618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Shelby Med Ctr	Occupation Emergency Physician	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
	al)	266.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	I Statements may not be sold or used by any personal statements and address of any political committee to cal Action Committee	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael D Bishop, MD, FACEP Mailing Address 1155 W 3rd St Unity Phys Grp PC City Bloomington FEC ID number of contributing federal political committee. Name of Employer Unity Phys Grp PC Receipt For: Primary General Other (specify)	State Zip Code IN 47404-5016 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt 0 9 27 2010 Transaction ID: C1127674 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Gregory J Bjerke Mailing Address 2973 Peterson Pkwy City Fargo FEC ID number of contributing federal political committee. Name of Employer Sanford-Meritcare Receipt For: Primary General Other (specify)	N State Zip Code ND 58102-1752 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michelle Blanda Mailing Address 525 E Market St Summa HIth Syst ED City Akron FEC ID number of contributing federal political committee. Name of Employer Summa Health System ED Receipt For: Primary General Other (specify)	State Zip Code OH 44304-1619 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 2 2 2 2 0 1 0 Transaction ID: C959317 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	·	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 206 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Michelle Blanda Mailing Address 525 F Market St		Date of Receipt
Mailing Address 525 E Market St Summa HIth Syst I City	ED State Zip Code	0 7 3 0 2 0 1 0 Transaction ID: C976589
Akron	OH 44304-1619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Summa Health System ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Frederick C Blum, MD, FACEP	D.I.	Date of Receipt
Mailing Address 1470 Point Marion	Rd	07 30 7 2010
City	State Zip Code WV 26508-1454	Transaction ID: C962027
Morgantown FEC ID number of contributing federal political committee.	WV 26508-1454	Amount of Each Receipt this Period 83.33
Name of Employer WV Univ Hosps	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	833.34	
Full Name (Last, First, Middle Initial) Frederick C Blum, MD, FACEP		Date of Receipt
Mailing Address 1470 Point Marion	Rd	09 02 2010
City	State Zip Code	Transaction ID: C985735
Morgantown FEC ID number of contributing federal political committee.	WV 26508-1454	Amount of Each Receipt this Period 83.33
Name of Employer WV Univ Hosps	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
SUBTOTAL of Receipts This Page (option	al)	416.66

SCHEDULE ITEMIZED F	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 206 (check only one) X 11a
or for commercial NAME OF COI	pied from such Reports and Stat burposes, other than using the na MMITTEE (In Full) ergency Medicine Political A	ame and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Addres City Morgantown	r of contributing committee.		Zip Code 26508-1454 n cy Physician Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Other (sp	General eccify) ▼ t, First, Middle Initial)	Aggregate	833.34	
City <u>Morgantown</u>	r of contributing committee.		Zip Code 26508-1454 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 7 2 0 1 0 Transaction ID: C1127679 Amount of Each Receipt this Period 83.33
Full Name (Las Antonio Xavier E	ecify) ▼ t, First, Middle Initial)	0 0	833.34	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bloomfld HIs FEC ID numbe federal political	r of contributing	State MI	Zip Code 48304-3773	Transaction ID: C1105775 Amount of Each Receipt this Period 1000.00
Name of Emplo Emer Med Spe Receipt For: Primary Other (sp	General		ocy Physician Year-to-Date ▼ 1000.00	
SUBTOTAL of R	eceipts This Page (optional)			1166.70

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persordress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Ashley E Booth, MD, FACEP			Date of Receipt
Mailing Address 655 W 8th St Shands Jacksonvill	e Educ		07 30 7 2010
City	State	Zip Code	Transaction ID: C962024
<u>Jacksonville</u>	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 Emergen	n ncy Physician	7
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	1.99.19410	1000.00]
Full Name (Last, First, Middle Initial) Ashley E Booth, MD, FACEP	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
Mailing Address 655 W 8th St Shands Jacksonvill	e Educ		09 26 7 2010
City	State	Zip Code	Transaction ID: C1106272
<u>Jacksonville</u>	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 Emerger	n Icy Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Keith Thomas Borg			Date of Receipt
Mailing Address 145 Oyster Point R	ow		07 30 2010
City	State	Zip Code	Transaction ID: C961644
Charleston	SC	29412-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Med Univ of SC	Occupatio Emerger	n Icy Physician	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		750.01	
SUBTOTAL of Receipts This Page (optional	al)		583.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/206 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Keith Thomas Borg			Date of Receipt
Mailing Address 145 Oyster Point Ro	DW .		M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
City Charleston	State SC	Zip Code 29412-3632	Transaction ID: C985706
FEC ID number of contributing federal political committee.	C	29412-3032	Amount of Each Receipt this Period 83.33
Name of Employer Med Univ of SC	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.01	
Full Name (Last, First, Middle Initial) Keith Thomas Borg			Date of Receipt
Mailing Address 145 Oyster Point Ro	DW .		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charleston	State SC	Zip Code	Transaction ID: C1105413
FEC ID number of contributing federal political committee.	C	29412-3632	Amount of Each Receipt this Period 83.37
Name of Employer Med Univ of SC	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.01	
Full Name (Last, First, Middle Initial) Nader Boulos			Date of Receipt
Mailing Address 3 Armstrong Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wayne	State NJ	Zip Code 07470-6301	Transaction ID: C967491
FEC ID number of contributing federal political committee.	C	0/4/0-0301	Amount of Each Receipt this Period 250.00
Name of Employer St Josephs Redl Med	Occupation Emergen	n ncy Physician	
Receipt For: 2010 Primary X General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		416.70

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Richard Neville Bradley Mailing Address 6431 Fannin St JJL4 UT Health Science C		E Zip Code	Date of Receipt M
Houston FEC ID number of contributing federal political committee.	TX	77030	Amount of Each Receipt this Period 300.00
Name of Employer The UT Health Science Center Receipt For: ☐ Primary ☐ General Other (specify) ▼		n ncy Physician Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Russell Stuart Bradley Mailing Address 2720 Aspen Cir	'		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Salt Lake Cty FEC ID number of contributing federal political committee.	State UT	Zip Code 84109-1407	Transaction ID: C953536 Amount of Each Receipt this Period 250.00
Name of Employer EPIC LLC Receipt For: Primary General Other (specify) ▼		n acy Physician e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Charles A Bregier, Jr Mailing Address 5546 Fallon Ct			Date of Receipt 0 9 2 7 2 0 1 0
City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28226-5629	Transaction ID: C1127861 Amount of Each Receipt this Period 300.00
Name of Employer Presbyterian Urgent Care Receipt For: Primary General	_ , ' 	cy Physician • Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		300.00	850.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 25 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Wallace Monroe Broadbent		Date of Receipt
Mailing Address 9887 Q Ave		09 24 2010
City	State Zip Code	Transaction ID: C1095733
<u>Mattawan</u>	MI 49071-9435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Kalamazoo Emer Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) A Compton Broders		Date of Receipt
Mailing Address 8198 Walnut Hill I Emer Med Consul		0 9 D D D D D D D D D D D D D D D D D D
City	State Zip Code	Transaction ID: C1127675
Dallas FEC ID number of contributing	TX 75231-4316	Amount of Each Receipt this Period 1000.00
Name of Employer Emer Med Consultants	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Eric Lawrence Brown	l .	Date of Receipt
Mailing Address 2086 N Medina Li	ne Rd	09 30 2010
City	State Zip Code	Transaction ID: C1126342
<u>Akron</u>	OH 44333-1040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Medina General Hosp	Occupation Emergency Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1550.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 206 (check only one) X
or for commercia	copied from such Reports and Sal purposes, other than using the OMMITTEE (In Full) mergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Sara Ann Brov Mailing Addre City Monroeville	ast, First, Middle Initial) wn, MD, FACEP ess 16131 Fackler Rd es	State IN	Zip Code 46773-9541	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emp Pro Emer Ph Receipt For:	al committee.	- 	n ncy Physician e Year-to-Date ▼ 600.00	300.00
Heather Crook	ast, First, Middle Initial) ss Bruner ass 125 W Belvedere Rd			Date of Receipt 0 7 0 7 2 0 1 0
City		State	Zip Code	Transaction ID: C953465
Norfolk		VA	23505-4722	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		100.00
Name of Emp Riverside Re	oloyer gl Med Ctr	Occupatio Emergen	n ncy Physician	
Receipt For: Primary Other (y General specify) ▼	Aggregate	e Year-to-Date ▼ 350.00]
Full Name (La George Richa Mailing Addre				Date of Receipt 0 7 1 6 2 0 1 0
City		State	Zip Code	Transaction ID: C955110
Honolulu		HI	96815-1484	Amount of Each Receipt this Period
federal politic		C		1000.00
Name of Emp HEPA Inc	bloyer	, ' 	ncy Physician	
Receipt For: Primary Other (y General specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
OUDTOTAL «	Receipts This Page (optional)	1		1400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 206 (check only one) X
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 person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Mablene Buggs		Date of Receipt
Mailing Address 2620 S 13th St		09 / 28 / 2010
City	State Zip Code	Transaction ID: C1126407
Saint Louis FEC ID number of contributing federal political committee.	MO 63118-1838	Amount of Each Receipt this Period 100.00
Name of Employer Dr. Mablene Buggs	Occupation	_
	Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) E Bradshaw Bunney		Date of Receipt
Mailing Address 808 S Wood St Univ IL @ Chicago E	•	09 27 7 2010
City	State Zip Code	Transaction ID: C1127918
Chicago	IL 60612-7300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ IL @ Chicago EM Dept	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mary Kate Burke, MD, FACEP		Date of Receipt
Mailing Address 14 Birchwood Dr		09 26 7 2010
City	State Zip Code	Transaction ID: C1106118
Southborough	MA 01772-1646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orion Emer Svcs	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
		1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 206 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and addres	ss of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Linda Bruns Burns Mailing Address 7620 William Penn	Dr		Date of Receipt
City Indianapolis	State IN	Zip Code 46256-2200	Transaction ID: C987127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Community Hosp	Occupation		500.00
Receipt For: Primary General Other (specify)	Aggregate Ye	Physician ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Joseph M Bustamante, III Mailing Address 1529 Lake Dr	Date of Receipt 0 7 0 7 2 0 1 0		
City	State	Zip Code	Transaction ID: C953463
<u>Haslett</u>	MI	48840-8478	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer TCEP	Occupation Emergency		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Jorge L Cambo	•		Date of Receipt
Mailing Address 1143 Raintree Pl			09 20 2010
City	State	Zip Code	Transaction ID: C987055
Winter Park FEC ID number of contributing federal political committee.	C	32789-2563	Amount of Each Receipt this Period 8.33
Name of Employer Emer Phys Spec	Occupation Emergency	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1008.33	
SUBTOTAL of Receipts This Page (optiona	J)		608.33

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 206 (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 usi	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	olitical Action Committee					
Full Name (Last, First, Middle Initial) Gregory Cannon, MD, FACEP		Date of Receipt				
	Mailing Address 129 Loch Pointe Dr					
City Carv	State Zip Code NC 27518-8418	Transaction ID: C959082 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C 27510 0410	300.00				
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) Stephen Carney		Date of Receipt				
EMA	EMA					
City	State Zip Code	Transaction ID: C985691				
Manhattan Bch FEC ID number of contributing federal political committee.	CA 90266-6849	Amount of Each Receipt this Period 250.00				
Name of Employer EMA	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) C. Thomas E Carter		Date of Receipt				
Mailing Address 1990 Chariot Wa	Mailing Address 1990 Chariot Way					
City	State Zip Code	Transaction ID: C1105707				
Portsmouth FEC ID number of contributing federal political committee.	OH 45662-2486	Amount of Each Receipt this Period 1000.00				
Name of Employer Southern OH Med Ctr	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00					
SUBTOTAL of Receipts This Page (optic	nal)	1550.00				
	umber only)					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persol lress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Com	ımittee	
Full Name (Last, First, Middle Initial) Jason E Cheatham			Date of Receipt
Mailing Address 3311 Chateau Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C962022
Portsmouth	OH	45662-2476	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Southern Ohio Med Ctr	Occupation Emergen	n cy Physician	
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	35. 254.0	850.00	
Full Name (Last, First, Middle Initial) Jason E Cheatham			Date of Receipt
Mailing Address 3311 Chateau Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1128206
Portsmouth	OH	45662-2476	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Southern Ohio Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Steven Chin			Date of Receipt
Mailing Address 12401 Washington Presbyterian Interco	Blvd omm Hosp ED		08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C970153
Whittier	CA	90602-1006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Presbyterian Intercomm Ho- sp ED	Occupation Emergen	n cy Physician	
Receipt For: 2010		Year-to-Date ▼	
Primary X General Other (specify) ▼		225.00	
SUBTOTAL of Receipts This Page (optional	al)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 206 (check only one) X			
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
National Emergency Medicine Political	I Action Committee				
Full Name (Last, First, Middle Initial) Paul E Christensen					
Mailing Address 1911 Johnson Ave French Hosp Med Ctr		07 22 Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: C959505			
Sn Luis Obisp	CA 93401-4131	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer CEP America	Occupation Emergency Physician				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) Paul E Christensen	<u></u>	Date of Receipt			
Mailing Address 1911 Johnson Ave French Hosp Med Ctr		0 9 / 2 4 / 2 0 1 0			
City	State Zip Code	Transaction ID: C1095760			
Sn Luis Obisp	CA 93401-4131	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer CEP America	Occupation Emergency Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) Michael C Christopher	<u> </u>	Date of Receipt			
Mailing Address 6149 E Wilshire Dr		07 30 YYYYY 2010			
City	State Zip Code	Transaction ID: C962023			
Scottsdale	AZ 85257-1959	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer EMPower Emer Phys PC	Occupation Emergency Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.33				
SUBTOTAL of Receipts This Page (optional)	······	725.00			

	EDULE A (FEC Form 3X) IIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for c	ormation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions
) Na	tional Emergency Medicine Political	Action Committee	
A. Mic	Name (Last, First, Middle Initial) hael C Christopher		Date of Receipt
Mai	ling Address 6149 E Wilshire Dr		09 26 2010
City		State Zip Code	Transaction ID: C1106152
Sco	ottsdale	AZ 85257-1959	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С	83.33
	ne of Employer Power Emer Phys PC	Occupation Emergency Physician	
Rec	eipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 458.33	
	Name (Last, First, Middle Initial) odore A A Christopher, MD, FACEP	Date of Receipt	
	ling Address Thos Jefferson Univ Ho 1020 Samson St # 239	09 27 2010	
City		State Zip Code	Transaction ID: C1127845
	ladelphia	PA 19107-5002	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C	1000.00
	ne of Employer erson Emer Phys	Occupation Emergency Physician	
Rec	eipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
	Name (Last, First, Middle Initial) ol L Clark		Date of Receipt
	ling Address 3601 W 13 Mile Rd William Beaumont Hos	09 23 2010	
City <u>Ro</u>	yal Oak	State Zip Code MI 48073-6712	Transaction ID: C987123 Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C	1000.00
Nar Wil	ne of Employer liam Beaumont Hosp	Occupation Emergency Physician	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBT	OTAL of Receipts This Page (optional)		2083.33

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	Ly not be sold or used by any person dress of any political committee to	
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) David W Coffin			Date of Receipt
Mailing Address 1552 River Island Pk	wy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C953458
Evans	GA	30809-4303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Dr. David W Coffin	Occupatio	n ncy Physician	
Receipt For:	- '	e Year-to-Date	\dashv
Primary General	Aggregate		7
Other (specify)		300.00	
Full Name (Last, First, Middle Initial) Jason N Collins	1		Date of Receipt
Mailing Address 12500 Belcara Pl			0 9 2 7 2 0 1 0
City	State	Zip Code	Transaction ID: C1128204
Austin	TX	78732-2363	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Seton Highland Lakes	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Amy Ruben Conley, MD, FACEP			Date of Receipt
Mailing Address 6419 Renwick Cir			0 9 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: C1106133
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	Occupatio Emerger	n ncy Physician	
Receipt For:	_ '	e Year-to-Date ▼	7
Primary General Other (specify) ▼		250.00	

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 206 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marco Coppola, DO, FACEP Mailing Address 7105 Waldon Ct			Date of Receipt
City Colleyville FEC ID number of contributing	State TX	Zip Code 76034-7319	Transaction ID: C1105530 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify) ▼	Occupatio Emerger	n icy Physician • Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Ronald V Cordova Mailing Address 2700 Dolbeer St St Josephs Hosp	I		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Eureka FEC ID number of contributing federal political committee. Name of Employer North Coast Emer Phys	State CA C	Zip Code 95501-4736	Transaction ID: C962045 Amount of Each Receipt this Period 100.00
North Coast Emer Phys Receipt For: Primary General Other (specify) ▼	_ , ' <u>~</u> _	cy Physician e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Melissa Wysong Costello Mailing Address 3762 Oakwood Ln			Date of Receipt
City Mobile FEC ID number of contributing federal political committee.	State AL	Zip Code 36608-2009	Transaction ID: C1106228 Amount of Each Receipt this Period 250.00
Name of Employer Univ of South AL Med Ctr Receipt For: Primary General Other (specify) ▼		n ocy Physician Year-to-Date ▼ 250.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	and Statements may not be sold or used by any persor g the name and address of any political committee to statical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert J Cox		Date of Receipt
Mailing Address 817 Thomaston St		0 9 2 6 2 0 1 0
City	State Zip Code	Transaction ID: C1106279
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) William Colwell Dalsey		Date of Receipt
Mailing Address 945 Lenmar Dr		0 8 0 3 2 0 1 0
City	State Zip Code	Transaction ID: C963730
Blue Bell	PA 19422-2000	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: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) William Colwell Dalsey		Date of Receipt
Mailing Address 945 Lenmar Dr		09 26 YYYYY
City Blue Bell	State Zip Code PA 19422-2000	Transaction ID: C1106172
FEC ID number of contributing federal political committee.	C 19422-2000	Amount of Each Receipt this Period 500.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (options	al)	850.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	atomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 206 (check only one) X			
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	solicit contributions from such committee.			
A.	Full Name (Last, First, Middle Initial) Gina Rae Dapra Mailing Address 4775 Cougarcreek Trl	Full Name (Last, First, Middle Initial) Gina Rae Dapra					
	City	State	Zip Code	0 7 1 6 2 0 1 0 Transaction ID: C953549			
	Reno	NV	89519-8034	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Northern Nevada Emergency Receipt For: Primary General Other (specify) ▼		n acy Physician e Year-to-Date ▼ 250.00				
В.	Full Name (Last, First, Middle Initial) Lee W Davidson	Date of Receipt					
	Mailing Address 2160 Onyx St	07 16 2010					
	City	State	Zip Code	Transaction ID: C953567			
	Eugene	OR	97403-1534	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Cascade Med Assoc	Occupation Emergen	n ncy Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00				
с. С.	Full Name (Last, First, Middle Initial) Scott M Davis			Date of Receipt			
	Mailing Address 525 E Market St Akron City Hosp ED			07 29 2010			
	City <u>Akron</u>	State OH	Zip Code 44304-1619	Transaction ID: C979156 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Akron City Hosp ED	Occupation Emergen	n Icy Physician				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00				
	SUBTOTAL of Receipts This Page (optional)			2250.00			

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 37 / 206 (check only one)	
TI LIVIIZED TILOLIF I 3	Detailed Summary Page		X 11a 11b 11c 12 15 16 17	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	not be sold or used by any persoress 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	Action Com	mittee		
Full Name (Last, First, Middle Initial) Brian C Dawson			Date of Receipt	
Mailing Address 359 Augusta Dr			07 01 2010	
City	State	Zip Code	Transaction ID: C953452	
Abingdon	VA	24211-3805	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00	
Name of Employer Brody Schl of Med @ ECU ED	Occupation Emergen	ı cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) Brian C Dawson			Date of Receipt	
Mailing Address 359 Augusta Dr			09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: C987126	
Abingdon	VA	24211-3805	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Brody Schl of Med @ ECU ED	Occupation Emergen	ı cy Physician		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		300.00		
Full Name (Last, First, Middle Initial) Mark L DeBard			Date of Receipt	
Mailing Address 810 Bluffview Drive			07 07 2010	
City	State	Zip Code	Transaction ID: C976209	
Columbus FEC ID number of contributing federal political committee.	OH C	43235	Amount of Each Receipt this Period 250.00	
Name of Employer OSU Hosp E	Occupation Emergen	n cy Physician	1	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)		·····	450.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any perso the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark L DeBard Mailing Address 810 Bluffview Drive City Columbus FEC ID number of contributing federal political committee. Name of Employer OSU Hosp E Receipt For:	State Zip Code OH 43235 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C985725 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark L DeBard	1000.00	Date of Receipt
Mailing Address 810 Bluffview Drive City Columbus FEC ID number of contributing federal political committee. Name of Employer OSU Hosp E Receipt For: Primary General Other (specify) ▼	State Zip Code OH 43235 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Transaction ID: C1127850 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) H Scott Derstine Mailing Address 510 W 4th St City Royal Oak FEC ID number of contributing federal political committee. Name of Employer Med Ctr Emer Svcs Receipt For:	State Zip Code MI 48067-2402 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 7 2 0 1 0 Transaction ID: C1128167 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼	750.00	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 206 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	
National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Laurence R DesRochers		Date of Receipt
Mailing Address 640 Harbor Rd City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	
Full Name (Last, First, Middle Initial) Jeffrey D Dixon		Date of Receipt
Mailing Address 1389 E 27th St		09 / 27 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C1127977
Tulsa	OK 74114-4107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GCEP Inc	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Krishna Prasad Doddi		Date of Receipt
Mailing Address 4015 Estabrook Dr		09 30 7 2010
City <u>Annandale</u>	State Zip Code VA 22003-2412	Transaction ID: C1126350 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 22000 2412	100.00
Name of Employer INOVA Fairfax Hospital	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receints This Page (ontions)	475.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 206 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Christopher I Doty			Date of Receipt
Mailing Address 176 Sterling PI			0 9 2 6 2 0 1 0
City Brooklyn	State NY	Zip Code 11217-3325	Transaction ID: C1106150 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 Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Jennifer Dow			Date of Receipt
Mailing Address PO Box 1229			0 9 2 6 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1105950
Girdwood FEC ID number of contributing federal political committee.	AK C	99587-1229	Amount of Each Receipt this Period 1000.00
Name of Employer Alaska Regl Hosp	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Marc M Dreier			Date of Receipt
Mailing Address 295 Richards Rd			M M / D D / Y Y Y Y Y O D D / 28 2010
City Ridgewood	State NJ	Zip Code 07450-1009	Transaction ID: C1126422 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07430-1009	100.00
Name of Employer The Valley Hosp	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2600.00	
SUBTOTAL of Receipts This Page (options	al)		1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 206 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics National Emergency Medicine Politics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) James R Dudley Mailing Address 618 Hospital Rd			Date of Receipt M M D D Y Y Y Y Y Y Y Y
Riverside Tappahar City Tappahannock FEC ID number of contributing	State VA	Zip Code 22560-5000	Transaction ID: C1106255 Amount of Each Receipt this Period 400.00
Name of Employer Riverside Tappahannock Hosp Receipt For: Primary General Other (specify)	Occupation Emergen	n icy Physician e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) James R Dudley Mailing Address 618 Hospital Rd Riverside Tappahan City Tappahannock	nnock Hosp State VA	Zip Code 22560-5000	Date of Receipt 0 9 2 6 2 0 1 0 Transaction ID: C1106266 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Riverside Tappahannock Hosp Receipt For: Primary General Other (specify)		n icy Physician e Year-to-Date ▼ 450.00	50.00
Full Name (Last, First, Middle Initial) Paul R Dwyer Mailing Address 2490 Bluff Meadows	s Dr SE		Date of Receipt 0 7 3 0 2 0 1 0
City Grand Rapids FEC ID number of contributing federal political committee.	State MI	Zip Code 49546-7906	Transaction ID: C961648 Amount of Each Receipt this Period 250.00
Name of Employer Metropolitan Hosp Receipt For: Primary General Other (specify)		n ocy Physician e Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)		700.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 42 / 206 (check only one)
TEMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee	
/			
Full Name (Last, First, Middle Initial) Mark R Dziedzic, MD			Date of Receipt
Mailing Address 101 Boulanger Ave			09 / 23 / 2010
City	State	Zip Code	Transaction ID: C987137
West Hartford	CT	06110-1178	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NE Emer Med Spec	Occupatio		
Receipt For:		ncy Physician e Year-to-Date ▼	_
Primary General	Aggregate	e year-to-Date ▼	7
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Barbara Sarah Echo			Date of Receipt
Mailing Address 215 E Meadowlane F	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C959452
Spokane	WA	99224-9213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Spokane Emergency Physici- ans	Occupatio Emerger	n ncy Physician	
Receipt For:	_ · · _ · _	e Year-to-Date V	
Primary General Other (specify) ▼	193 194	1100.00	
Full Name (Last, First, Middle Initial) Stephen K Epstein			Date of Receipt
Mailing Address 1 Deaconess Rd Beth Israel Deacones	ss Med Ctr		0 9 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1106116
Boston	MA	02215-5321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Harvard Med Faculty Phys	Occupatio Emerger	n ncy Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify)	33.133.0	250.00	
			600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 206 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Clifford Erickson			Date of Receipt
	Mailing Address 31 Forest Dr			07 30 2010
	City Voorheesville	State NY	Zip Code 12186-9530	Transaction ID: C961643 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Dr. Clifford Erickson	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.01	
_	Full Name (Last, First, Middle Initial) Clifford Erickson			Date of Receipt
	Mailing Address 31 Forest Dr			0 9 0 3 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C985707
	Voorheesville	NY	12186-9530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Dr. Clifford Erickson	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	750.01	
_	Full Name (Last, First, Middle Initial) Clifford Erickson			Date of Receipt
	Mailing Address 31 Forest Dr			0 9 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: C1105432
	Voorheesville FEC ID number of contributing federal political committee.	C	12186-9530	Amount of Each Receipt this Period 83.37
	Name of Employer Dr. Clifford Erickson	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	
Γ	SUBTOTAL of Receipts This Page (optional)			250.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Ar or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) William D Falco		Date of Receipt
	Mailing Address 209 54th St		0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C1128166
	Kenosha	WI 53140-6501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Infinity Hlthcare	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Oliver Fannin, III		Date of Receipt
	Mailing Address 807 Cedar Park Dr		0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C985498
	West Lake HIs	TX 78746-4517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Dr. Oliver Fannin, III	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) Heather Lynn Farley		Date of Receipt
	Mailing Address 41 Forsythia Ln		09 / 26 / Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C1105951
	Bear	DE 19701-6301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Doctors Emer Svcs PA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	UBTOTAL of Receipts This Page (optional)		1800.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 206 (check only one) X 11a
A 0	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) W Russell Farrell Mailing Address 65510 Dailey Rd City Edwardsburg FEC ID number of contributing federal political committee. Name of Employer Memorial Hosp Receipt For:		Zip Code 49112-9640 n ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ 3.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph S Fastow	0 0	250.00	Date of Receipt
	Mailing Address 3 Bethesda Metro Ctr Ste 630 City Bethesda FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼		Zip Code 20814-5330 n ncy Physician e Year-to-Date ▼ 1000.00	Transaction ID: C1127676 Amount of Each Receipt this Period 1000.00
	Full Name (Last, First, Middle Initial) Andrew N Fenton, MD, FACEP Mailing Address 730 3rd St E City Sonoma FEC ID number of contributing federal political committee. Name of Employer Napa Valley Emer Med Grp Receipt For: Primary General		Zip Code 95476-7110 n ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 9
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		300.00	1550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	I Statements may not be sold or used by any person the name and address of any political committee to cal Action Committee	
Full Name (Last, First, Middle Initial) Todd Fijewski Mailing Address 2509 Minton Dr City Coraopolis FEC ID number of contributing federal political committee. Name of Employer Weirton Med Ctr	State Zip Code PA 15108-9207 C Occupation Emergency Physician	Date of Receipt M M C 26 2010 Transaction ID: C1106242 Amount of Each Receipt this Period 300.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 400.00	
John T Finnell, II Mailing Address 505 S 5th St City Zionsville FEC ID number of contributing federal political committee. Name of Employer Indiana Univ Schl of Med Receipt For: Primary General Other (specify) ▼	State Zip Code IN 46077-1745 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C985724 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Angela Siler Fisher Mailing Address 79 Lakeside Grn City The Woodlands FEC ID number of contributing federal political committee. Name of Employer Greater Houston Emer Phys Receipt For: Primary General Other (specify)	State Zip Code TX 77382-2078 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D D / Y Y Y Y Y Transaction ID: C962021 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any persong the name and address of any political committee to tical Action Committee	
Full Name (Last, First, Middle Initial) Angela Siler Fisher Mailing Address 79 Lakeside Grn City The Woodlands FEC ID number of contributing federal political committee. Name of Employer Greater Houston Emer Phys	State Zip Code TX 77382-2078 C Occupation Emergency Physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 1000.00	
Angela Siler Fisher Mailing Address 79 Lakeside Grn City	State Zip Code	Date of Receipt M M
The Woodlands FEC ID number of contributing federal political committee.	TX 77382-2078	Amount of Each Receipt this Period
Name of Employer Greater Houston Emer Phys Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Angela Siler Fisher Mailing Address 79 Lakeside Grn		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City The Woodlands FEC ID number of contributing federal political committee.	State Zip Code TX 77382-2078	Transaction ID: C1106292 Amount of Each Receipt this Period 100.00
Name of Employer Greater Houston Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	300.00

SCHEDULE A (FEC Formatte ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck offly offe)
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) National Emergency Medicine	orts and Statements may not be sold or used by any using the name and address of any political committee Political Action Committee	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Robin Dean Fisher Mailing Address 2124 Adobe A	,	Date of Receipt
City Corona	State Zip Code CA 92882-5664	Transaction ID: C987112 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Moreno Valley Comm Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initia Michael T Fitch Mailing Address 7213 Styers C	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C962031
Clemmons FEC ID number of contributing federal political committee.	NC 27012	Amount of Each Receipt this Period 250.00
Name of Employer Wake Forest University He- alth Sciences Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Diana L Fite)	Date of Receipt
Mailing Address 15806 Maple	Falls Ct	07 30 2010
City Tomball	State Zip Code TX 77377-8762	Transaction ID: C961647 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	
SUBTOTAL of Receipts This Page (optional)	583.33

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin	and 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	itical Action Committee	
/ Full Name (Last, First, Middle Initial) Diana L Fite		Date of Receipt
Mailing Address 15806 Maple Falls	Ct	09 02 2010
City	State Zip Code	Transaction ID: C985701
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	
Full Name (Last, First, Middle Initial) Diana L Fite		Date of Receipt
Mailing Address 15806 Maple Falls	Ct	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1095770
<u>Tomball</u>	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	
Full Name (Last, First, Middle Initial) Diana L Fite		Date of Receipt
Mailing Address 15806 Maple Falls	Ct	09 26 YYYYY
City	State Zip Code	Transaction ID: C1106131
<u>Tomball</u>	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	
SUBTOTAL of Receipts This Page (option	al)	249.99

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	r for commercial purposes, other than using th	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 o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
۸.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz		Date of Receipt
	Mailing Address 6021 90th St	State Zip Code	07 30 2010
	City Lubbock	TX 79424-0814	Transaction ID: C962020 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	91.66
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 908.35	
	Full Name (Last, First, Middle Initial) Juan Francisco Fitz Mailing Address 6021 90th St		Date of Receipt
			09 02 2010
	City Lubbock	State Zip Code TX 79424-0814	Transaction ID: C985732
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 91.66
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 908.35	
. –	Full Name (Last, First, Middle Initial) Juan Francisco Fitz		Date of Receipt
	Mailing Address 6021 90th St		09 25 2010
	City	State Zip Code	Transaction ID: C1105415
	Lubbock FEC ID number of contributing federal political committee.	TX 79424-0814	Amount of Each Receipt this Period 91.74
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 908.35	
	SUBTOTAL of Receipts This Page (optional)		275.06

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may	y not be sold or used by any perso dress of any political committee to	
National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Juan Francisco Fitz			Date of Receipt
Mailing Address 6021 90th St			09 26 2010
City	State	Zip Code	Transaction ID: C1106146
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	Occupatio Emergen	n ncy Physician	
Receipt For:	. ' 	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	908.35	
Full Name (Last, First, Middle Initial) Judith FitzGerald	I.		Date of Receipt
Mailing Address PO Box 3361			M M / D D / Y Y Y Y Y Y O T O T O T O T O T O T O T
City	State	Zip Code	Transaction ID: C953541
Kailua Kona	HI	96745-3361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer HEPA Inc	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kelly Foley			Date of Receipt
Mailing Address 1133 Pond Cypress Dr	•		09 26 2010
City	State	Zip Code	Transaction ID: C1106159
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	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 725.00	
SUBTOTAL of Receipts This Page (optional)			433.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	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	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Marsha D Ford			Date of Receipt
Mailing Address PO Box 32861 Carolinas Med Ctr ED			07 30 7 2010
City	State	Zip Code	Transaction ID: C962018
<u>Charlotte</u>	NC	28232-2861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Carolinas Med Ctr ED	Occupatio Emerger	n ncy Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	. 55. 554.0	428.00	
Full Name (Last, First, Middle Initial) Marsha D Ford			Date of Receipt
Mailing Address PO Box 32861 Carolinas Med Ctr ED			09 02 7 2010
City	State	Zip Code	Transaction ID: C985731
Charlotte	NC	28232-2861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Carolinas Med Ctr ED	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 428.00	
Full Name (Last, First, Middle Initial) Marsha D Ford			Date of Receipt
Mailing Address PO Box 32861 Carolinas Med Ctr ED			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1095765
Charlotte	NC	28232-2861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer Carolinas Med Ctr ED	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	428.00	
SUBTOTAL of Receipts This Page (optional)			126.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 206 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marsha D Ford Mailing Address PO Box 32861 Carolinas Med Ctr ED City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas Med Ctr ED Receipt For: Primary Other (specify)	State Zip Code NC 28232-2861 C Occupation Emergency Physician Aggregate Year-to-Date 428.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Ronald C Forgey Mailing Address 5231 Bubbling Well L City La Canada Flt FEC ID number of contributing federal political committee. Name of Employer Memorial Medical Center ED Receipt For: Primary General Other (specify)	State Zip Code CA 91011-1617 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C985642 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Steven J Fountain Mailing Address 3137 Ady Rd Upper Chesapeake He City Street FEC ID number of contributing federal political committee. Name of Employer Upper Chesapeake Emer Med Receipt For: Primary General Other (specify)	ealth State Zip Code MD 21154-1624 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any personant the name and address of any political committee to cal Action Committee	
Full Name (Last, First, Middle Initial) Michelle Fox Mailing Address 427 Daub Ave City Hewlett FEC ID number of contributing federal political committee. Name of Employer South Nassau Cmnty Hosp Receipt For: Primary General	State Zip Code NY 11557-1136 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: C1128193 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Matt John Frankovsky Mailing Address 4354 Ashton Dr City Sacramento	State Zip Code CA 95864-6147	Date of Receipt 0 9 2 7 2 0 1 0 Transaction ID: C1096392 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer EMP Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) Robert R Frantz Mailing Address 12 Pebble Creek Ro City Norman	State Zip Code OK 73072-2822	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Morningstar Emerg Phys	Occupation	100.00
Receipt For: Primary Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	1350.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full) National Emergency Medicine	orts and Statements may not be sold or used by any person using the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William T Freeman Mailing Address 36428 Oak Pa City Prairieville FEC ID number of contributing federal political committee. Name of Employer Earl K Long Hosp Receipt For: Primary General		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C1106189 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Michael Frommlet Mailing Address 2168 SW King City Portland FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 6 2 0 1 0 Transaction ID: C1105858 Amount of Each Receipt this Period 300.00
Name of Employer Mt Hood Med Ctr ED Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 300.00]
Full Name (Last, First, Middle Initial) Gayle A Galan Mailing Address 1742 Rock Hill City Akron FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y O 7 1 4 2 0 1 0 Transaction ID: C950906 Amount of Each Receipt this Period 1000.00
Name of Employer Marietta Memi Hosp Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (o	otional)	1550.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the (Crieck only only)
4	ny information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or use e name and address of any politica	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
	National Emergency Medicine Politica	I Action Committee	
۹.	Full Name (Last, First, Middle Initial) Jeff G Gardner Mailing Address 1294 N Bidgeway Dr		Date of Receipt
			09 14 2010
	City Cedar City	State Zip Code UT 84721-6025	Transaction ID: C985507 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Valley View Med Ctr	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00
_ 3.	Full Name (Last, First, Middle Initial) Marianne Gausche-Hill Mailing Address 1931 Power St		Date of Receipt
	City	State Zip Code	09 14 2010
	Hermosa Beach	CA 90254-2915	Transaction ID: C985532 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harbor UCLA Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	350.00
_).	Full Name (Last, First, Middle Initial) Michael Joseph Gerardi		Date of Receipt
	Mailing Address 29 Heritage Ct		$\begin{bmatrix} & M & M & M & J & D & D & J & Y & Y & Y & Y \\ 0 & 7 & & 3 & 0 & & 2 & 0 & 1 & 0 \end{bmatrix}$
	City	State Zip Code	Transaction ID: C961646
	Randolph FEC ID number of contributing federal political committee.	NJ 07869-3534	Amount of Each Receipt this Period 250.00
	Name of Employer Emer Med Assoc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2250.00
	SUBTOTAL of Receipts This Page (optional) .	1	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	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.
Full Name (Last, First, Middle Initial)	iodi / iotion committee	
Mark H Gersten Mailing Address 999 Traci Ln		Date of Receipt M M
City	State Zip Code	Transaction ID: C959179
Copley	OH 44321-1467	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Stark Co Emerg Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Michael James Gillogley		Date of Receipt
Mailing Address 6225 N Point Way		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C968562
Sacramento	CA 95831-1063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Mercy Genl Hosp ER	Occupation Emergency Physician	
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Cai Glushak		Date of Receipt
Mailing Address 1432 W Catalpa Av	ve	09 / 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C1105554
Chicago	IL 60640-1212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AXA Assistance USA	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
SUBTOTAL of Receipts This Page (optiona	d)	1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any perso the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bernadette Boyd Gniadecki		Date of Receipt
Mailing Address 10424 Long Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C979248
Oak Lawn	IL 60453-4645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Bernadette Boyd Gniad-	Occupation Emergency Physician	
ecki Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Jeffrey Michael Goodloe		Date of Receipt
Mailing Address 3720 E 99th Pl		M M / D D / Y Y Y Y Y Y Y O 9 3 0 2 0 1 0
City	State Zip Code	Transaction ID: C1105706
<u>Tulsa</u>	OK 74137-5231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer OU COM-Tulsa-Dept of EM	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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 Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C962015
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 Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
) >	450.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 206 (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 NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any persor g the name and address of any political committee to sitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mylissa Amy Graber Mailing Address 7809 Trieste PI City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Coral Springs Med Ctr	State Zip Code FL 33446-4403 C Occupation Emergency Physician	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: C1128170 Amount of Each Receipt this Period 100.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Stephen A D Grant Mailing Address 1 Cherry Hills Dr City Aiken	State Zip Code SC 29803-5688	Date of Receipt M M M / D D D / Y Y Y Y Y O 7 3 0 2 0 1 0 Transaction ID: C962016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Receipt For: Primary General	Occupation Emergency Physician Aggregate Year-to-Date ▼	83.33
Other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen A D Grant Mailing Address 1 Cherry Hills Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Aiken FEC ID number of contributing federal political committee.	State Zip Code SC 29803-5688	Transaction ID: C985729 Amount of Each Receipt this Period 83.33
Name of Employer Aiken Emer Med Phys Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 833.34	
SUBTOTAL of Receipts This Page (option	al)	266.66

City Aiken SC 29803-5688 FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen A D Grant Mailing Address 1 Cherry Hills Dr City Aiken SC 29803-5688 FEC ID number of contributing federal other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen A D Grant Mailing Address 1 Cherry Hills Dr City State Zip Code Aiken SC 29803-5688 FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kelly Gray-Eurom, MD, FACEP Mailing Address 4228 Fairway Dr City Jacksonville FL 32210-6023 Amount of Each Receipt this Period Transaction ID: C1105417 Amount of Each Receipt this Period Transaction ID: C1105952 Amount of Each Receipt this Period Transaction ID: C1105952 Amount of Each Receipt this Period	SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 206 (check only one) X 11a
Full Name (Last, First, Middle Initial) Stephen A D Grant Mailing Address 1 Cherry Hills Dr City State Zip Code Alken SC 29803-5688 FEC ID number of contributing federal political committee. Name of Employer Alken SC 29803-5688 Receipt For: Primary General Other (specify) ▼ City State Zip Code Alken SC 29803-5688 FUll Name (Last, First, Middle Initial) Stephen A D Grant Mailing Address 1 Cherry Hills Dr City State Zip Code Alken SC 29803-5688 FEC ID number of contributing federal political committee. Name of Employer Alken SC 29803-5688 FEC ID number of contributing federal political committee. Name of Employer Alken Emergency Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt Name of Employer Alken Emergency Physician Receipt For: Primary General Occupation Emergency Physician FEC ID number of contributing FEC	or for commercial purposes, o	ther than using the name and ac (In Full)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Aiken SC 29803-5688 FEC ID number of contributing federal political committee. Name of Employer Aiken SC 29803-5688 C C C C C C C C C C C C C C C C C C	Full Name (Last, First, Mic Stephen A D Grant	ldle Initial)		M M / D D / Y Y Y Y
Name of Employer Alken Emer Med Phys Receipt For: Primary General Other (specify) ▼	City	State	·	Transaction ID: C1105417
Receipt For:	federal political committee	C		83.37
Stephen A D Grant Mailing Address 1 Cherry Hills Dr City State Zip Code Aiken SC 29803-5688 FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Primary General Other (specify) ▼ City State Zip Code SC 29803-5688 C 29803-5688 C 383.33 Date of Receipt Transaction ID: C1106162 Amount of Each Receipt this Period 833.33 Full Name (Last, First, Middle Initial) Kelly Gray-Eurom, MD, FACEP Mailing Address 4228 Fairway Dr City State Zip Code Jacksonville FL 32210-6023 FEC ID number of contributing federal political committee. Name of Employer Univ of FL Receipt For: Primary General Occupation Emergency Physician Aggregate Year-to-Date ▼ Transaction ID: C1106162 Amount of Each Receipt this Period Transaction ID: C1105952 Amount of Each Receipt this Period Date of Receipt Transaction ID: C1105952 Amount of Each Receipt this Period Transaction ID: C1105952 Amount of Each Receipt this Period Date of Receipt Transaction ID: C1105952 Amount of Each Receipt this Period Date of Receipt Transaction ID: C1105952 Amount of Each Receipt this Period Transaction ID: C1105952 Amount of Each Receipt this Period Date of Receipt Transaction ID: C1105952 Amount of Each Receipt this Period Transaction ID: C1105952 Amount of Each Receipt this Period Transaction ID: C1105952 Amount of Each Receipt Transaction ID: C1105952	Receipt For:	Emerger Aggregat	ncy Physician e Year-to-Date ▼	
City State Zip Code SC 29803-5688 FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Receipt For: Primary General Other (specify) ▼ City State Zip Code SC 29803-5688 Pull Name (Last, First, Middle Initial) Kelly Gray-Eurom, MD, FACEP Mailing Address 4228 Fairway Dr City State Zip Code Transaction ID: C1106162 Amount of Each Receipt this Period 833.34 Date of Receipt Mo M / D 0 / 26 / 2 0 1 0 Transaction ID: C1105952 Amount of Each Receipt this Period City State Zip Code Transaction ID: C1105952 Amount of Each Receipt this Period C Transaction ID: C1105952 Amount of Each Receipt this Period Transaction ID: C1105952 Amount of Each Receipt this Period C Transaction ID: C1105952 Amount of Each Receipt this Period Receipt For: Primary General Occupation Emergency Physician Aggregate Year-to-Date ▼	Stephen A D Grant			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Alken Emer Med Phys Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Kelly Gray-Eurom, MD, FACEP Mailing Address 4228 Fairway Dr City State Zip Code FL 32210-6023 FEC ID number of contributing federal political committee. Name of Employer Univ of FL Receipt For: Primary General Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	•		Zip Code	
Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General B33.34 Full Name (Last, First, Middle Initial) Kelly Gray-Eurom, MD, FACEP Mailing Address 4228 Fairway Dr City	FEC ID number of contrib	uting	29803-5688	Amount of Each Receipt this Period 83.33
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kelly Gray-Eurom, MD, FACEP Mailing Address 4228 Fairway Dr City State Zip Code Jacksonville FL 32210-6023 FEC ID number of contributing federal political committee. Name of Employer Univ of FL Receipt For: Primary General 833.34 Date of Receipt Transaction ID: C1105952 Amount of Each Receipt this Period 1000.00	Name of Employer Aiken Emer Med Phys			
Mailing Address 4228 Fairway Dr City State Zip Code Jacksonville FL 32210-6023 Name of Employer Univ of FL Receipt For: Primary General Date of Receipt Transaction ID: C1105952 Amount of Each Receipt this Period	Primary G			
Jacksonville FL 32210-6023 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 1000.00 Amount of Each Receipt this Period 1000.00 1000.00 1000.00 Amount of Each Receipt this Period 1000.00	Kelly Gray-Eurom, MD, FAC	EP ,		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Univ of FL Receipt For: Primary General C 1000.00			· ·	
Receipt For: Primary General Aggregate Year-to-Date	FEC ID number of contrib	uting	32210-6023	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date ▼ Primary General	Name of Employer Univ of FL			
	Primary Ge	Aggregat	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts Thi	s Page (optional)		1166.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 206 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica		
Full Name (Last, First, Middle Initial) Andrea L Green Mailing Address 22428 Springflower Dr City Golden	State Zip Code CO 80401-8033	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Dr. Andrea L Green Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼	1000.00
Full Name (Last, First, Middle Initial) Robert D Greenberg Mailing Address 2401 S 31st St Scott & White City Temple FEC ID number of contributing federal political committee. Name of Employer Dept of Emer Med Receipt For: Primary General Other (specify)	State Zip Code TX 76508-0001 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert D Greenberg Mailing Address 2401 S 31st St Scott & White City Temple FEC ID number of contributing federal political committee. Name of Employer Dept of Emer Med Receipt For: Primary General Other (specify)	State Zip Code TX 76508-0001 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / 26 / 2010 Transaction ID: C1106294 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	•	1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any persong the name and address of any political committee to itical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey T Greenwood Mailing Address 13020 N Shore Ro	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ocean City FEC ID number of contributing federal political committee.	MD 21842-9730	Amount of Each Receipt this Period
Name of Employer Peninsula Reg Med Ctr ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Leslie H Greenwood Mailing Address 2868 Carriage Ln	'	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C954038
Ogden	UT 84403-5487	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer EPIC LLC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gerald W Griebel Mailing Address PO Box 278		Date of Receipt
		07 16 2010
City	State Zip Code	Transaction ID: C953532
Rico FEC ID number of contributing federal political committee.	CO 81332-0278	Amount of Each Receipt this Period 250.00
Name of Employer SW Meml Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Earl A Grubbs, MD, FACEP		Date of Receipt
Mailing Address 375 High Bridge C	hase State Zip Code	0 7 2 8 2 0 1 0 Transaction ID: C960172
Alpharetta	GA 30022-5512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Paragon Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Earl A Grubbs, MD, FACEP	h	Date of Receipt
Mailing Address 375 High Bridge C	nase	09 27 2010
City	State Zip Code	Transaction ID: C1127864
Alpharetta	GA 30022-5512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Paragon Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Michael G Guttenberg		Date of Receipt
Mailing Address 11 Glen Hill Ln		07 30 7 2010
City	State Zip Code	Transaction ID: C962019
<u>Tarrytown</u>	NY 10591-5055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer St Josephs Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
SURTOTAL of Receipts This Page (option	al)	1225.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any person the name and address of any political committee to s cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael G Guttenberg Mailing Address 11 Glen Hill Ln City Tarrytown FEC ID number of contributing federal political committee. Name of Employer St Josephs Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NY 10591-5055 C Occupation Emergency Physician Aggregate Year-to-Date 700.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: C1106141 Amount of Each Receipt this Period 225.00
Full Name (Last, First, Middle Initial) Michael D Hagues Mailing Address PO Box 7000 St Francis Hosp City Columbus FEC ID number of contributing federal political committee. Name of Employer Emer Med Spec of Columbus Receipt For: Primary General Other (specify)	State Zip Code GA 31908-7000 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rose M Haisler Mailing Address 1905 W Gerald Dr City Peoria FEC ID number of contributing federal political committee. Name of Employer OSFMC Emerg Dept Receipt For: Primary General Other (specify)	State Zip Code IL 61615-1185 C Occupation Emergency Physician Aggregate Year-to-Date 1100.00	Date of Receipt M M / D D / Y Y Y Y Y O 8 / D D / Y Y Y Y Transaction ID: C963747 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)	575.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 206 (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 us NAME OF COMMITTEE (In Full) National Emergency Medicine Position	and Statements may not be sold or used by any personing the name and address of any political committee to oblitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy James Hall Mailing Address 1380 Woodhurst City Rock Hill FEC ID number of contributing federal political committee. Name of Employer Piedmont Emerg Medicine Assoc	State Zip Code SC 29732-2082 C Occupation Emergency Physician	Date of Receipt 0 7 1 6 2 0 1 0 Transaction ID: C953568 Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert Arthur Hancock Mailing Address 10118 Sundown City	State Zip Code	Date of Receipt M M
N Royalton FEC ID number of contributing federal political committee. Name of Employer	OH 44133-6187 C Occupation	Amount of Each Receipt this Period 250.00
Barberton Cîtizéns Hosp Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel A Handel Mailing Address 3181 SW Sam J	ackson Park Rd	Date of Receipt
City Portland FEC ID number of contributing	State Zip Code OR 97239-3011	Transaction ID: C961642 Amount of Each Receipt this Period
federal political committee. Name of Employer OR Hith & Science Univ CD- W-EM	Occupation Emergency Physician	250.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (opti	onal)	1500.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	*tatamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 206 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Russell H Harris Mailing Address 5829 Wissahickon Ave	Э		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1105453
	Philadelphia FEC ID number of contributing federal political committee.	C	19144-4446	Amount of Each Receipt this Period 1000.00
	Name of Employer EmCare Inc Receipt For: Primary General Other (specify) ▼	, ' <u> </u>	ncy Physician e Year-to-Date 1000.00	
– В.	Full Name (Last, First, Middle Initial) Anthony William Hartmann Mailing Address 2 Wincot Ct	1		Date of Receipt 0 9 2 6 2 0 1 0
	City State		Zip Code	Transaction ID: C1106191
	Hillsborough	NJ	08844-2213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer Emergency Medical Associa- tes of New Je Receipt For: Primary General Other (specify) ▼	, ' <u> </u>	on ncy Physician e Year-to-Date ▼ 1000.00	
С.	Full Name (Last, First, Middle Initial) Stephen Carl Hartsell Mailing Address 75 N Medical Dr Univ of Utah ED	1		Date of Receipt 0 9 2 6 2 0 1 0
	City	State	Zip Code	Transaction ID: C1106180
	Salt Lake Cty	UT	84132-0005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Univ of Utah ED	, · · · · ·	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2400.00
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 67 / 206 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William C Haselow Mailing Address 7118 W Lafayette Pl	I	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1127978
Mequon FEC ID number of contributing federal political committee.	WI 53092-8600	Amount of Each Receipt this Period 500.00
Name of Employer Infinity HealthCare Inc Receipt For: Primary General	Occupation Emergency Physician Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) William G Heegaard	500.00	Date of Receipt
Mailing Address 701 Park Ave Hennepin County Me City Minneapolis FEC ID number of contributing federal political committee.	ed Ctr ED State Zip Code MN 55415-1623	Transaction ID: C1106187 Amount of Each Receipt this Period 150.00
Name of Employer Hennepin County Med Ctr ED Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Carlton E Heine Mailing Address 515 Whitecap Rd	_ L	Date of Receipt
City Bellingham	State Zip Code WA 98229-8911	Transaction ID: C985721 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	900.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 206 (check only one) X 11a
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>F</u>	Full Name (Last, First, Middle Initial) Charles W Henrichs, III			Date of Receipt
	Mailing Address 800 N Justice St Margaret R Pardee Me	ml Hosp		09 02 2010
	City	State	Zip Code	Transaction ID: C985722
<u> </u>	Hendersonvlle	NC	28791-3410	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
1	Name of Employer Hendersonville Emer Consu- tant		ncy Physician	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) Andrew T Herd			Date of Receipt
_	Mailing Address 11111 S 84th St Midlands Hosp			09 14 2010
	City Papillion	State NE	Zip Code 68046-4122	Transaction ID: C985696
F	FEC ID number of contributing ederal political committee.	C	00040*4122	Amount of Each Receipt this Period 500.00
- 1	Name of Employer Midlands Hosp	Occupatio Emerger	n Icy Physician	
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Sanford H Herman			Date of Receipt
N	Mailing Address 424 Sandcastle Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: C979214
<u> </u>	Franklin	TN	37069-7221	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		100.00
_	Name of Employer Gateway Hith Syst	Occupatio Emergen	n ncy Physician	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SU	BTOTAL of Receipts This Page (optional)			850.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 206 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress 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 NAME OF COMMITTEE (In Full)	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Sanford H Herman			Date of Receipt
	Mailing Address 424 Sandcastle Rd			09 26 2010
	City Franklin	State TN	Zip Code 37069-7221	Transaction ID: C1106192 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Gateway Hith Syst	Occupatio Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- s.	Full Name (Last, First, Middle Initial) David A Hexter	1		Date of Receipt
	Mailing Address 1405 Tayside Way	0 9 / 2 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: C1127927
	Bel Air FEC ID number of contributing federal political committee.	MD C	21015-5620	Amount of Each Receipt this Period
	Name of Employer Social Security Admin	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Jon Mark Hirshon	1		Date of Receipt
	Mailing Address 1062 River Bay Rd			09 26 2010
	City	State	Zip Code	Transaction ID: C1106154
	Annapolis FEC ID number of contributing federal political committee.	C	21409-4830	Amount of Each Receipt this Period 250.00
	Name of Employer Univ of MD ED	Occupatio Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	_ 	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional) .			800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 206 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics National Emergency Medicine	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP Mailing Address 12717 Brewster Dr			Date of Receipt
City Fort Myers	State FL	Zip Code 33908-1809	Transaction ID: C961636 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	n	83.33
Name of Employer Southwest FL Emer Phys Receipt For: Primary General Other (specify) ▼	Emergen	cy Physician Year-to-Date ▼ 1166.66	
Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP Mailing Address 12717 Brewster Dr			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C962028
Fort Myers	<u>FL</u>	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		cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1166.66]
Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP	<u>'</u>		Date of Receipt
Mailing Address 12717 Brewster Dr			09 02 2010
City	State	Zip Code	Transaction ID: C985720
Fort Myers FEC ID number of contributing federal political committee.	FL C	33908-1809	Amount of Each Receipt this Period 83.33
Name of Employer Southwest FL Emer Phys	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1166.66	
SUBTOTAL of Receipts This Page (optiona	J)		249.99

Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)		13 14 15 16 17	
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persog the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
National Emergency Medicine Poli	tical Action Committee		
Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP Mailing Address 12717 Brewster Dr		Date of Receipt	
		09 02 2010	
City Fort Myers	State Zip Code FL 33908-1809	Transaction ID: C985730 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 Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.66		
Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP		Date of Receipt	
Mailing Address 12/1/ Brewster Dr	Mailing Address 12717 Brewster Dr		
City	State Zip Code FL 33908-1809	Transaction ID: C1095767	
Fort Myers FEC ID number of contributing federal political committee.	FL 33908-1809	Amount of Each Receipt this Period 83.33	
Name of Employer Southwest FL Emer Phys	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.66		
Full Name (Last, First, Middle Initial) Larry Hobbs, MD, FACEP		Date of Receipt	
Mailing Address 12717 Brewster Dr		0 9 2 5 2 0 1 0	
City	State Zip Code	Transaction ID: C1095768	
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 ▼ 1166.66		
SUBTOTAL of Receipts This Page (option	al)	250.03	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 206 (check only one) X
0	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements mage 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.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Cherri D Hobgood Mailing Address 6599 Gordonton Rd			Date of Receipt
		01-1-	7's Oads	09 27 2010
	City Hurdle Mills	State NC	Zip Code 27541-9215	Transaction ID: C1106296 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Neurosciences Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
- 3.	Full Name (Last, First, Middle Initial) Cherri D Hobgood			Date of Receipt
	Mailing Address 6599 Gordonton Rd			09 / 27 / 2010
	City	State NC	Zip Code	Transaction ID: C1128017
	Hurdle Mills FEC ID number of contributing federal political committee.	C	27541-9215	Amount of Each Receipt this Period 500.00
	Name of Employer Neurosciences Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
. -	Full Name (Last, First, Middle Initial) Douglas James Hoey			Date of Receipt
	Mailing Address 212 Tanglewood Dr			07 20 YYYY 20 2010
	City	State	Zip Code	Transaction ID: C976478
	Holland FEC ID number of contributing federal political committee.	C	49424-2332	Amount of Each Receipt this Period 250.00
	Name of Employer Holland Comm Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			770.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persidress 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 National Emergency Medicine Political	al Action Com	nmittee	
	Full Name (Last, First, Middle Initial) Kenneth L Holbert			Date of Receipt
	Mailing Address 130 Laural Hill Dr			09 26 2010
	City	State	Zip Code	Transaction ID: C1105450
	Smyrna FFO ID and the state of a satella time.	TN	37167-4907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harton Reg Med Ctr	Occupation Emergen	n Icy Physician	
	Receipt For:	 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1250.00	
_	Full Name (Last, First, Middle Initial) Steven R Horn			Date of Receipt
	Mailing Address 5285 Laurelridge Ln			0 8 2 0 7 Y Y Y Y Y Y
	City State Zip Code			Transaction ID: C970047
	Cincinnati	OH	45247-7950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer McCullough Hyde Mem Hosp	Occupation Emergen	n acy Physician	
	Receipt For: 2010	Aggregate	e Year-to-Date V	
	Primary X General Other (specify) ▼		1100.00	
	Full Name (Last, First, Middle Initial) Hans Roberts House			Date of Receipt
	Mailing Address 200 Hawkins Dr Univ of IA Hosps & C	Incs		0 9 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C985723
	lowa City	IA	52242-1007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Univ of IA Hosps & Clncs	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
Г				600.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 206 (check only one) X 11a
or for commercial purposes, of NAME OF COMMITTEE (I	her than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Edwin Yi-chaio Hsu Mailing Address 14740 : City Palmetto Bay	SW 83rd PI State FL	Zip Code 33158-1975	Date of Receipt 0 7 3 0 2 0 1 0 Transaction ID: C976577 Amount of Each Receipt this Period
Receipt For:	Occupati Emerge	on ncy Physician te Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Midd S Marshal Isaacs Mailing Address 3000 B City Dallas	lackburn St State TX	Zip Code 75204-2211	Date of Receipt M M M
FEC ID number of contributed federal political committee. Name of Employer Parkland Mem Hosp Receipt For: Primary Ger Other (specify)	Occupati Emerge	on ency Physician te Year-to-Date ▼	500.00
Full Name (Last, First, Midd S Marshal Isaacs Mailing Address 3000 B City Dallas FEC ID number of contribut federal political committee.	lackburn St State TX	Zip Code 75204-2211	Date of Receipt M M M
Name of Employer Parkland Mem Hosp Receipt For: Primary Ger Other (specify) ▼		on ncy Physician te Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This	Page (optional)		850.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports an for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pet the name and address of any political committee	erson for the purpose of soliciting contributions
National Emergency Medicine Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Karen Jiles		Date of Receipt
Mailing Address PO Box 4991	Otata 7'- Ocale	09 26 2010
City Charleston	State Zip Code WV 25364-4991	Transaction ID: C1106198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Charleston Area Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) David Peter John		Date of Receipt
Mailing Address 2100 Dorchester Av Caritas Carney Hos		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State Zip Code	Transaction ID: C962013
Boston	MA 02124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Caritas Carney Hosp Dept of EM	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Frederick Johnson		Date of Receipt
Mailing Address 307 W Alamosa Dr		07 16 2010
City Chandler	State Zip Code AZ 85248-5303	Transaction ID: C953565
FEC ID number of contributing federal political committee.	AZ 85248-5303	Amount of Each Receipt this Period 1000.00
Name of Employer Casa Grande Regional Med	Occupation Emergency Physician	
Ctr Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
LIRTOTAL of Receipts This Page (entires	l)	2250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane 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.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Jason Paul Jones			Date of Receipt
Mailing Address 2897 Carmelo Dr			09 14 2010
City	State	Zip Code	Transaction ID: C985688
<u>Henderson</u>	NV	89052-4072	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Univ of KY Chandler Med	Occupatio	n ncy Physician	
<u>Ctr</u> Receipt For:	- 	e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.00	
Full Name (Last, First, Middle Initial) Nicholas John Jouriles			Date of Receipt
Mailing Address 398 Bentleyville Rd			0 7 0 6 2 0 1 0
City	State	Zip Code	Transaction ID: C953421
Chagrin Falls	ОН	44022-2433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Akron Gen Med Ctr ED	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Steven Joye			Date of Receipt
Mailing Address 23892 Marshall Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C985692
Twain Harte	CA	95383-9799	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Sonora Regl Med Ctr	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼	0 0	250.00	

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 206 (check only one) X 11a 11b 11c 12 15 16 17	
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and add	not be sold or used by any persolress 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	Action Com	mittee		
Full Name (Last, First, Middle Initial) Neal A Kaforey Mailing Address 3413 E Glencoe Rd			Date of Receipt	
City	State	Zip Code	0 9 1 4 2 0 1 0 Transaction ID: C985694	
Richfield	OH	44286-1271	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Kaiser Permanente Emerg	Occupation Emergen	n cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Steven B Kailes			Date of Receipt	
Mailing Address 1998 Rivergate Dr			09 26 7 2010	
City	State	Zip Code	Transaction ID: C1106145	
Fleming Isle FEC ID number of contributing federal political committee.	FL 32003-8686		Amount of Each Receipt this Period 83.33	
Name of Employer Southeast Emer Consultant	Occupation Emergen	n cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 433.36		
Full Name (Last, First, Middle Initial) Christopher S Kang			Date of Receipt	
Mailing Address 2184 Bobs Hollow Ln			0 9 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City <u>Dupont</u>	State WA	Zip Code 98327-7747	Transaction ID: C1128164 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Madigan Army Med Ctr	Occupation Emergen	n cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)			833.33	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jay A Kaplan Mailing Address 300 Oak Ave City San Anselmo FEC ID number of contributing federal political committee. Name of Employer CEP America Receipt For: Primary General Other (specify)	State Zip Code CA 94960-2703 C Occupation Emergency Physician Aggregate Year-to-Date 933.34	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: C962014 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Jay A Kaplan Mailing Address 300 Oak Ave City San Anselmo FEC ID number of contributing federal political committee. Name of Employer CEP America Receipt For: Primary General Other (specify)	State Zip Code CA 94960-2703 C Occupation Emergency Physician Aggregate Year-to-Date 933.34	Date of Receipt M M M O D D O 2 2 0 1 0 Transaction ID: C985728 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Jay A Kaplan Mailing Address 300 Oak Ave City San Anselmo FEC ID number of contributing federal political committee. Name of Employer CEP America Receipt For: Primary General Other (specify)	State Zip Code CA 94960-2703 C Occupation Emergency Physician Aggregate Year-to-Date 933.34	Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		250.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	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	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Jay A Kaplan			Date of Receipt
Mailing Address 300 Oak Ave			0 9 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: C1106160
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	Occupatio	n ncy Physician	1
Receipt For:		e Year-to-Date ▼	+
Primary General Other (specify) ▼	, iggi ogale	933.34	
Full Name (Last, First, Middle Initial) Gary R Katz			Date of Receipt
Mailing Address 7918 Wisteria Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1105528
<u>Dublin</u>	ОН	43016-8531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer OSU, ED	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Brian F Keaton			Date of Receipt
Mailing Address 164 Silver Valley Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1106104
Munroe Falls	OH	44262-1084	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Summa Hith Syst	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			633.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any persone name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James F Kenny Mailing Address 96 Aspinwall St City Staten Island FEC ID number of contributing federal political committee. Name of Employer Staten Island University Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 10307-1627 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 2 0 2 0 1 0 Transaction ID: C959474 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Stuart Gary Kessler Mailing Address PO Box 71 City Marlboro FEC ID number of contributing federal political committee. Name of Employer Elmhurst Hosp Ctr ED Receipt For: Primary General Other (specify)	State Zip Code NJ 07746-0071 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stuart Gary Kessler Mailing Address PO Box 71 City Marlboro FEC ID number of contributing federal political committee. Name of Employer Elmhurst Hosp Ctr ED Receipt For: Primary General Other (specify)	State Zip Code NJ 07746-0071 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 206 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	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	Action Com	nmittee	
Full Name (Last, First, Middle Initial) James A King			Date of Receipt
Mailing Address 18730 Danforth Cv			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1106185
San Antonio	TX	78258-4590	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer 59 EMDS/CC	Occupation	n cy Physician	1
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	rigg. ega.e	250.00	
Full Name (Last, First, Middle Initial) Paul Daniel Kivela, MD, FACEP			Date of Receipt
Mailing Address 1370 Trancas St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1106128
<u>Napa</u>	CA	94558-2912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Napa Valley Emer Med Grp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) E L Klemmer			Date of Receipt
Mailing Address 4909 Kalanianaole Hwy	/		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C953527
<u>Honolulu</u>	HI	96821-1570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer The Emergency Group	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			450.00

		for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and addres	s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	cai Action Commi	illee	
Louis K Koussa Mailing Address 900 S Auburn St			Date of Receipt 0 7 1 6 2 0 1 0
Kennewick Genl Ho	sp ED State	Zip Code	
Kennewick	WA	99336-5621	Transaction ID: C953533 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33000 3021	250.00
Name of Employer Kennewick Emer Phys PS	Occupation Emergency	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye		
Full Name (Last, First, Middle Initial) Terry Kowalenko			Date of Receipt
Mailing Address 4619 Oak Pointe Dr			09 26 2010
City	State	Zip Code	Transaction ID: C1106276
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 Emergency	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 299.97]
Full Name (Last, First, Middle Initial) Julio Rafael Lairet			Date of Receipt
Mailing Address 9619 French Stone			09 30 7 2010
City	State	Zip Code	Transaction ID: C1105670
Helotes	TX	78023-4585	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Wilford Hall Med Ctr	Occupation Emergency	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		583.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 206 (check only one) X
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial) Richard E Lally Mailing Address 11020 W Amity Rd City	State	Zip Code	Date of Receipt M
	Boise	ID	83709-5051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Richard E Lally, MD Receipt For: Primary General Other (specify) ▼	,	nn ncy Physician e Year-to-Date ▼ 250.00]
3.	Full Name (Last, First, Middle Initial) Christopher Layton Mailing Address 106 E Caramillo St	1		Date of Receipt 0 9 2 3 2 0 1 0
	City	State	Zip Code	Transaction ID: C987117
	Colorado Spgs FEC ID number of contributing federal political committee.	C	80907-7417	Amount of Each Receipt this Period 250.00
	Name of Employer Front Range Emer Spec	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) lan Brett Leber			Date of Receipt
-	Mailing Address 31 Yearling PI			07 30 2010
	City	State	Zip Code	Transaction ID: C961649
	Freehold FEC ID number of contributing federal political committee.	NJ C	07728-9371	Amount of Each Receipt this Period 250.00
	Name of Employer Bayshore Cmnty Hosp	Occupatio	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' <u> </u>	e Year-to-Date ▼ 1500.00	
s	UBTOTAL of Receipts This Page (optional)	1)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 206 (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 to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	I Statements may not be sold or used by any personal he name and address of any political committee to cal Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Darin J Lee Mailing Address 1614 N 14th St City Boise FEC ID number of contributing federal political committee. Name of Employer Dr. Darin J Lee Receipt For: Primary General	State Zip Code ID 83702-2601 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 7 2 0 1 0 Transaction ID: C1128205 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) David C Lee, MD, FACEP Mailing Address 300 Community Dr North Shore Univ Ho City Manhasset FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Emer Phys Receipt For: Primary General	State Zip Code NY 11030-3816 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David C Lee, MD, FACEP Mailing Address 300 Community Dr North Shore Univ Ho City Manhasset FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Emer Phys Receipt For: Primary General	State Zip Code NY 11030-3816 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y O 9 1 6 2 0 1 0 Transaction ID: C985782 Amount of Each Receipt this Period 100.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 206 (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 NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any persor the name and address of any political committee to s ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marvin Leibovich Mailing Address 10618 Zuber Rd City Alexander FEC ID number of contributing federal political committee. Name of Employer Univ of AR for Med Sci Receipt For: Primary General Other (specify)	State Zip Code AR 72002-9002 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M J D D D 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David M Lemonick Mailing Address 215 Harrow Rd City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Armstrong Cnty Meml Hosp Receipt For: Primary General Other (specify)	State Zip Code PA 15238-2507 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M D D D Z D Z D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jarrad Neil Lifshitz Mailing Address 3737 Ashworth Dr City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Jarrad Neil Lifshitz , MD Receipt For: Primary General Other (specify)	State Zip Code OH 45208-1825 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M J D D J 2010 Transaction ID: C955114 Amount of Each Receipt this Period 200.00
SUBTOTAL of Receipts This Page (optional	ıl) >	1450.00

A.

В.

C.

			1		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 206		
ITEMIZED RECEIPTS		for each category of the	(check only one)		
II LIVIIZED NEGEIF 13		Detailed Summary Page	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	atements may 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	Action Con	nmittee			
Full Name (Last, First, Middle Initial) Ralph K Losey			Date of Receipt		
Mailing Address 6239 N Lundy Ave			07 30 2010		
City	State	Zip Code	Transaction ID: C961650		
Chicago	IL	60646-4009	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Univ of IL at Chicago ED	Occupatio Emerger	n Icy Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00			
Full Name (Last, First, Middle Initial)			4		
Ralph K Losey			Date of Receipt		
Mailing Address 6239 N Lundy Ave			09 / 02 / 4 9 10		
City	State	Zip Code	Transaction ID: C985700		
<u>Chicago</u>	IL	60646-4009	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Univ of IL at Chicago ED	Occupatio Emerger	n ncy Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00			
Full Name (Last, First, Middle Initial) Michael Lozano, Jr			Date of Receipt		
Mailing Address 4824 Longwater Way			0 8 0 1 2 0 1 0		
City	State	Zip Code	Transaction ID: C961555		
<u>Tampa</u>	FL	33615-4216	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer EmCare	Occupatio Emergen	n Icy Physician			
Receipt For:		e Year-to-Date ▼			
Primary General Other (specify) ▼		1000.00			
SUBTOTAL of Receipts This Page (optional)			1500.00		

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 206 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert MacDonald		Date of Receipt
Mailing Address 150 Lowick Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1105445
Colorado Spgs	CO 80906-5941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Parkview Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Sharon E Mace		Date of Receipt
Mailing Address 11961 Laurel Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C985697
Chesterland	OH 44026-1757	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Cleveland Clinic ED	Occupation Emergency Physician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Thomas Roland Magill		Date of Receipt
Mailing Address 3304 Winnipeg Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1106303
Bismarck	ND 58503-0455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Alexius Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	I)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 88 / 206 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	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.
NAME OF COMMITTEE (In Full)	al Astion Con	ist	
National Emergency Medicine Politic	ai Action Con	imiliee	
Full Name (Last, First, Middle Initial) William K Mallon			Date of Receipt
Mailing Address 1200 N State St Gen Hosp			09 / 27 / 2010
City	State	Zip Code	Transaction ID: C1127921
Los Angeles	CA	90033-1029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Gen Hosp	Occupatio		
· 		ncy Physician	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Oscar Marcilla			Date of Receipt
Mailing Address 35 William Pl			09 21 2010
City	State	Zip Code	Transaction ID: C986891
Glen Rock	NJ	07452-3210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emergency Medical Associa- tes	Occupatio Emergen	n ncy Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1100.00]
Full Name (Last, First, Middle Initial) Heather Anne Marshall, MD, FACEP			Date of Receipt
Mailing Address 2418 N 31st St			0 9 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: C987118
Tacoma	WA	98407-6402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Tacoma Emer Care Phys	Occupatio Emerger	n acy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 89 / 206 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Ricardo Martinez			Date of Receipt
Mailing Address 2828 Cravey Dr NE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1106306
Atlanta	GA	30345-1420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer the schumacher group	Occupatio	n ncy Physician	
Receipt For:		e Year-to-Date ▼	_
Primary General Other (specify) ▼	7 igg ogaic	250.00	
Full Name (Last, First, Middle Initial) John Matheson			Date of Receipt
Mailing Address 2201 Firerock Ave			07 13 YYYYY
City	State	Zip Code	Transaction ID: C959161
Richland	WA	99352-8912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Kadlec Hosp	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) John Matheson			Date of Receipt
Mailing Address 2201 Firerock Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1106239
Richland	WA	99352-8912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		900.00
Name of Employer Kadlec Hosp	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional))		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Angela F Mattke			Date of Receipt
Mailing Address 1080 Pebblebrook	Rd SE		M M / D D / Y Y Y Y Y O D D / 2010
City Mableton	State GA	Zip Code	Transaction ID: C961663
FEC ID number of contributing federal political committee.	C	30126-5612	Amount of Each Receipt this Period 100.00
Name of Employer EmergiNet/Summit Med Svcs	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 983.33	
Full Name (Last, First, Middle Initial) Angela F Mattke			Date of Receipt
Mailing Address 1080 Pebblebrook	Rd SE		09 03 7 2010
City Mableton	State GA	Zip Code 30126-5612	Transaction ID: C985737
FEC ID number of contributing federal political committee.	C	30120-3012	Amount of Each Receipt this Period
Name of Employer EmergiNet/Summit Med Svcs	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 983.33	
Full Name (Last, First, Middle Initial) Angela F Mattke			Date of Receipt
Mailing Address 1080 Pebblebrook	Rd SE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mableton	State GA	Zip Code 30126-5612	Transaction ID: C1105421
FEC ID number of contributing federal political committee.	C	30120-3012	Amount of Each Receipt this Period 100.00
Name of Employer EmergiNet/Summit Med Svcs	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 983.33	
SUBTOTAL of Receipts This Page (options			300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Political	Action Cor	nmittee	
٦.	Full Name (Last, First, Middle Initial) Angela F Mattke			Date of Receipt
	Mailing Address 1080 Pebblebrook Rd	SE		09 26 7 2010
	City	State	Zip Code	Transaction ID: C1106275
	Mableton FEC ID number of contributing federal political committee.	GA C	30126-5612	Amount of Each Receipt this Period 83.33
	Name of Employer EmergiNet/Summit Med Svcs	Occupation	n ncy Physician	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 983.33	
- 3.	Full Name (Last, First, Middle Initial) Elizabeth P Maxwell-Schmidt	114/		Date of Receipt
	Mailing Address 3509 Marthas Vineyard	d Way		09 27 2010
	City	State	Zip Code	Transaction ID: C1128016
	<u>Edgewater</u>	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	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
. – :.	Full Name (Last, First, Middle Initial) C L McArthur, III, MD, M			Date of Receipt
	Mailing Address 11 Cardiff			0 9 2 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: C1127677
	Laguna Niguel	CA	92677-2936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Desert Regl Med Ctr	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional))	583.33
	TOTAL This Period (last page this line number	only)		

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 206 (check only one) X
or for commercial NAME OF C	copied from such Reports and St al purposes, other than using the OMMITTEE (In Full) mergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (L Joseph T Mcd Mailing Addre		State	Zip Code	Date of Receipt 0 7 0 7 2 0 1 0 Transaction ID: C953450
	ber of contributing cal committee.	NE C	68136-4020	Amount of Each Receipt this Period 100.00
Name of Em Meth Hosp Receipt For: Primar Other (_ '	n ncy Physician e Year-to-Date ▼ 350.00	
Full Name (L Michael McCi Mailing Addr				Date of Receipt 0 9 2 6 2 0 1 0
	ber of contributing	State OH	Zip Code 43551-5449	Transaction ID: C1106195 Amount of Each Receipt this Period 1000.00
Name of Em Lucas Count ys Receipt For:	fy Emergency Ph-	Occupation Emergen	n acy Physician Year-to-Date ▼]
Full Name (L Dawna L McC Mailing Addr				Date of Receipt
City <u>Lees Sumr</u>	nit	State MO	Zip Code 64064-1661	Transaction ID: C954040 Amount of Each Receipt this Period
federal politic	ber of contributing cal committee.	C	n	300.00
Name of Em Dawna L Mc Receipt For: Primar Other (Emergen	acy Physician • Year-to-Date ▼ 300.00	
SUBTOTAL of	Receipts This Page (optional))	1400.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 206 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A.	Full Name (Last, First, Middle Initial) Sarah McCullough Mailing Address 3304 Winnipeg Dr			Date of Receipt 0 7 1 6 2 0 1 0
	City Bismarck	State ND	Zip Code 58503-0455	Transaction ID: C953552 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Alexius Receipt For: Primary General Other (specify) ▼	, ' 	nnncy Physician e Year-to-Date ▼ 250.00	1
 B.	Full Name (Last, First, Middle Initial) Richard M McDowell Mailing Address 75-816 Hiona St	0 0		Date of Receipt
	City	State	Zip Code	0 9 2 7 2 0 1 0 Transaction ID: C1127852
	Holualoa FEC ID number of contributing federal political committee.	C	96725-8607	Amount of Each Receipt this Period 500.00
	Name of Employer Island Emer Med Svc	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ·	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Douglas L McGee			Date of Receipt
	Mailing Address PO Box 174			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Birchrunville	State PA	Zip Code 19421-0174	Transaction ID: C1106200 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13421-0174	250.00
	Name of Employer Albert Einstein Med Ctr/ PCOM	Occupation Emerger	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
5	SUBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 206 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane 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 Politic	al Action Con	nmittee	
۷.	Full Name (Last, First, Middle Initial) Dennis Lucas McGill			Date of Receipt
	Mailing Address 19 Camden Rd	Chaha	7: Od-	07 14 2010
	City Hillsborough	State NJ	Zip Code 08844-3842	Transaction ID: C959181 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00044 3042	100.00
	Name of Employer Emer Med Assoc	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1350.00	
 3.	Full Name (Last, First, Middle Initial) Dennis Lucas McGill			Date of Receipt
	Mailing Address 19 Camden Rd			07 30 2010
	City	State	Zip Code	Transaction ID: C961662
	Hillsborough	NJ	08844-3842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emer Med Assoc	Occupation Emerger	_n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1350.00	
_ >.	Full Name (Last, First, Middle Initial) Dennis Lucas McGill			Date of Receipt
	Mailing Address 19 Camden Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1106281
	Hillsborough FEC ID number of contributing federal political committee.	C	08844-3842	Amount of Each Receipt this Period 250.00
	Name of Employer Emer Med Assoc	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	_, '	e Year-to-Date ▼ 1350.00	
				600.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 206 (check only one) X
<u> </u>	formation copied from such Reports and commercial purposes, other than using to the COMMITTEE (In Full)	Statements may he name and add	not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Na	ational Emergency Medicine Politic	cal Action Con	nmittee	
. Wi	Il Name (Last, First, Middle Initial) Iliam J McIntyre illing Address 580 Lakeside Dr			Date of Receipt
Cit		State	Zip Code	0 7 1 6 2 0 1 0 Transaction ID: C953540
<u>Je</u>	nkins	KY	41537-9746	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		250.00
Na We	me of Employer ebster Co Mem Hosp	Occupatio Emerger	n ncy Physician	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	ll Name (Last, First, Middle Initial) Iliam J McIntyre			Date of Receipt
Ma —	iling Address 580 Lakeside Dr			0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	•	State	Zip Code	Transaction ID: C985500
<u>Je</u>	nkins	KY	41537-9746	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		100.00
Na We	me of Employer ebster Co Mem Hosp	Occupatio Emerger	n ncy Physician	
Re	ceipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		350.00	
	ll Name (Last, First, Middle Initial) nn Gerard McManus, Jr	1		Date of Receipt
	iling Address 726 Ridge Trce			09 / 25 / Y Y Y Y
Cit	-	State	Zip Code	Transaction ID: C1105440
	an Antonio	TX	78258-6917	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		250.00
	me of Employer coke Army Med Ctr		ncy Physician	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
CUE	FOTAL of Receipts This Page (optional)	1		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persol lress of any political committee to	no for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Com	ımittee	
Full Name (Last, First, Middle Initial) Tad McReynolds			Date of Receipt
Mailing Address 3405 Cactus Wren	Way		09 24 7 2010
City	State	Zip Code	Transaction ID: C1126451
Austin	TX	78746-6636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dr. Tad McReynolds	Occupation	o cy Physician	
Receipt For:		Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	riggrogato	250.00	
Full Name (Last, First, Middle Initial) Tamara McReynolds	<u> </u>		Date of Receipt
Mailing Address 916 S Walnut St			07 16 2010
City	State	Zip Code	Transaction ID: C953534
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 Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) William Joel Meggs			Date of Receipt
Mailing Address 103 Hidden Hills Dr			0 9 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: C1106143
Greenville	NC	27858-8635	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer E Carolina Univ	Occupation Emergen	n cy Physician	7
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	33 0 111	594.00	
SUBTOTAL of Receipts This Page (optiona			590.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 206 (check only one) X
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Howard K Mell Mailing Address 3 Cove Pointe Ct			Date of Receipt
	City	State	Zip Code	0 9 2 6 2 0 1 0 Transaction ID: C1106100
	Bloomington FEC ID number of contributing federal political committee.	C	61704-1417	Amount of Each Receipt this Period 500.00
	Name of Employer MD EMS SYSTEMS LLC Receipt For: Primary General Other (specify) ▼	. ' 	nocy Physician e Year-to-Date 1000.00	
В.	Full Name (Last, First, Middle Initial) David James Mendelson Mailing Address 4633 Post Oak Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Frisco FEC ID number of contributing federal political committee.	State TX	Zip Code 75034-5130	Transaction ID: C985719 Amount of Each Receipt this Period 250.00
	Name of Employer EmCare Inc	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 600.00	
С.	Full Name (Last, First, Middle Initial) Jacob Mark Meredith, III Mailing Address 1231A Route 532			Date of Receipt
	City Chatsworth	State NJ	Zip Code 08019-9711	Transaction ID: C961661 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Jersey Emer Med Spec	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1183.33	
	SUBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 206 (check only one) X
A C	any information copied from such Reports and r for commercial purposes, other than using th	Statements may ne name and add	not be sold or used by any persolress 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 NAME OF COMMITTEE (In Full)	al Action Com	mittee	
۷.	Full Name (Last, First, Middle Initial) Jacob Mark Meredith, III			Date of Receipt
	Mailing Address 1231A Route 532			09 26 2010
	City Chatsworth	State NJ	Zip Code 08019-9711	Transaction ID: C1106135 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00010 0711	83.33
	Name of Employer Jersey Emer Med Spec	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1183.33	
 3.	Full Name (Last, First, Middle Initial) Scott H Meyer			Date of Receipt
	Mailing Address 1401 SW 21st St	07 30 Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C961534
	Boca Raton FEC ID number of contributing federal political committee.	C	33486-6521	Amount of Each Receipt this Period 200.00
	Name of Employer Coastal Emerg Svcs	Occupation Emergen	o cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
. –	Full Name (Last, First, Middle Initial) David L Meyers			Date of Receipt
	Mailing Address 2301 Ken Oak Rd			07
	City	State	Zip Code	Transaction ID: C962009
	Baltimore FEC ID number of contributing federal political committee.	C	21209-4421	Amount of Each Receipt this Period 100.00
	Name of Employer EmCare Inc	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	_ 	Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)	1		383.33

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 / 206	
ITEMIZED RECEIPTS		for each category of the	(check only one)	
TEMPLES RESERVES		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and Sta	atomonte may n	ot he cold or used by any perso		
or for commercial purposes, other than using the r	name and addre	ess of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
National Emergency Medicine Political	Action Comm	nittee		
Full Name (Last, First, Middle Initial)			1	
David L Meyers			Date of Receipt	
Mailing Address 2301 Ken Oak Rd			08 03 2010	
City	State	Zip Code	Transaction ID: C963731	
Baltimore	MD	21209-4421	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer EmCare Inc	Occupation		7	
Emcare inc	Emergency	/ Physician		
Receipt For:	Aggregate Y	ear-to-Date ▼		
Primary General		800.00		
☐ Other (specify) ▼				
Full Name (Last, First, Middle Initial) David A Miranda			Date of Receipt	
Mailing Address 5007 Gregory PI			M M / D D / Y Y Y Y	
City	State	Zip Code		
West Lake HIs	TX	78746-5508	Transaction ID: C1126454 Amount of Each Receipt this Period	
	1/	70740-3300		
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer David A Miranda, MD, FACEP	Occupation		7	
-	Emergency	•	_	
Receipt For: Primary General	Aggregate Y	ear-to-Date V		
Primary General Other (specify) ▼		350.00		
Cuter (Speeny) V	0 0 0			
Full Name (Last, First, Middle Initial) Thomas R Mitchell			Date of Receipt	
Mailing Address 3370 Sweeney Hollow F	Rd		0 7 2 7 2 0 1 0	
City	State	Zip Code	Transaction ID: C959745	
Franklin	TN	37064-9575	Amount of Each Receipt this Period	
FEC ID number of contributing	C '		100.00	
federal political committee.	C		100.00	
Name of Employer Dr. Thomas R Mitchell	Occupation Emergency	/ Physician		
Receipt For:		ear-to-Date ▼	7	
Primary General		400.00		
Other (specify) ▼		400.00		
SUBTOTAL of Receipts This Page (optional)			300.00	
GODIOTAL of necespts This Page (optional)		······		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 206 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Thomas R Mitchell			Date of Receipt
	Mailing Address 3370 Sweeney Hollow	v Rd		08 26 2010
	City	State	Zip Code	Transaction ID: C979586
	<u>Franklin</u>	TN	37064-9575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Thomas R Mitchell	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
_	Full Name (Last, First, Middle Initial) James C Mitchiner			Date of Receipt
	Mailing Address 1265 Barrister Rd			0 9 2 6 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1105916
	Ann Arbor	MI	48105-2821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St Joseph Mercy Hosp ED	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) George W Molzen			Date of Receipt
	Mailing Address PO Box 3309			07 30 YYYY 2010
	City	State	Zip Code	Transaction ID: C961660
	Naples	<u>FL</u>	34106-3309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Albuquerque Emer Med Assoc	Occupatio Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	1375.00	
Γ				1225.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any perso g the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Monfette Mailing Address 2954 Island Point I	Or .	Date of Receipt
City Metamora FEC ID number of contributing	State Zip Code MI 48455-9625	Transaction ID: C1106151 Amount of Each Receipt this Period 125.00
Name of Employer St Joseph Mercy Oakland Hosp Receipt For: Primary Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 375.00	
Full Name (Last, First, Middle Initial) Harold Moores, III Mailing Address 22499 200th Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tustin	State Zip Code MI 49688-8121	Transaction ID: C953248 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Harold Moores, III Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) John Bruce Moskow Mailing Address 2201 Plumbrook D	r	Date of Receipt
City	State Zip Code	0 9 2 7 2 0 1 0 Transaction ID: C1127863
Austin	TX 78746-6233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer Emer Svc Prtnrs La Costa Ctr Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (options	al)	1025.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any pe e 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	al Action Committee	
	Full Name (Last, First, Middle Initial) Matthew B Mostofi, DO, FACEP		Date of Receipt
	Mailing Address 46 Frothingham St		09 / 26 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: C1106120
	Milton FEC ID number of contributing federal political committee.	MA 02186-3317	Amount of Each Receipt this Period 500.00
	Name of Employer New England Med Ctr Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Carla Elizabeth Murphy		Date of Receipt
	Mailing Address 1196 Preserve Cir		09 26 2010
	City	State Zip Code	Transaction ID: C1106270
	Golden	CO 80401-7045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer Emer Svc Phys PC	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Daniel G Murphy		Date of Receipt
	Mailing Address 36 Huntington Rd		09 30 2010
	City	State Zip Code	Transaction ID: C1105531
	Garden City	NY 11530-3102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Long Island Emer Care PC	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
			1750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 206 (check only one) X
0	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Scott B Murray Mailing Address 1 Sandy Way			Date of Receipt
	City Ayer	State MA	Zip Code	0 7 0 7 2 0 1 0 Transaction ID: C953448
	FEC ID number of contributing federal political committee.	C	01432-1590	Amount of Each Receipt this Period 100.00
	Name of Employer Dr. Scott B Murray Receipt For: Primary General Other (specify) ▼	, ' 	on ncy Physician e Year-to-Date ▼ 350.00	
- 3.	Full Name (Last, First, Middle Initial) Christopher J Najberg Mailing Address 4411 Carondelet St			Date of Receipt 0 7 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: C953554
	New Orleans	LA	70115-4819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ochsner Clinic Fndt	Occupation Emerger	_{on} ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Christopher J Najberg			Date of Receipt
	Mailing Address 4411 Carondelet St			07 23 2010
	City	State	Zip Code	Transaction ID: C959714
	New Orleans FEC ID number of contributing federal political committee.	C	70115-4819	Amount of Each Receipt this Period
	Name of Employer Ochsner Clinic Fndt	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 350.00	
\[SUBTOTAL of Receipts This Page (optional) .	1)	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	and Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	<u> </u>	•	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David C Narunatvanich Mailing Address 1721 North Sheffie	eld Number 102		Date of Receipt
City	State	Zip Code	0 7 1 6 2 0 1 0 Transaction ID: C953573
<u>Chicago</u>	IL	60614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer David C Narunatvanich, MD Receipt For:		n cy Physician Year-to-Date ▼	
Primary General Other (specify) ▼	riggregate	500.00	
Full Name (Last, First, Middle Initial) Richard N Nelson, MD, FACEP	•		Date of Receipt
Mailing Address 1654 Upham Dr Room 146 Means I	09 25 2010		
City	State	Zip Code	Transaction ID: C1105441
Columbus	OH	43210-1250	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Room 146 Means Hall		cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Richard N Nelson, MD, FACEP	'		Date of Receipt
Mailing Address 1654 Upham Dr Room 146 Means I	Hall		0 9 2 5 2 0 1 0
City	State	Zip Code	Transaction ID: C1105442
Columbus	OH	43210-1250	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Room 146 Means Hall	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (options	al)		700.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 206 (check only one) X
or fo	information copied from such Reports and S or commercial purposes, other than using the	tatements may name and add	not be sold or used by any persidress 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	nmittee	
<u>۱</u> . <u>ا</u>	Full Name (Last, First, Middle Initial) Richard N Nelson, MD, FACEP Mailing Address 1654 Upham Dr			Date of Receipt
-	Mailing Address 1654 Upham Dr Room 146 Means Hall			09 / 26 / 2010
	City	State	Zip Code	Transaction ID: C1106260
_	Columbus	ОН	43210-1250	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		20.00
_	Name of Employer Room 146 Means Hall	Occupation Emergen	n cy Physician	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	
	Full Name (Last, First, Middle Initial) ra R Nemeth			Date of Receipt
_	Mailing Address 1408 Vermont St Unit A			07 30 7 2010
	City	State	Zip Code	Transaction ID: C962011
- F	Houston FEC ID number of contributing ederal political committee.	C	77006-1071	Amount of Each Receipt this Period
- 1	Name of Employer Dr. Ira R Nemeth	Occupation Emergen	n cy Physician	
F	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) ra R Nemeth			Date of Receipt
_	Mailing Address 1408 Vermont St Unit A			09 / 02 / 4 4 4 4
	City Houston	State TX	Zip Code 77006-1071	Transaction ID: C985745
F	FEC ID number of contributing ederal political committee.	C	77000-1071	Amount of Each Receipt this Period 100.00
- 1 1	Name of Employer Dr. Ira R Nemeth	Occupation Emergen	n cy Physician	
F	Receipt For: Primary General Other (specify) ▼	,	Year-to-Date ▼ 1000.00	
	BTOTAL of Receipts This Page (optional)	1		220.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 206 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any personant name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Ira R Nemeth		Date of Receipt
Mailing Address 1408 Vermont St Unit A	7:01	09 25 2010
City Houston	State Zip Code TX 77006-1071	Transaction ID: C1105423 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 Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ira R Nemeth		Date of Receipt
Mailing Address 1408 Vermont St Unit A		09 / 26 / 2010
City	State Zip Code	Transaction ID: C1106155
Houston FEC ID number of contributing federal political committee.	TX 77006-1071	Amount of Each Receipt this Period
Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP		Date of Receipt
Mailing Address 2300 N Black Oak [)r	07
City	State Zip Code IN 46703-8195	Transaction ID: C962012
Angola FEC ID number of contributing federal political committee.	IN 46703-8195	Amount of Each Receipt this Period 83.33
Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
SUBTOTAL of Receipts This Page (optional)	283.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	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 o solicit contributions from such committee.
National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP		Date of Receipt
Mailing Address 2300 N Black Oak D City	r State Zip Code	0 9 0 3 2 0 1 0
Angola	IN 46703-8195	Transaction ID: C985746 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 Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP		Date of Receipt
Mailing Address 2300 N Black Oak D	0 9 2 5 2 0 1 0	
City	State Zip Code	Transaction ID: C1128014
Angola	IN 46703-8195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.37
Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	833.34	
Full Name (Last, First, Middle Initial) Jeffrey R Nickel, MD, FACEP		Date of Receipt
Mailing Address 2300 N Black Oak D	r	0 9 2 7 2 0 1 0
City	State Zip Code	Transaction ID: C1128015
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 Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
SUBTOTAL of Receipts This Page (optional)		250.03

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 108 / 206 (check only one) X 11a
A 0	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or use name and address of any polit	ised by any person tical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee		
	Full Name (Last, First, Middle Initial) Craig Norquist, MD, FACEP			Date of Receipt
	Mailing Address PO Box 2808 Scottsdale Hosp			09 26 2010
	City	State Zip Code		Transaction ID: C1106121
	Scottsdale	AZ 85252-280	8	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	Aggregate Year-to-Date	7	
	Other (specify)		1000.00	
	Full Name (Last, First, Middle Initial) Andrew C Nothmann, MD, FACEP			Date of Receipt
	Mailing Address 1879 Seville Dr	09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State Zip Code	_	Transaction ID: C987109
	Napa	CA 94559-425	7	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Napa Valley Emer Med Grp	Occupation Emergency Physician		
	Receipt For: Primary General	Aggregate Year-to-Date	7	
	Other (specify)		350.00	
_	Full Name (Last, First, Middle Initial) Robert E O'Connor			Date of Receipt
	Mailing Address 515 Foxdale Ln			07 30 7 2010
	City	State Zip Code		Transaction ID: C962010
	Charlottesvle	VA 22903-920	1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of VA Hith Svc-Dept of EM	Occupation Emergency Physician		
	Receipt For: Primary General	Aggregate Year-to-Date	7	
	Other (specify) ▼		833.33	
Г		ı		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 206 (check only one) X
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 and address 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 Politica	I Action Committee	
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 Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1106153
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 Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	833.33	
Full Name (Last, First, Middle Initial) Kathleen T O'Donnell		Date of Receipt
Mailing Address 434 Euclid Ter NE		07 06 YYYYY 2010
City	State Zip Code	Transaction ID: C951087
<u>Atlanta</u>	GA 30307-2042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Emory Univ Schl of Med	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mark Olivier		Date of Receipt
Mailing Address 2022 Bushville Hwy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1128161
<u>Arnaudville</u>	LA 70512-4104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Opelousas Gen Health Syst- em	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		633.33
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC ITEMIZED RECEIPT Any information copied from su	ch Reports and Statements m	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions
or for commercial purposes, oth NAME OF COMMITTEE (Ir	ner than using the name and a	ddress of any political committee t	to solicit contributions from such committee.
Full Name (Last, First, Midd William P Olivieri Mailing Address 1 Musky	,		Date of Receipt
	y Ridge Dr		09 25 2010
City	State	Zip Code	Transaction ID: C1105434
Hackettstown FEC ID number of contribut federal political committee.	ing NJ	07840-1750	Amount of Each Receipt this Period 125.00
Name of Employer Hackettstown Cmnty Hosp	Occupati Emerge	on ncy Physician	
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 375.00	
Full Name (Last, First, Midd Jorge E Otero, MD	le Initial)		Date of Receipt
	er Med Spec Rock Rd		07 30 Y Y Y Y Y
City	State	Zip Code	Transaction ID: C961641
New Haven FEC ID number of contribut federal political committee.	CT C	06511-1230	Amount of Each Receipt this Period 83.33
Name of Employer NE Emer Med Spec	Occupati Emerge	on ncy Physician	
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 750.01	
Full Name (Last, First, Midd Jorge E Otero, MD	le Initial)		Date of Receipt
Mailing Address NE Eme 245 E R	er Med Spec Rock Rd		09 03 7 2010
City	State	Zip Code	Transaction ID: C985709
New Haven	CT	06511-1230	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		83.33
Name of Employer NE Emer Med Spec	Occupati Emerge	on ency Physician	
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 750.01	
SUBTOTAL of Receipts This	Page (optional)		291.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 206 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political		
Full Name (Last, First, Middle Initial) Jorge E Otero, MD Mailing Address NE Emer Med Spec 245 E Rock Rd City New Haven FEC ID number of contributing federal political committee. Name of Employer NE Emer Med Spec Receipt For: Primary General Other (specify)	State Zip Code CT 06511-1230 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 750.01	Date of Receipt M M
Full Name (Last, First, Middle Initial) David T Overton, MD, FACEP Mailing Address MSU/KCMS 1000 Oakland Dr City Kalamazoo FEC ID number of contributing federal political committee. Name of Employer MSU/KCMS Receipt For: Primary General Other (specify)	State Zip Code MI 49008-1282 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Diane Paratore Mailing Address 1737 Sheffield Rd City Birmingham FEC ID number of contributing federal political committee. Name of Employer Botsford Gen Hosp Receipt For: Primary General Other (specify)	State Zip Code MI 48009-7224 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt O 7
SUBTOTAL of Receipts This Page (optional)		1183.37

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS And information against from such Banacta as	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 206 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Total Notion Committee	
Sarah Jane Paris		Date of Receipt
Mailing Address 6 Alger St		07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C953570
Saratoga Spgs	NY 12866-1526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP of Albany Co PLLC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)		
Sarah Jane Paris		Date of Receipt
Mailing Address 6 Alger St		08 13 2010
City	State Zip Code	Transaction ID: C966552
Saratoga Spgs	NY 12866-1526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP of Albany Co PLLC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Rebecca B Parker	I .	Date of Receipt
Mailing Address 5880 Highland Ln		09 26 2010
City	State Zip Code	Transaction ID: C1106278
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	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	2250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t	d Statements may not be sold or used by any personal he name and address 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 Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Charles F Pattavina, MD, FACEP		Date of Receipt
Mailing Address St Joseph Hosp 360 Broadway		09 02 7 2010
City Bangor	State Zip Code ME 04401-3979	Transaction ID: C985739 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Joseph Hosp Bangor, ME	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Charles F Pattavina, MD, FACEP		Date of Receipt
Mailing Address St Joseph Hosp 360 Broadway		09 26 4 2010
City	State Zip Code ME 04401-3979	Transaction ID: C1106142
Bangor FEC ID number of contributing federal political committee.	ME 04401-3979	Amount of Each Receipt this Period 100.00
Name of Employer St Joseph Hosp Bangor, ME	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Michael A Pawlowski		Date of Receipt
Mailing Address 3902 Woodhollow C	t	0 9 3 0 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: C1105633
Sugar Land FEC ID number of contributing federal political committee.	TX 77479-2839	Amount of Each Receipt this Period 1000.00
Name of Employer Dr. Michael A Pawlowski	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)		1350.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine Personal Processing Services (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lee E Payne Mailing Address 4199 Douglass V City Usaf Academy FEC ID number of contributing federal political committee. Name of Employer HQ Air Force Space Command	State Zip Code CO 80840-1099 C Occupation Emergency Physician	Date of Receipt M M D D 2 0 1 0 Transaction ID: C961657 Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 833.34	
Lee E Payne Mailing Address 4199 Douglass V City Usaf Academy FEC ID number of contributing federal political committee. Name of Employer HQ Air Force Space Command Receipt For:	State Zip Code CO 80840-1099 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lee E Payne Mailing Address 4199 Douglass V City	Vay State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Usaf Academy FEC ID number of contributing federal political committee. Name of Employer HQ Air Force Space Command	CO 80840-1099 C Occupation Emergency Physician	Amount of Each Receipt this Period 83.37
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
SUBTOTAL of Receipts This Page (opti-	onal)	250.03

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any persong the name and address of any political committee to itical Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lee E Payne Mailing Address 4199 Douglass Wa	ay	Date of Receipt 0 9 2 6 2 0 1 0
City Usaf Academy	State Zip Code CO 80840-1099	Transaction ID: C1106283 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Convention	83.33
Name of Employer HQ Air Force Space Command Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 833.34	
Full Name (Last, First, Middle Initial) Mark D Pearlmutter Mailing Address 440 Boylston St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1106227
Brookline	MA 02445-6005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Elizabeths Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Alberto Perez, MD, FACEP Mailing Address 59 Windswept Wa	y	Date of Receipt 0 7 3 0 2 0 1 0
City	State Zip Code	Transaction ID: C961658
Coventry	CT 06238-3622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
SUBTOTAL of Receipts This Page (option	nal)	416.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Alberto Perez, MD, FACEP			Date of Receipt
Mailing Address 59 Windswept Way			0 9 0 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Coventry	State CT	Zip Code 06238-3622	Transaction ID: C985741 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00230-3022	83.33
Name of Employer NE Emer Med Spec	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Alberto Perez, MD, FACEP			Date of Receipt
Mailing Address 59 Windswept Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State CT	Zip Code	Transaction ID: C1105427
Coventry FEC ID number of contributing federal political committee.	C	06238-3622	Amount of Each Receipt this Period 83.37
Name of Employer NE Emer Med Spec	Occupatio	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Alberto Perez. MD. FACEP			Date of Receipt
Mailing Address 59 Windswept Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1106156
Coventry FEC ID number of contributing federal political committee.	C	06238-3622	Amount of Each Receipt this Period 83.33
Name of Employer NE Emer Med Spec	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	_ '	Year-to-Date ▼ 833.34	
			250.03

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	
National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Fernando J Perez		Date of Receipt
Mailing Address 14 Hibernia Rd City	State Zip Code	0 9 2 3 2 0 1 0 Transaction ID: C987120
Savannah	GA 31411-1439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Josephs Hospital Savan- nah	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Charles Allan Phillips, MD, FACEP Mailing Address 6901 Trinity Landing	a Dr C	Date of Receipt
Mailing Address 6801 Trinity Landing	ס זם נ	09 14 2010
City	State Zip Code	Transaction ID: C985687
Fort Worth	TX 76132-3754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Questcare Med Svcs	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Wake Emer Phys, PAC	1	Date of Receipt
Mailing Address 543 Keisler Dr Ste 202		09 24 7 2010
City <u>Ca</u> ry	State Zip Code NC 27518-9321	Transaction ID: C1095736
FEC ID number of contributing federal political committee.	C 27510-9321	Amount of Each Receipt this Period 4000.00
Name of Employer Information Requested	Occupation FEC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
SUBTOTAL of Receipts This Page (optional)	4500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 206 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Gina Marie Piazza			Date of Receipt
Mailing Address 1401 S Joyce St			09 27 2010
City Arlington	State VA	Zip Code 22202-1874	Transaction ID: C1128198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Med Coll of Georgia	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Sandra Rose Picone	-		Date of Receipt
Mailing Address 100 Mount Grey Ro	t		0 7 2 9 2 0 1 0
City	State	Zip Code	Transaction ID: C959761
Setauket FEC ID number of contributing federal political committee.	C	11733-1653	Amount of Each Receipt this Period 250.00
Name of Employer Good Samaritan Hosp Med Ctr	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David J Pillow, Jr			Date of Receipt
Mailing Address 5332 Wateka Dr			07 29 2010
City Dallas	State TX	Zip Code 75209-5512	Transaction ID: C979157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73203-3312	500.00
Name of Employer St Paul Univ Hosp	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	I SI)		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 206 (check only one) X
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Robert F Poirier, Jr Mailing Address 18 S Kingshighway Bl	ud		Date of Receipt
				09 26 2010
	City Saint Louis	State MO	Zip Code 63108-1308	Transaction ID: C1106218
	FEC ID number of contributing federal political committee.	C	001001000	Amount of Each Receipt this Period 250.00
	Name of Employer Washington Univ School of Med	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ В.	Full Name (Last, First, Middle Initial) S Scott Polsky	1		Date of Receipt
	Mailing Address 174 Mariners Way			07 28 2010
	City	State	Zip Code	Transaction ID: C960183
	Moyock FEC ID number of contributing	NC	27958-9049	Amount of Each Receipt this Period
	federal political committee.	C		100.00
	Name of Employer Dr. S Scott Polsky	Occupatio Emerger	n ncy Physician	
	Receipt For:	,	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
_ C.	Full Name (Last, First, Middle Initial) Paul R Pomeroy, Jr			Date of Receipt
	Mailing Address 34069 Hathaway St			09 26 7 2010
	City	State	Zip Code	Transaction ID: C1106249
	Livonia	MI	48150-5603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Paul R Pomeroy, Jr	, ' 	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			600.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 206 (check only one) 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 NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 40 Lane Rd City Derry FEC ID number of contributing federal political committee. Name of Employer Lancaster Regional Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NH 03038-4194 C Occupation Emergency Physician Aggregate Year-to-Date 833.34	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 40 Lane Rd City Derry FEC ID number of contributing federal political committee. Name of Employer Lancaster Regional Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NH 03038-4194 C Occupation Emergency Physician Aggregate Year-to-Date 833.34	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C985742 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 40 Lane Rd City Derry FEC ID number of contributing federal political committee. Name of Employer Lancaster Regional Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NH 03038-4194 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 833.34	Date of Receipt M M / D D / 25
SUBTOTAL of Receipts This Page (optional)		250.03

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 206 (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) National Emergency Medicine Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u>ا</u> 4.	Full Name (Last, First, Middle Initial) Ericka Powell			Date of Receipt
	Mailing Address 40 Lane Rd City	State	Zip Code	0 9 2 6 2 0 1 0 Transaction ID: C1106157
	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 Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.34	
- В.	Full Name (Last, First, Middle Initial) Eva Prakash Mailing Address 334 Gershwin Dr			Date of Receipt
	Mailing Address 334 Gershwill Dr			07 30 2010
	City	State	Zip Code	Transaction ID: C961656
	Houston	TX	77079-7312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GHEP	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00	
- C.	Full Name (Last, First, Middle Initial) Louise A Prince, MD, FACEP			Date of Receipt
	Mailing Address 750 E Adams St SUNY Upstate Med Ur	niv ED		09 / 30 / 2010
	City	State	Zip Code	Transaction ID: C1105710
	Syracuse FEC ID number of contributing federal political committee.	C	13210-2342	Amount of Each Receipt this Period 300.00
	Name of Employer Suny Upstate Emer Med	Occupation	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		633.33
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC For ITEMIZED RECEIPTS Any information copied from such Rep	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17 The conformation of the purpose of soliciting contributions
or for commercial purposes, other that NAME OF COMMITTEE (In Full) National Emergency Medicin	n using the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Karen Agape Quaday	<u></u>	Date of Receipt
Mailing Address 640 Jackson Regions Hosp		07 21 2010
City	State Zip Code	Transaction ID: C956233
Saint Paul FEC ID number of contributing federal political committee.	MN 55101-2502	Amount of Each Receipt this Period 400.00
Name of Employer Regions Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initia John M Quinn	al)	Date of Receipt
Mailing Address 13702 Kenev	a Dr	0 9 1 3 2 0 1 0
City	State Zip Code	Transaction ID: C985671
Cypress	TX 77429-4870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kingwood Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Anines Quinones Quinones Rosado	al)	Date of Receipt
Mailing Address 14656 Grand	Cove Dr	07 20 2010
City	State Zip Code	Transaction ID: C954042
Orlando	FL 32837-8178	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 206 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Com	nmittee	
Full Name (Last, First, Middle Initial) Teresa M Rainone			Date of Receipt
Mailing Address 11 Tinker Bluff Ct			0 7 1 6 2 0 1 0
City Setauket	State NY	Zip Code 11733-4051	Transaction ID: C955118 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer J T Mather Hosp ED	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Teresa M Rainone	I		Date of Receipt
Mailing Address 11 Tinker Bluff Ct			0 8 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: C985651
Setauket FEC ID number of contributing federal political committee.	C	11733-4051	Amount of Each Receipt this Period 500.00
Name of Employer J T Mather Hosp ED	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Guhan Rammohan			Date of Receipt
Mailing Address 4785 Curly Horse D	r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Center Valley	State PA	Zip Code 18034-8788	Transaction ID: C1126387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10034-0700	100.00
Name of Employer Emerg Med Res /St Lukes Hosp	_	ıcy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1100.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may no e name and addre	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Comm	ittee	
۸.	Full Name (Last, First, Middle Initial) Patrick S Ramsey			Date of Receipt
	Mailing Address 6398 Nesbitt Rd.	Ctata	7:n Codo	09 26 2010
	City Madison	State WI	Zip Code 53719-1896	Transaction ID: C1128224 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33713 1000	250.00
	Name of Employer Information Requested	Occupation Information	Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Michael Raso			Date of Receipt
	Mailing Address 1115 N Bourland Ave	07 29 2010		
	City	State 	Zip Code	Transaction ID: C959763
	Peoria FEC ID number of contributing federal political committee.	C	61606-1210	Amount of Each Receipt this Period 250.00
	Name of Employer Michael Raso, MD	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00	
. –	Full Name (Last, First, Middle Initial) Michael Raso			Date of Receipt
	Mailing Address 1115 N Bourland Ave			08 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C985663
	Peoria FEC ID number of contributing federal political committee.	C	61606-1210	Amount of Each Receipt this Period
	Name of Employer Michael Raso, MD	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	, 	ear-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .	1		600.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 206 (check only one) X
	and Statements may not be sold or used by any personing the name and address 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 P	olitical Action Committee	
Full Name (Last, First, Middle Initial) R Lynn Rea		Date of Receipt
Mailing Address 7618 Tanglecres	t Dr	09 26 2010
City	State Zip Code	Transaction ID: C1106253
<u>Dallas</u>	TX 75254-8021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Emer Med Consultants Ltd	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Frank Austin Redmond		Date of Receipt
Mailing Address 39 Leeward Cov	e Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C959494
Spring	TX 77381-3307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Lukes Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Michael Edward Richards	I	Date of Receipt
Mailing Address 1 Univ of NM Dept of Emer Me	d MSC10 5560	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1128018
Albuquerque	NM 87131-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dept of Emer Med MSC10 55- 60	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify)	250.00	

A.

В.

C.

SCHEDULE A (FEC Form 3X)		l la a compueta a classificia (a)	FOR LINE NUMBER: PAGE 126 / 206
· ·		Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	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	atements may	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	Action Com	nmittee	
Full Name (Last, First, Middle Initial) Lynne D Richardson			Date of Receipt
Mailing Address 284 W 114th St # 2A			M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O
City	State	Zip Code	Transaction ID: C987125
New York	NY	10026-2804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mt Sinai School of Medici- ne	Occupation Emergen	n cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General			1
Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial)			Polar (Parallel
Gregory Conway Risk Mailing Address 113 Arbon Ln			Date of Receipt
	Otata	7'- 0-1-	07 16 2010
City	State	Zip Code	Transaction ID: C955116
New Bern	NC	28562-8729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Craven Reg Med Ctr ED	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Gregory Conway Risk			Date of Receipt
Mailing Address 113 Arbon Ln			M M / D D / Y Y Y Y
- TO AIDON EN			08 17 2010
City	State	Zip Code	Transaction ID: C985650
New Bern	NC	28562-8729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Craven Reg Med Ctr ED	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		500.00	1
Other (specify)		300.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 127 / 206 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and 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 o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politica	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Ralph James Riviello			Date of Receipt
Mailing Address 866 Ashburn Way			09 26 2010
City	State	Zip Code	Transaction ID: C1105448
Swedesboro	NJ	08085-4018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Drexel Univ Colg of Med	Occupatio	n ncy Physician	
Receipt For:	 	e Year-to-Date ▼	_
Primary General	39.294.0	300.00	7
Other (specify)	0 0	300.00	
Full Name (Last, First, Middle Initial) Brian Jon Robb			Date of Receipt
Mailing Address 1435 Woodbury Ln			0 9 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: C1106186
Liberty	MO	64068-1266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Liberty Emer Phys	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Sam S Roberts. III			Date of Receipt
Mailing Address 6300 La Calma Dr Emer Svc Partners LF	o		0 8 0 3 2 0 1 0
City	State	Zip Code	Transaction ID: C963727
Austin	TX	78752-3825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emer Svc Partners LP	Occupatio Emerger	n ncy Physician	
Receipt For:	, ' 	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
			2300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 206 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Paul F Robinson			Date of Receipt
	Mailing Address 948 Bayshore Dr	01-1-	7'- 0-4-	09 / 26 / 2010
	City Tarpon Spgs	State FL	Zip Code 34689-2411	Transaction ID: C1106177 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EM/Urgent Care Inc	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Ross B Rodgers, MD Mailing Address 9208 E Desert Park D	l .		Date of Receipt
	Mailing Address 9208 E Desert Park D	'I		09 26 2010
	City	State	Zip Code	Transaction ID: C1106130
	Scottsdale FEC ID number of contributing federal political committee.	C	85255-6215	Amount of Each Receipt this Period 250.00
	Name of Employer Scottsdale Emer Assoc	Occupation Emerger	on ncy Physician	
	Receipt For:	, · · · ·	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
С.	Full Name (Last, First, Middle Initial) Alan Roga, MD, FACEP			Date of Receipt
	Mailing Address 10865 E Cochise Ave			09 30 2010
	City	State	Zip Code	Transaction ID: C1105553
	<u>Scottsdale</u>	AZ	85259-4840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Scottsdale Emer Assoc	- t	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			2250.00
	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 129 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Com	nmittee	
Full Name (Last, First, Middle Initial) Todd A Rogers			Date of Receipt
Mailing Address 102 Craborchard Pl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C953655
Chapel Hill	NC	27514-9553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Durham Emer Phys PA	Occupation Emergen	n Icy Physician	
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	1.99.594.6	250.00	
Full Name (Last, First, Middle Initial) Fred Romano	1		Date of Receipt
Mailing Address 4516 Tuscana Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C953561
Sarasota	FL	34241-4201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer EMP	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Alexander Max Rosenau			Date of Receipt
Mailing Address PO Box 689 Lehigh Valley Hosp			09 25 2010
City	State	Zip Code	Transaction ID: C1105435
Allentown	PA	18105-1556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Lehigh Valley Phys Grp	Occupation Emergen	n Icy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	750.00	
			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 206 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark S Rosenberg Mailing Address 38 N Ridge Rd			Date of Receipt
City Denville	State NJ	Zip Code 07834-9629	Transaction ID: C966340 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer M and L Holdings	Occupation		100.00
Receipt For: Primary General Other (specify)		year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Mark S Rosenberg Mailing Address 38 N Ridge Rd			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1127844
<u>Denville</u>	NJ	07834-9629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer M and L Holdings	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Bruce W Rosenthal	•		Date of Receipt
Mailing Address 156 W Hutchinson	Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Z O 1 O
City	State PA	Zip Code	Transaction ID: C959258
Pittsburgh FEC ID number of contributing federal political committee.	C	15218-1322	Amount of Each Receipt this Period 250.00
Name of Employer Emerg Med Assoc		cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	and Statements may not be sold or used by any person g the name and address of any political committee to statical Action Committee	of for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	nou / ottor Committee	
. John A Rosica Mailing Address 10 Balmoral Ln		Date of Receipt 0 7 1 6 2 0 1 0
City	State Zip Code	Transaction ID: C953559
Scotch Plains	NJ 07076-2203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St Clares Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) David William Ross		Date of Receipt
Mailing Address 15340 Raton Rd		09 26 2010
City	State Zip Code	Transaction ID: C1106149
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 Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Gary S Rudolph, MD, FACEP		Date of Receipt
Mailing Address 299 Bay Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1106199
Halesite	NY 11743-1136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer North Shore Univ Hosp Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 206 (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 NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any pers g the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Raymond Remo Rudoni Mailing Address 401 S Ballenger H McLaren Regl Mec		Date of Receipt M M D D C Transaction ID: C1105948
Flint FEC ID number of contributing federal political committee.	MI 48532-3638	Amount of Each Receipt this Period 1000.00
Name of Employer Emer Med Specialists PC Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Sebastian A Rueckert Mailing Address 170 Dielman Rd		Date of Receipt 0 9 3 0 2 0 1 0
City Saint Louis FEC ID number of contributing	State Zip Code MO 63124-1705	Transaction ID: C1105542 Amount of Each Receipt this Period
federal political committee. Name of Employer Christian Hosp	Occupation Emergency Physician	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dino Peter Rumoro, DO, FACEP Mailing Address 26 W 381 Glen Ea	gles Dr	Date of Receipt 0 9 2 7 2 0 1 0
City Winfield	State Zip Code IL 60190-2313	Transaction ID: C1128021 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rush Univ Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (option	al)	2000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any pers le name and address of any political committee to al Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Diane Sigrid Ruschke Mailing Address 1733 E 6400 S City Salt Lake Cty FEC ID number of contributing federal political committee. Name of Employer EPIC LLC Receipt For: Primary General Other (specify)	State Zip Code UT 84121-2010 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Andrew Sama, MD, FACEP Mailing Address 253 Dover Rd City Manhasset FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Emer Phys Receipt For: Primary General Other (specify)	State Zip Code NY 11030-3709 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 772.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Andrew Sama, MD, FACEP Mailing Address 253 Dover Rd City Manhasset FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Emer Phys Receipt For: Primary General Other (specify)	State Zip Code NY 11030-3709 C Occupation Emergency Physician Aggregate Year-to-Date 772.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: C969965 Amount of Each Receipt this Period 84.00
SUBTOTAL of Receipts This Page (optional)		1168.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 206 (check only one) X
0	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠	Full Name (Last, First, Middle Initial) Andrew Sama, MD, FACEP Mailing Address 253 Dover Rd			Date of Receipt 0 9 2 6 2 0 1 0
	City Manhasset	State NY	Zip Code	Transaction ID: C1106127
	FEC ID number of contributing federal political committee.	C	11030-3709	Amount of Each Receipt this Period 100.00
	Name of Employer North Shore Univ Hosp Emer Phys Receipt For: ☐ Primary ☐ General Other (specify) ▼	- '	on ncy Physician e Year-to-Date ▼ 772.00	
3.	Full Name (Last, First, Middle Initial) Tracy G Sanson Mailing Address 812 Lorena Rd			Date of Receipt 0 9 2 6 2 0 1 0
	City	State	Zip Code	Transaction ID: C1106244
	Lutz	FL	33548-4589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer TEAMHealth	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	·	e Year-to-Date ▼ 350.00	
. —	Full Name (Last, First, Middle Initial) Thomas Sapp			Date of Receipt
•	Mailing Address 1397 Glen Ellyn Dr S	E		09 28 2010
	City	State	Zip Code	Transaction ID: C1106302
	Grand Rapids	MI	49546-3888	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Emergency Care Specialists PC	-, '	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional))	400.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any or f	r information copied from such Reports and Stor commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
I \	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Jeffrey D Sarata			Date of Receipt
Ī	Mailing Address 6595 Peninsula Way			09 29 2010
(City	State	Zip Code	Transaction ID: C1106308
	Laingsburg	MI	48848-9204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
Ī	Name of Employer MSU Sparrow Lansing	Occupatio Emerger	n ncy Physician	
Ī	Receipt For: Primary General		e Year-to-Date ▼	
	Other (specify)	0 0	300.00	
	Full Name (Last, First, Middle Initial) Steven P Sbardella			Date of Receipt
-	Mailing Address 258 Independence Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City	State	Zip Code	Transaction ID: C1127907
	Concord	MA	01742-2645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
ī	Name of Employer Dr. Steven P Sbardella	Occupatio Emerger	n ncy Physician	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Robert W Schafermeyer			Date of Receipt
Ī	Mailing Address PO Box 32861 Carolinas Med Ctr			07 16 2010
	City	State	Zip Code	Transaction ID: C953557
-	Charlotte	NC	28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
Ī	Name of Employer CMC	Occupatio Emerger	n ncy Physician	
Ì	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 206 (check only one) X
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine F	ts and Statements may not be sold or used by any personsing the name and address of any political committee to Political Action Committee	
Full Name (Last, First, Middle Initial) Frederick M Schiavone Mailing Address 31 Pagnotta Dr City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Port Jeff Sta FEC ID number of contributing federal political committee.	NY 11776-4454	Transaction ID: C1105631 Amount of Each Receipt this Period 500.00
Name of Employer SUNY Stony Brook Dept EM Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) David Herbert Schiff Mailing Address 792 Rowland Bl	vd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C985665
Novato FEC ID number of contributing federal political committee.	CA 94947-4601	Amount of Each Receipt this Period 100.00
Name of Employer Kaiser Permanente Medical Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Nathaniel R Schlicher Mailing Address 4615 77th Ave I	NW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1105436
Gig Harbor FEC ID number of contributing federal political committee.	WA 98335-6532	Amount of Each Receipt this Period 250.00
Name of Employer Wright State Univ	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (on	tional)	850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic		•	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David P Schlueter, II Mailing Address 16970 Timbers Edge	e Dr		Date of Receipt
City	State	Zip Code	0 9 2 6 2 0 1 0 Transaction ID: C1106232
Noblesville	IN	46062-7170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer David P Schlueter II, MD	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) John Schnabel	l		Date of Receipt
Mailing Address 511 Broad Stream L	_n		0 8 2 5 2 0 1 0
City	State	Zip Code	Transaction ID: C985661
<u>Davidsonville</u>	MD	21035-2049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Virginia Hosp Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Margaret Beth Schneider	l		Date of Receipt
Mailing Address 300 Overhill Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Redding	State CA	Zip Code 96001-0300	Transaction ID: C985699 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Enloe Med Ctr	Occupation Emergen	n cy Physician	7
Receipt For: Primary General Other (specify) ▼	_ , ' 	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l)	·····	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	he (crieck offly offe)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sandra M Schneider Mailing Address 601 Elmwood Ave City Rochester FEC ID number of contributing federal political committee. Name of Employer Univ of Rochester Schl of Med Receipt For: 2010 Primary X General Other (specify)	State Zip Code NY 14642-0001 C Occupation Emergency Physician Aggregate Year-to-Date 1000	
Full Name (Last, First, Middle Initial) Regan Andre Schwartz Mailing Address 2446 Westminster Te City Oviedo FEC ID number of contributing federal political committee. Name of Employer FL Emer Phys Kang & Assoc Receipt For: Primary General Other (specify)	State Zip Code FL 32765-7503 C Occupation Emergency Physician Aggregate Year-to-Date 2000.	Date of Receipt M M / D D D / Y Y Y Y Y 0 7 16 2010 Transaction ID: C955111 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) David Charles Seaberg Mailing Address 960 E 3rd St Univ TN Colg of Med- City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Univ TN Colg of Med-Deans Ofc Receipt For: Primary General Other (specify)	Deans Ofc State Zip Code TN 37403-2133 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		2250.00

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any perso g the name and address 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 Poli	itical Action Committee	
Full Name (Last, First, Middle Initial) Geneiso Armando Armando Serri		Date of Receipt
Mailing Address Aultman Hosp 2600 6th St SW		08 06 2010
City Canton	State Zip Code OH 44710-1702	Transaction ID: C985620
FEC ID number of contributing federal political committee.	C 447 10-1702	Amount of Each Receipt this Period 100.00
Name of Employer Aultman Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gregory L Shangold, MD, FACEP Mailing Address 66 Beacon Hill Dr		Date of Receipt
City	State Zip Code	07 30 2010
Storrs Manfld	CT 06268-2756	Transaction ID: C961653 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
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 Y Y Y Y Y Y Y Y Y Y Y Y
City Storrs Manfld	State Zip Code CT 06268-2756	Transaction ID: C985743
FEC ID number of contributing federal political committee.	C 00208-2/30	Amount of Each Receipt this Period 83.37
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
SUBTOTAL of Receipts This Page (option	al)	266.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory L Shangold, MD, FACEP Mailing Address 66 Beacon Hill Dr City Storrs Manfld FEC ID number of contributing federal political committee. Name of Employer NE Emer Med Spec Receipt For: Primary General Other (specify)	State Zip Code CT 06268-2756 C Occupation Emergency Physician Aggregate Year-to-Date 833.34	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gregory L Shangold, MD, FACEP Mailing Address 66 Beacon Hill Dr City Storrs Manfld FEC ID number of contributing federal political committee. Name of Employer NE Emer Med Spec Receipt For: Primary General Other (specify)	State Zip Code CT 06268-2756 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Louis Sharp Mailing Address 2211 W Farragut Ave City Chicago FEC ID number of contributing federal political committee. Name of Employer Loyola Univ Med Ctr Receipt For: Primary General Other (specify)	State Zip Code IL 60625-1801 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 1 4 2 0 1 0 Transaction ID: C985686 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		416.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 206 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	l Action Con	nmittee	
Д .	Full Name (Last, First, Middle Initial) Jonathan E Siff			Date of Receipt
	Mailing Address 2500 Metrohealth Dr Metro Health Med Ctr I	ED		08 13 2010
	City	State	Zip Code	Transaction ID: C967490
	Cleveland FEC ID number of contributing federal political committee.	C	44109-1900	Amount of Each Receipt this Period 600.00
	Name of Employer Metro Health Med Ctr ED	Occupation	on ncy Physician	
	Receipt For: 2010 Primary X General Other (specify) ▼	, ' 	e Year-to-Date ▼ 600.00	
— В.	Full Name (Last, First, Middle Initial) John Skiendzielewski			Date of Receipt
	Mailing Address 1325 Red Ln			09 26 2010
	City	State	Zip Code	Transaction ID: C1106196
	Danville FEC ID number of contributing federal political committee.	C	17821-8416	Amount of Each Receipt this Period 500.00
	Name of Employer Geisinger Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
—).	Full Name (Last, First, Middle Initial) Kevin Teal Slaughter	l		Date of Receipt
	Mailing Address 1930 Village Center Ci	r		07 26 2010
	City	State	Zip Code	Transaction ID: C959230
	Las Vegas FEC ID number of contributing federal political committee.	C	89134-6245	Amount of Each Receipt this Period 100.00
	Name of Employer Dr. Kevin Teal Slaughter	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)			1200.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 206 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any perso g the name and address of any political committee to tical Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd Slesinger, MD, FACEP Mailing Address 427 Daub Ave City Hewlett FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Emer Phys Receipt For: Primary General Other (specify)	State Zip Code NY 11557-1136 C Occupation Emergency Physician Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C961654 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Todd Slesinger, MD, FACEP Mailing Address 427 Daub Ave City Hewlett FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Emer Phys Receipt For: Primary General Other (specify)	State Zip Code NY 11557-1136 C Occupation Emergency Physician Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 / O 3 / 2 0 1 0 Transaction ID: C985744 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Todd Slesinger, MD, FACEP Mailing Address 427 Daub Ave City Hewlett FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Emer Phys Receipt For: Primary General Other (specify)	State Zip Code NY 11557-1136 C Occupation Emergency Physician Aggregate Year-to-Date 900.00	Date of Receipt M M / D D / Y Y Y Y Y O 9 26 2010 Transaction ID: C1106138 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (options	al)	300.00

or for commercia NAME OF CO National En Full Name (La Virgil W Smalt: Mailing Addre City Wheeling FEC ID numb federal politica Name of Emp Wheeling Hos Receipt For: Primary Other (s Full Name (La Virgil W Smalt: Mailing Addre City Wheeling City Wheeling	al purposes, other than using the DMMITTEE (In Full) mergency Medicine Political ast, First, Middle Initial) z ass 10 Saint Charles Ave there of contributing al committee.	I Action Com State WV	ress of any political committee t	Date of Receipt 0 7 3 0 2 0 1 0
Full Name (La Virgil W Smalt: Mailing Addre City Wheeling FEC ID numb federal politica Name of Emp Wheeling Hos Receipt For: Primary Other (s Full Name (La Virgil W Smalt: Mailing Addre) City Wheeling FEC ID numb	nergency Medicine Political ast, First, Middle Initial) z ss 10 Saint Charles Ave per of contributing al committee.	State WV		07 30 7 2010
Virgil W Smalt: Mailing Addre City Wheeling FEC ID numb federal politica Name of Emp Wheeling Hos Receipt For: Primary Other (s Full Name (La Virgil W Smalt: Mailing Addre City Wheeling FEC ID numb	ess 10 Saint Charles Ave	WV	Zip Code	07 30 7 2010
City Wheeling FEC ID numb federal politica Name of Emp Wheeling Hos Receipt For: Primary Other (s Full Name (La Virgil W Smalt: Mailing Addre City Wheeling FEC ID numb	per of contributing al committee.	WV	Zip Code	07 30 2010
Wheeling FEC ID numb federal politica Name of Emp Wheeling Hos Receipt For: Primary Other (s Full Name (La Virgil W Smalt: Mailing Addre City Wheeling FEC ID numb	al committee.	WV	ZIP Code	0004004
Receipt For: Primary Other (s Full Name (La Virgil W Smalt: Mailing Addre City Wheeling FEC ID numb	al committee.		26003-9382	Transaction ID: C961634 Amount of Each Receipt this Period
Wheeling Hose Receipt For: Primary Other (s Full Name (La Virgil W Smalt: Mailing Addre City Wheeling FEC ID numb	January .	C	20000 5002	100.00
Full Name (La Virgil W Smalt: Mailing Addre City Wheeling FEC ID numb	oloyer sp	Occupation Emergend	n cy Physician	
Mailing Addre City Wheeling FEC ID numb	General General	, ' <u> </u>	Year-to-Date ▼ 1000.00	
City Wheeling FEC ID numb				Date of Receipt
Wheeling FEC ID numb	ess 10 Saint Charles Ave			09 03 2010
FEC ID numb		State	Zip Code	Transaction ID: C985705
		WV	26003-9382	Amount of Each Receipt this Period
	per of contributing al committee.	С		100.00
Name of Emp Wheeling Hos	oloyer sp	Occupation Emergend	ı cy Physician	
Receipt For:	Conoral	Aggregate	Year-to-Date ▼	
Primary Other (s	r		1000.00	
Full Name (La Virgil W Smalt:	ast, First, Middle Initial) z			Date of Receipt
Mailing Addre	ess 10 Saint Charles Ave			09 / 26 / Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C1106166
Wheeling		WV	26003-9382	Amount of Each Receipt this Period
FEC ID numb federal politica	per of contributing all committee.	C		100.00
Name of Emp Wheeling Hos	oloyer sp	, ' 	cy Physician	
Receipt For: Primary Other (s	General General	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of	Descripto Title Description			300.00

Receip Full N Rodner Mailing Full N Michar Mailing City Brecl FEC I federa Name Metro Receip Full N Rodner Mailing City Ann A FEC I federa	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) onal Emergency Medicine Political lame (Last, First, Middle Initial) lel D Smith g Address 6970 Crystal Creek Dr ksville ID number of contributing al political committee.	e name and addre	ess of any political committee to	Date of Receipt 0 9 2 6 2 0 1 0
Recei Full N Michae Mailing City Brecl FEC I federa Name Metro Recei Full N Rodne Mailing City Ann FEC I federa	onal Emergency Medicine Political lame (Last, First, Middle Initial) lel D Smith g Address 6970 Crystal Creek Dr ksville D number of contributing al political committee.	State OH	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Michae Mailing City Brecl FEC I federa Name Metro Receip Full N Rodne Mailing City Ann A	el D Smith g Address 6970 Crystal Creek Dr ksville D number of contributing al political committee.	State OH	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receip Full N Rodne Mailing City Ann A FEC I federa	ksville D number of contributing al political committee.	State OH	•	09 26 2010
Brecl federa Name Metro Receip Full N Rodne Mailing City Ann A	D number of contributing al political committee.	ОН	•	
FEC I federa Name Metro Receip Full N Rodne Mailing City Ann A	D number of contributing al political committee.			Transaction ID: C1105944 Amount of Each Receipt this Period
Full N Rodne Mailing City Ann A FEC I federa	e of Employer Health Med Ctr			250.00
Full N Rodne Mailing City Ann J FEC I federa		Occupation Emergency	Physician	
Rodne Mailing City Ann FEC I federa	pt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
City Ann A FEC I federa	lame (Last, First, Middle Initial) ey W Smith			Date of Receipt
Ann A	g Address 150 Dhu Varren Rd			09 / 14 / 2010
FEC I federa	A 1	State	Zip Code	Transaction ID: C985676
Name Emer	D number of contributing all political committee.	C	48105-9688	Amount of Each Receipt this Period 250.00
	e of Employer Phys Med Grp	Occupation Emergency	[,] Physician	
	pt For: Primary General Other (specify) ♥	Aggregate Y	ear-to-Date ▼ 250.00	
	lame (Last, First, Middle Initial) an K Smith	1		Date of Receipt
Mailin	g Address 1 Medical Center Blvd			09 26 2010
City	keville	State TN	Zip Code 38501-4294	Transaction ID: C1105447
FEC I	D number of contributing al political committee.	C	38501-4294	Amount of Each Receipt this Period 1000.00
Name VMG	e of Employer	Occupation Emergency	Physician	
	pt For: Primary General Other (specify) ▼	, ' 	ear-to-Date ▼ 1000.00	
SUBTO		1		1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political			
	Full Name (Last, First, Middle Initial) Gregory Jon Smolin Mailing Address 3435 Pebble Ridge Dr City	State	Zip Code	Date of Receipt M M
	York FEC ID number of contributing federal political committee.	C	17402-4349	Amount of Each Receipt this Period 500.00
	Name of Employer EMP of York County LLC Receipt For: Primary General Other (specify) ▼		on ncy Physician e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Amy Jill Snover Mailing Address 100 Rhoads Hill Rd			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1106171
	<u>Danville</u>	PA	17821-9327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Geisinger Med Ctr ED	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Peter Erik Sokolove			Date of Receipt
	Mailing Address 3889 Exmoor Cir			M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: C961645
	Sacramento FEC ID number of contributing federal political committee.	CA	95864-5904	Amount of Each Receipt this Period 250.00
	Name of Employer Univ of CA - Davis	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 206 (check only one) X
0	ny information copied from such Reports and r 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 o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Com	mittee	
۸.	Full Name (Last, First, Middle Initial) Robert C Solomon Mailing Address 108 Saddle Ridge Dr			Date of Receipt
		Ctata	7:n Codo	07 30 2010
	City <u>Oakdale</u>	State PA	Zip Code 15071-3726	Transaction ID: C976250 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Steel Vly Emer Phys	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 977.85	
 3.	Full Name (Last, First, Middle Initial) Robert C Solomon			Date of Receipt
	Mailing Address 108 Saddle Ridge Dr			09 03 2010
	City	State	Zip Code	Transaction ID: C985738
	Oakdale FEC ID number of contributing federal political committee.	C	15071-3726	Amount of Each Receipt this Period 83.33
	Name of Employer Steel Vly Emer Phys	Occupation Emergen	oy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 977.85	
 ;.	Full Name (Last, First, Middle Initial) Robert C Solomon			Date of Receipt
	Mailing Address 108 Saddle Ridge Dr			09 / 08 / 2010
	City <u>Oakdale</u>	State PA	Zip Code 15071-3726	Transaction ID: C1105438 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13071 0720	144.55
	Name of Employer Steel Vly Emer Phys	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 977.85	
	SUBTOTAL of Receipts This Page (optional) .	1		311.21

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В.

C.

COLLEDING A (EEO E OV)	Г		FOR LINE NUMBER: PAGE 147 / 206
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political	Action Com	mittee	
Full Name (Last, First, Middle Initial) Robert C Solomon			Date of Receipt
Mailing Address 108 Saddle Ridge Dr			09 25 7 2010
City	State	Zip Code	Transaction ID: C1095771
<u>Oakdale</u>	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	cy Physician	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	977.85	
Full Name (Last, First, Middle Initial) Robert C Solomon			Date of Receipt
Mailing Address 108 Saddle Ridge Dr			09 / 26 / Y Y Y Y
City	State	Zip Code	Transaction ID: C1106134
<u>Oakdale</u>	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	cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	977.85	
Full Name (Last, First, Middle Initial) Brian Lee Springer			Date of Receipt
Mailing Address 3525 Southern Blvd Wright State Univ Dept	of EM		09 26 7 2010
City	State	Zip Code	Transaction ID: C1106210
<u>Dayton</u>	OH	45429-1221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Wright State Univ ED	Occupation Emergen	cy Physician	7
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional)			466.66

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 206 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any per le name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
/ National Emergency Medicine Politic	ai Action Committee	
Full Name (Last, First, Middle Initial) Robert D Stangl		Date of Receipt
Mailing Address 1401 E Juniper Crest	Ct	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C959254
Andover	KS 67002-7969	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Via Christi Regl Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Anthony Gregg Steele	1	Date of Receipt
Mailing Address 7668 St Lawrence Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1128012
<u>Zionsville</u>	IN 46077-8558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Dr. Anthony Gregg Steele	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Richard L Stennes	.1	Date of Receipt
Mailing Address 2533 Calle Del Oro		M M / D D / Y Y Y Y Y O D D / 26 2010
City	State Zip Code	Transaction ID: C1106163
<u>La Jolla</u>	CA 92037-2005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Richard L Stennes	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 206 (check only one) X 11a			
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.			
mmittee				
	Date of Receipt			
p Eme	07 02 2010			
Zip Code	Transaction ID: C946897			
76508-0001	Amount of Each Receipt this Period			
	100.00			
on ncy Physician				
te Year-to-Date ▼	-			
800.00				
	Date of Receipt			
Mailing Address 2401 S 31st St TX A&M Scott & White Meml Hosp Eme City State Zip Code				
Zip Code	Transaction ID: C961578			
76508-0001	Amount of Each Receipt this Period			
	100.00			
on ncy Physician				
te Year-to-Date				
800.00				
	Date of Receipt			
	09 26 YYYYY 2010			
Zip Code	Transaction ID: C1106217			
76248-8340	Amount of Each Receipt this Period			
	1000.00			
on ncy Physician				
te Year-to-Date ▼				
1416.69				
	1000 00			
	1200.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David F E Stuhlmiller Mailing Address 100 Woods Rd Westchester Med Ctr City Valhalla FEC ID number of contributing	State NY	Zip Code 10595-1530	Date of Receipt M M / D D / 2 6
federal political committee. Name of Employer Emerg Med Assoc Receipt For: Primary General Other (specify) ▼	, ' 	n ncy Physician e Year-to-Date ▼	1000.00
Full Name (Last, First, Middle Initial) Peter James Stull Mailing Address 3626 Lovejoy Ct NE City Olympia FEC ID number of contributing federal political committee. Name of Employer US ARMY Receipt For: Primary General Other (specify)	, ' <u> </u>	Zip Code 98506-9619 n ncy Physician e Year-to-Date 350.00	Date of Receipt M M / D D / Y Y Y Y Y O 7
Full Name (Last, First, Middle Initial) Peter James Stull Mailing Address 3626 Lovejoy Ct NE City Olympia FEC ID number of contributing federal political committee. Name of Employer US ARMY Receipt For: Primary General Other (specify)		Zip Code 98506-9619 In ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C959756 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .			1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any perso g the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Jerome Sugarman Mailing Address 1563 Solano Ave City Berkeley FEC ID number of contributing federal political committee. Name of Employer Sutter Delta Hosp	State Zip Code CA 94707-2116 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C1106102 Amount of Each Receipt this Period 650.00
Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Christine Sullivan Mailing Address 12408 Lamar Ave City	State Zip Code	Date of Receipt 0 9 2 6 2 0 1 0 Transaction ID: C1106193
Leawood FEC ID number of contributing federal political committee. Name of Employer	C Occupation	Amount of Each Receipt this Period 1000.00
Truman Med Cfr ED Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Erik Thomas Sundell Mailing Address 1314 7th St		Date of Receipt 0 8 0 2 2 2 0 1 0
City	State Zip Code	Transaction ID: C962745
New Orleans FEC ID number of contributing	LA 70115-3319	Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer Ochsner Clinic	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any persor ng the name and address of any political committee to slittical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Douglas Gilbert Sward		Date of Receipt
Mailing Address 4436 Prancing De	eer Dr	07 30 7 2010
City	State Zip Code	Transaction ID: C961638
Ellicott City	MD 21043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Douglas Gilbert Sward	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Gary William Tamkin	l .	Date of Receipt
Mailing Address 4 Valley High		0 8 0 4 2 0 1 0
City	State Zip Code	Transaction ID: C962452
<u>Lafayette</u>	CA 94549-2418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Mercy Med Ctr Merced, ED Dir	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) James D Thompson	I	Date of Receipt
Mailing Address 200 Exempla Cir Good Samaritan N		09 / 26 / 2010
City <u>Lafayette</u>	State Zip Code CO 80026-3370	Transaction ID: C1105953 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emerg Svc Phys	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to	on for the purpose of soliciting contributions
National Emergency Medicine Polit	cal Action Committee	
Full Name (Last, First, Middle Initial) Jaimie Tom		Date of Receipt
Mailing Address 3615 Kumu St City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Honolulu	HI 96822-1145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Jaimie Tom	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Jaimie Tom		Date of Receipt
Mailing Address 3615 Kumu St		0 8 1 7 2 0 1 0
City	State Zip Code	Transaction ID: C985657
<u>Honolulu</u>	HI 96822-1145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Jaimie Tom	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Vicken Y Totten		Date of Receipt
Mailing Address 14500 S Park Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C985647
Cleveland	OH 44120-1330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Univ Hosp Case Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SURTOTAL of Receipts This Page (ontions)	600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Vicken Y Totten Mailing Address 14500 S Park Blvd City Cleveland FEC ID number of contributing federal political committee.	State OH	Zip Code 44120-1330	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Univ Hosp Case Med Ctr Receipt For: Primary General Other (specify) ▼	, ' 	n ncy Physician e Year-to-Date 350.00	
	Full Name (Last, First, Middle Initial) Larisa May Traill Mailing Address 22844 Renford St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1105628
	Novi	MI	48375-4529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Med Ctr Emer Svcs	Occupatio Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Brent Treichler			Date of Receipt
	Mailing Address 325 Pecan Grove Rd			07 16 2010
	City	State	Zip Code	Transaction ID: C953563
	<u>Ennis</u>	TX	75119-8986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer UTSW Med Ctr	, ' <u> </u>	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ	UBTOTAL of Receipts This Page (optional)	•		900.00

NAME O Nation Full Nar Paul C 1 Mailing City McLea FEC ID federal Name o Best Pr Receipt Pr Receipt Pr Hailing City Milwau FEC ID federal	Address 1313 Ozkan St an number of contributing political committee. of Employer actices Inc if For: rimary General other (specify) me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	State VA C Occupation Emergency	Zip Code 22101-2724	Date of Receipt M M / D O 9 Transaction ID	t 2 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Nar Paul C 1 Mailing City McLea FEC ID federal Name o Best Pr Receipt Pr Receipt Pr Hailing City Mailing City Milwau FEC ID federal	me (Last, First, Middle Initial) Tripathi Address 1313 Ozkan St an number of contributing political committee. of Employer ractices Inc i For: rimary General where (specify) me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	State VA C Occupation Emergency	Zip Code 22101-2724 Physician ear-to-Date ▼	M M / D D D D D D D D D D D D D D D D D	2 8 2 0 1 0 : C1106304 h Receipt this Period
Paul C 1 Mailing City McLea FEC ID federal Name o Best Pr Receipt Pi O Full Nar Philip F Mailing City Milwau FEC ID federal	Address 1313 Ozkan St an number of contributing political committee. of Employer ractices Inc arriver For: rimary General other (specify) me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	C Occupation Emergency	22101-2724 Physician ear-to-Date ▼	M M / D D D D D D D D D D D D D D D D D	2 8 2 0 1 0 : C1106304 h Receipt this Period
City McLea FEC ID federal Name o Best Pr Receipt Pi O Full Nar Philip F Mailing City Milwau FEC ID federal	number of contributing political committee. of Employer ractices Inc a For: rimary General other (specify) me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	C Occupation Emergency	22101-2724 Physician ear-to-Date ▼	0 9 Transaction ID	2 8 2 0 1 0 : C1106304 h Receipt this Period
Name oo Best Pr Receipt Po O Full Nar Philip F Mailing City Milwau FEC ID federal p	number of contributing political committee. of Employer ractices Inc if For: rimary General other (specify) me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	C Occupation Emergency	22101-2724 Physician ear-to-Date ▼		h Receipt this Period
Receipt Receipt Pr Reling Full Nar Philip F Mailing City Milwau FEC ID federal	number of contributing political committee. of Employer ractices Inc if For: rimary General other (specify) me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	C Occupation Emergency	Physician ear-to-Date ▼	Amount of Each	
Receipt Receipt Pill Nar Philip F Mailing City Milwau FEC ID federal	political committee. of Employer actices Inc if For: rimary General wither (specify) me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	Occupation Emergency	ear-to-Date ▼		750.00
Full Nar Philip F Mailing City Milwau FEC ID federal	rimary General wher (specify) me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	Emergency	ear-to-Date ▼		
Full Nar Philip F Mailing City Milwau FEC ID federal	rimary General wher (specify) me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	Aggregate Ye	1 1 1 1 1 1 1		
Full Nar Philip F Mailing City Milwau FEC ID federal	me (Last, First, Middle Initial) F Troiano, III Address 945 N 12th St	1 1 1	750.00		
Philip F Mailing City Milwau FEC ID federal	F Troiano, III Address 945 N 12th St				
City Milwau FEC ID federal p				Date of Receipt	t
Milwau FEC ID federal p	Aurora Sinai Hosp ED				19 / Y Y Y Y Y Y 19
FEC ID federal p		State	Zip Code	Transaction ID	: C959097
federal p	ukee	WI	53233-1305	Amount of Each	h Receipt this Period
Name o	number of contributing political committee.	C			500.00
Aurora	of Employer Sinai Hosp ED	Occupation Emergency	Physician		
	For: rimary General wither (specify)	Aggregate Ye	par-to-Date ▼ 500.00		
	me (Last, First, Middle Initial) A Turturro			Date of Receipt	t
Mailing	Address 821 Ridgeview Dr				26 2010
City		State	Zip Code	Transaction ID	: C1106119
<u>Pittsbu</u>	urgh	PA	15228-1707	Amount of Each	h Receipt this Period
	number of contributing political committee.	С			350.00
Name o Emerg l urgh	of Employer Med Assoc of Pittsb-	Occupation Emergency	Physician]	
Receipt		Aggregate Ye	ear-to-Date 🔻		
	rimary		350.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Joseph Adrian Tyndall, MD, FACEP			Date of Receipt
Mailing Address PO Box 10186 Univ of FL - Dept of EN	Л		0 9 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1106105
Gainesville	<u>FL</u>	32610-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Univ of FL - Dept of EM	Occupation	n ncy Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dennis T Uehara	l		Date of Receipt
Mailing Address 5092 Crofton Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C953539
Rockford	IL	61114-5422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Rockford Memorial Hosp ED	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Bradley J Uren			Date of Receipt
Mailing Address 8115 Pettysville Rd			0 9 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: C1106194
Pinckney	MI	48169-8281	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Univ of MI	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	I)	1000.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 206 (check only one) X
\ \ \	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mark Duane Utkewicz Mailing Address 41 Hansom Rd			Date of Receipt 0 7 2 7 2 0 1 0
	City Basking Ridge FEC ID number of contributing federal political committee.	State NJ	Zip Code 07920-2974	Transaction ID: C959255 Amount of Each Receipt this Period 500.00
	Name of Employer Emer Med Assoc Receipt For: Primary Other (specify) ▼	Occupatio Emerger	n ncy Physician e Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) Philip C Van Dongen Mailing Address 75 May Apple Ln City Martinsburg FEC ID number of contributing federal political committee. Name of Employer Dr. Philip C Van Dongen Receipt For: Primary General	, '	Zip Code 25403-1123 n acy Physician e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 9
_ C.	Other (specify) Full Name (Last, First, Middle Initial) Robert Thomas VanHook, MD, FACEP Mailing Address 4009 Clipper Ln City Portsmouth FEC ID number of contributing federal political committee.	State VA	Zip Code 23703-5302	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Name of Employer Naval Med Ctr/ Portsmouth Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date 250.00	
	SUBTOTAL of Receipts This Page (optional)		·····	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
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	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tracey Venning Mailing Address 15903 Negaunee City Redford FEC ID number of contributing federal political committee. Name of Employer Dr. Tracey Venning Receipt For: Primary General Other (specify)	State Zip Code MI 48239-3946 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C985660 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Peter Viccellio Mailing Address 19 Valleywood Ct E City Saint James FEC ID number of contributing federal political committee. Name of Employer Univ Hosp at Stony Brook ED Receipt For: Primary General Other (specify)	State Zip Code NY 11780-1112 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / 2 6
Full Name (Last, First, Middle Initial) Gregory A Volturo Mailing Address 350 Ball Hill Rd City Princeton FEC ID number of contributing federal political committee. Name of Employer Univ of MA Med Ctr ED Receipt For: Primary General Other (specify)	State Zip Code MA 01541-1712 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C1127841 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEO	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 206 (check only one) X
or for commercial purposes, o	ther than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mid Mary Jo Wagner Mailing Address 5425 N City Saginaw FEC ID number of contributederal political committee. Name of Employer Synergy Med Educ Alliance	State MI	Zip Code 48603-2821	Date of Receipt M M
Receipt For:		ency Physician te Year-to-Date ▼ 1000.00	
	dle Initial) Riverside Plz Poison Center State IL	Zip Code 60606-6010	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributed federal political committee. Name of Employer Illinois Poison Center Receipt For: Primary Ge Other (specify)	Occupati Emerge	on ency Physician te Year-to-Date ▼	300.00
Full Name (Last, First, Mid Carolyn Waldo Mailing Address 5D Gle City Rapid City FEC ID number of contributed federal political committee.	endale Ln State SD	Zip Code 57702-4992	Date of Receipt M M M
Name of Employer Rapid City IHS Hosp Receipt For: Primary Ge Other (specify) ▼		on ency Physician te Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This	s Page (optional)		1550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bruce D Wapen Mailing Address 969G Edgewater Blv	vd	Date of Receipt
City Foster City FEC ID number of contributing	State Zip Code CA 94404-3775 C	Transaction ID: C987082 Amount of Each Receipt this Period 100.00
Federal political committee. Name of Employer Mills Peninsula Emer Med Grp Receipt For: Primary Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) George Lawrence Ward Mailing Address 17 Golf View Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pass Chris	State Zip Code MS 39571-2045	Transaction ID: C985605 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Dr. George Lawrence Ward Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 225.00	100.00
Full Name (Last, First, Middle Initial) Nathan P Watkins Mailing Address 8300 W 38th Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Lutheran Med Ctr City Wheat Ridge	State Zip Code CO 80033-6005	Transaction ID: C985704 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Lutheran Med Ctr	Occupation	250.00
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional))	450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any personant the name and address of any political committee to cal Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Matthew J Watson, MD, FACEP Mailing Address 1280 Longpointe Pa City Alpharetta FEC ID number of contributing federal political committee. Name of Employer Northside Emer Assoc Receipt For: Primary General	State Zip Code GA 30005-2284 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 7 3 0 2 0 1 0 Transaction ID: C961652 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Matthew J Watson, MD, FACEP Mailing Address 1280 Longpointe Pa City Alpharetta FEC ID number of contributing federal political committee. Name of Employer Northside Emer Assoc Receipt For: Primary General	State Zip Code GA 30005-2284 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 6 2 0 1 0 Transaction ID: C1106132 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Michael L Weaver Mailing Address 4505 Headwood Dr City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospital Emer Phys Receipt For: Primary General Other (specify)	State Zip Code MO 64111-3439 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 7 1 6 2 0 1 0 Transaction ID: C953537 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 206 (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 NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any person g the name and address of any political committee to sitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Deborah E Weber Mailing Address 1420 Shawnee Trl City Riverwoods FEC ID number of contributing federal political committee.	State Zip Code IL 60015-1631	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 6 2 0 1 0 Transaction ID: C1106201 Amount of Each Receipt this Period 1000.00
Name of Employer Lutheran Gen Hosp ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Daniel R Wehner Mailing Address 355 Bliss St City	State Zip Code	Date of Receipt M M
Johnstown FEC ID number of contributing federal political committee. Name of Employer Conemaugh Valley Memorial Hospital	PA 15905-2755 C Occupation Emergency Physician	Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Daniel R Wehner Mailing Address 355 Bliss St		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y
City Johnstown FEC ID number of contributing federal political committee.	State Zip Code PA 15905-2755 C	Transaction ID: C1105591 Amount of Each Receipt this Period 500.00
Name of Employer Conemaugh Valley Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	
	al)	2000.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	2	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 206 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Lori Weichenthal Mailing Address 387 W Jordan Ave			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1128162
	Clovis FEC ID number of contributing federal political committee.	CA	93611-7182	Amount of Each Receipt this Period 150.00
	Name of Employer UCSF Fresno Receipt For: Primary General Other (specify) ▼	,	on ncy Physician e Year-to-Date ▼ 250.00	1
– В.	Full Name (Last, First, Middle Initial) Joshua B Weil Mailing Address 5791 De Soto Ct			Date of Receipt 0 9 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: C985693
	Santa Rosa	CA	95409-7301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Permanente Med Grp Kaiser Hosp Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	, · · · ·	on ncy Physician e Year-to-Date ▼ 300.00	
С. С.	Full Name (Last, First, Middle Initial) Arlo F Weltge Mailing Address 5213 Valerie St			Date of Receipt
				07 01 2010
	City Bellaire	State TX	Zip Code 77401-4826	Transaction ID: C945374 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UT Med School Houston	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1450.00
Ī	TOTAL This Period (last page this line number	r onlv)		

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persolress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Michael J Werdmann			Date of Receipt
Mailing Address 240 Porters Hill Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1105439
Monroe	CT	06468-2236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Bridgeport Hosp ED	Occupation Emergen	o cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	00 19.00	375.00	
Full Name (Last, First, Middle Initial) Richard A Wilson			Date of Receipt
Mailing Address 2522 Bluestone Bay	Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C955112
New Lenox	<u>IL</u>	60451-9201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Palos Cmnty Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Richard A Wilson			Date of Receipt
Mailing Address 2522 Bluestone Bay	Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C979582
New Lenox	IL	60451-9201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Palos Cmnty Hosp	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
			325.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 206 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and addres	ss of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Curtice Wong Mailing Address 2012 Highland Ave			Date of Receipt
City Manhattan Bch FEC ID number of contributing	State CA	Zip Code 90266-4562	0 7 3 0 2 0 1 0
Receipt For: Primary Other (specify) ▼	Occupation Emergency Aggregate Ye		
Full Name (Last, First, Middle Initial) Deniese L Worthy Mailing Address 11465 Hawthorne			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Southgate FEC ID number of contributing federal political committee.	State MI	Zip Code 48195-8515	Transaction ID: C1105529 Amount of Each Receipt this Period 1000.00
Name of Employer Emer Med Specialists PC Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate Ye		
Full Name (Last, First, Middle Initial) Thomas E Wyatt, MD, FACEP Mailing Address 3925 Drew Ave S			Date of Receipt
City Minneapolis FEC ID number of contributing federal political committee.	State MN	Zip Code 55410-1049	0 9 2 6 2 0 1 0
Name of Employer Mercy Hospital Emergency Physicians Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate Ye	Physician par-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1375.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 206 (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) National Emergency Medicine Po	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Clark Dayton York Mailing Address 7055 N 23rd Way City Phoenix FEC ID number of contributing federal political committee. Name of Employer John C Lincoln Hosp Deer	State Zip Code AZ 85020-5619 C	Date of Receipt M M M / D D / Y Y Y Y Y O 9 0 1 2 0 1 0 Transaction ID: C979192 Amount of Each Receipt this Period 100.00
Vly Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Andrew R Zinkel Mailing Address 5215 Beard Ave S City Minneapolis	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Health Partners	Occupation Emergency Physician	Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Andrew R Zinkel Mailing Address 5215 Beard Ave S	3	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Minneapolis FEC ID number of contributing federal political committee.	State Zip Code MN 55410-2117	Transaction ID: C985708 Amount of Each Receipt this Period 83.33
Name of Employer Health Partners	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
SUBTOTAL of Receipts This Page (option	nal)	266.66

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В.

PAGE 167 / 206 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Andrew R Zinkel Mailing Address 5215 Beard Ave S 09 25 2010 City State Zip Code Transaction ID: C1128199 **Minneapolis** MN 55410-2117 Amount of Each Receipt this Period FEC ID number of contributing 83.37 C federal political committee. Name of Employer Health Partners Occupation Emergency Physician Receipt For: Aggregate Year-to-Date General Primary 833.34 Other (specify) Full Name (Last, First, Middle Initial) Andrew R Zinkel Date of Receipt Mailing Address 5215 Beard Ave S 0 9 26 2010 City State Zip Code Transaction ID: C1106140 **Minneapolis** MN 55410-2117 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Name of Employer Health Partners Occupation **Emergency Physician** Receipt For: Aggregate Year-to-Date Primary General

833.34

SUBTOTAL of Receipts This Page (optional)	•	166.70
TOTAL This Period (last page this line number only)	•	153553.92

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 206 (check only one) 11a 11b 11c 12 13 14 15 16 1 14
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any pers e name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date	Date of Receipt 0 7 3 1 2 0 1 0 Transaction ID: C1128225 Amount of Each Receipt this Period 243.76
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave	754.37	Date of Receipt
City Washington FEC ID number of contributing	State Zip Code DC 20036-5308	Transaction ID: C1128226 Amount of Each Receipt this Period 33.33
Receipt For: Primary General	Occupation Aggregate Year-to-Date ▼ 754.37	7
Other (specify) ▼ Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave		Date of Receipt 0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20036-5308	Transaction ID: C1128227 Amount of Each Receipt this Period 21.63
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 754.37	
SUBTOTAL of Receipts This Page (optional) .		298.72
TOTAL This Period (last page this line numbe	r only)	298.72

		(FEC Form	· US		ate schedule(s)	 -	E NUMBER: PAGE 169 / 206
ITEM	MIZED DIS	BURSEMEN	TS for	each ca	ategory of the ´ummary Page	(check or 21b 27	22 X 23 24 25
							for the purpose of soliciting contributions olicit contributions from such committee
NAN	ME OF COMN	MITTEE (In Full) gency Medicine Po					
		First, Middle Initial)	ND				Transaction ID: D96245 Date of Disbursement
Mail	iling Address	6065 Roswell F BOX 2274	Road #2274				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Atla	/ anta	DOX 2214	State GA		Zip Code 30328		Amount of Each Disbursement this Period
Con		rsement Federal PACs/Comm	ittees)11	2500.00
	ndidate Name		I p:	-	0040	tegory/ ype	_
	ice Sought:	House Senate President	Disbursement Prim X Othe		2010 General ify) ▼		
	l Name (Last, I	District: First, Middle Initial)					Transaction ID: D101053
	ler For Cong						Date of Disbursement O 9 1 6 2 0 1 0
	iling Address	PO Box 1024					09 16 2010
City Mo	/ ount Laurel		State NJ		Zip Code 08054		Amount of Each Disbursement this Period
Con		rsement Federal Candidates				011	2500.00
	ndidate Name . John Adler					tegory/ ype	
	ice Sought:	X House Senate President	Disbursement Prim Othe		2010 X General ify)		
	te: NJ I Name (Last. I	District: 03 First, Middle Initial)					Transaction ID: D96399
AL/	AMO PAC	· ,					Date of Disbursement O 7
	iling Address	c/o 1020 North Suite 201					
City	exandria		State VA		Zip Code 22314		Amount of Each Disbursement this Period 1000.00
		rsement				011	1000.00
Pur		Federal PACs/Comm	ittees				
Pur _l Con	ntributions for I					tegory/ ype	
Pur Con Can	ntributions for Indidate Name	House Senate President District:	Disbursement Prim X Othe	nary	2010 General ify)		-

	· · ·	Use separate schedule(s) FD DISPLIPSEMENTS for each category of the							206			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	2	:3 !8b	24 28		25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the na											3
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Committee										
	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	D10	1143		
	Allyson Schwartz For Congress						of Disk			V . V	· · ·	V
	Mailing Address P.O. Box 2232					0 9		^D 2	Ŏ ,	2	010)
	City Jenkintown	State Zip Code PA 19046				Amou	ınt of E	Each	Disbur	semen	t this F	Perio
	Purpose of Disbursement	170-10								15	00.00	
	Contributions for Federal Candidates			Q11								
	Candidate Name Rep. Allyson Y. Schwartz			atego Type	- 1							
	Office Sought: X House Senate President Disbur	sement For: 2010 Primary X General Other (specify) ▼										
	State: PA District: 13											
	Full Name (Last, First, Middle Initial) Bera for Congress						action of Disk		D962 ment	257		
	Mailing Address PO Box 582496					0 ^M 7	M /	^D 1	^D /	ÝŽ	0 1 C) ^Y
	City	State Zip Code				Amou	ınt of E	Each	Disbur	semer	t this F	Perio
	Elk Grove Purpose of Disbursement	CA 95758		_	_					25	00.00)
	Contributions for Federal Candidates		-	Q11								
	Candidate Name		1	atego Type								
	Office Sought: X House Senate President Disbur	sement For: 2010 Primary X General Other (specify)	•									
	State: CA District: 03											
	Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress						action of Disk		D973	304		
	Mailing Address 8550 United Plaza Blvd Suite 1001					0 ^M 9	M /	^D 0	8 /	2	0 i 0) ^Y
	City Baton Rouge	State Zip Code LA 70809-2256	 S			Amou	int of E	Each	Disbur	semer	t this F	Perio
	Purpose of Disbursement Contributions for Federal Candidates			011			-			20	00.00)
	Candidate Name Bill Cassidy		Ca	atego	ory/							
	Office Sought: X House Disbur	sement For: 2010 Primary X General		Туре	;							
	President State: LA District: 06	Other (specify) ▼										
	·)									00.00	

	CHEDULE B (FEC Form 3X	Use sepa	rate schedule(s)	FOR LINE	
IT _	EMIZED DISBURSEMENTS	for each c	ategory of the Summary Page	(check only 21b 27	7 one) 22
	y Information copied from such Reports and for commercial purposes, other than using t				
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Commi	ittee		
	Full Name (Last, First, Middle Initial) Bill Hardiman for Congress				Transaction ID: D96218 Date of Disbursement
	Mailing Address PO Box 2066				$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}7^{M}\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\1\end{smallmatrix}5\end{bmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}0\end{smallmatrix}1 \underbrace{0}^{Y}$
	City Grand Rapids	State MI	Zip Code 49501-2066		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates			011	2500.00
	Candidate Name			Category/ Type	
	Senate President	Disbursement For: X Primary Other (spec	2010 General		
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: D101146
	BILL PAC				Date of Disbursement
	Mailing Address 228 S. Washington	n St. Ste. 115			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I & O \end{smallmatrix} \end{bmatrix}$
	City Alexandria	State VA	Zip Code 22314		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal PACs/Committee	es		011	2500.00
	Candidate Name			Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary X Other (spec	2010 General		
	State: District: A Full Name (Last, First, Middle Initial)	Annual Contribution	on		
	Steve Chabot for Congress				Transaction ID: D96210 Date of Disbursement
	Mailing Address 3014 Harrison Ave 3014 Harrison Ave				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $
	City Cincinnati	State OH	Zip Code 45211		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates			011	2500.00
	Candidate Name			Category/ Type	
	Senate President	Disbursement For: Primary Other (spec	2010 X General cify) ▼		
	State: OH District: 01				

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 172 / 206
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac	tion Committee		
Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Cam	paign		Transaction ID: D97299 Date of Disbursement
Mailing Address PO Box 12612			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City San Antonio	State Zip Code TX 78212		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates Candidate Name		011 Category/	2500.00
Rep. Charles A. Gonzalez		Type	
Senate President	ement For: 2010 Primary X General Other (specify) ▼		
State: TX District: 20 Full Name (Last, First, Middle Initial)			Transaction ID: D96646
Charles Boustany Jr Md For Congress Inc	;		Date of Disbursement
Mailing Address PO Box 80126			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y \\ O & 1 & O \end{smallmatrix} \end{bmatrix} $
City Lafayette	State Zip Code LA 70598		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name Mr. Charles Boustany		Category/ Type	
Senate President	ement For: 2010 Primary X General Other (specify)		
State: LA District: 07 Full Name (Last, First, Middle Initial) Collins For Senator			Transaction ID: D96211 Date of Disbursement
Mailing Address PO Box 1096			$\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}^M&\begin{smallmatrix}I&D\\15\end{smallmatrix}\end{bmatrix}^I\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2010\end{smallmatrix}^Y\\\end{smallmatrix}$
City Bangor	State Zip Code ME 04402		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	1000.00
Candidate Name Sen. Susan M. Collins		Category/ Type	
X Senate President	ement For: 2014 Primary General Other (specify)		
State: ME District: 00			
SUBTOTAL of Disbursements This Page (optional)			6000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 3
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action			
Full Name (Last, First, Middle Initial)			Transaction ID: D101133
Committee for the Preservation of Capitalis	sm		Date of Disbursement
Mailing Address PO Box 65314			$\begin{bmatrix} 0 & 9 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 1 \\ 0 & 2 & 0 \end{bmatrix}$
•	State Zip Code DC 20035		Amount of Each Disbursement this Period
Purpose of Disbursement			2500.00
Contributions for Federal PACs/Committees Candidate Name		O11 Category/ Type	
	ment For: 2010 Primary General Other (specify) contribution	Турс	
Full Name (Last, First, Middle Initial)			Transaction ID: D96643
Committee To Elect Chris Murphy			Date of Disbursement
Mailing Address P.O. Box 127			$\begin{bmatrix} 0.8 & M \\ 0.8 & M \end{bmatrix}$
•	State Zip Code CT 06410		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for federal candidates			2500.00
Candidate Name Rep. Christopher S. Murphy		Category/ Type	
Office Sought: X House Disburser Senate President	ment For: 2010 Primary X General Other (specify) ▼		
State: CT District: 05			
Full Name (Last, First, Middle Initial) Dan Coats for Indiana			Transaction ID: D100985 Date of Disbursement
Mailing Address 700 12th Street, NW Suite 700			$\begin{bmatrix} 0.9 & M \\ 0.9 & M \end{bmatrix}$
	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	3000.00
Candidate Name		Category/ Type	
Office Sought: House Disburser X Senate President State: IN District:	ment For: 2010 Primary X General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			8000.00
TOTAL This Period (last page this line number only)			

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		ck only	NUMBE	n.	PAGE 174/20				/ 206		
TEMIZED DISBURSEMENTS	Detailed S	category of the Summary Page			21b 27	22 28a		23 28b	24	Bc _	25 29	
ony Information copied from such Reports and Start for commercial purposes, other than using the not NAME OF COMMITTEE (In Full)	ame and addres	ss of any political										S
/ National Emergency Medicine Political /	Action Comm	ittee										
Full Name (Last, First, Middle Initial) Dan Coats for Indiana						Date		burse	D10 ement			Y
Mailing Address 700 12th Street, NW Suite 700						0 ^M 9		1	5	2	2 0 1 (0
City Washington	State DC	Zip Code 20005				Amou	ınt of	Each	Disbu			
Purpose of Disbursement Contributions for Federal Candidates			Г	011		L.				20	00.00)
Candidate Name			Ca	atego Type	•							
X Senate President	rsement For: Primary Other (spe	2010 X General		- 7								
State: IN District: Full Name (Last, First, Middle Initial)						T	1	ID-	D07	2001		
Diane Black for Congress						Date	of Dis	burse	D97 ement			
Mailing Address 819 Plantation Blvd						0 9	M /	0	8	Y	2010) Y
City Gallatin	State TN	Zip Code 37066-4497				Amou	ınt of	Each	Disbu	rseme	nt this	Perio
Purpose of Disbursement Contributions for Federal Candidates				011		L.				50	00.00)
Candidate Name Diane Black				atego Type								
Office Sought: X House Senate President State: TN District: 06	Primary Other (spe	2010 X General cify) ▼										
Full Name (Last, First, Middle Initial) Diane Black for Congress						Date	of Dis		D96	239		
Mailing Address 819 Plantation Blvd						0 ^M 7	M /	^D 1	5 /	Y	2010) Y
City Gallatin	State TN	Zip Code 37066-4497				Amou	ınt of	Each	Disbu			
Purpose of Disbursement Contributions for Federal Candidates				011		L.	_		_	5(00.00)
Candidate Name Diane Black			Ca	atego Type								
Senate President	rsement For: X Primary Other (spe	2010 General		-								
State: TN District: 06												
							-	-			-)

	•	Use separate scriedule(s) (chool-	FOR LINE NUMBER: PAGE 175/3 (check only one)					
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 25 28 28b 28c 29			
	y Information copied from such Reports and Station commercial purposes, other than using the na							
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Committee						
	Full Name (Last, First, Middle Initial)				Transaction ID: D96982			
	Duncan for Congress				Date of Disbursement			
	Mailing Address PO Box 732				08 / 18 / 2010			
	City Clinton	State Zip Code SC 29325			Amount of Each Disbursement this Perio			
	Purpose of Disbursement	30 29323			2500.00			
	Contributions for Federal Candidates			011				
	Candidate Name		1	ategory/ Type				
	Senate President	sement For: 2010 Primary X General Other (specify) ▼	1					
	State: SC District: 03							
	Full Name (Last, First, Middle Initial) ERIC PAC				Transaction ID: D97305 Date of Disbursement			
	Mailing Address 209 Pennsylvania Ave	SE			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City Washington	State Zip Code DC 20003-1107	7		Amount of Each Disbursement this Perio			
	Purpose of Disbursement Contributions for Federal PACs/Committees	20000 1101	Tr	011	5000.00			
	Candidate Name			ategory/ Type				
	Senate	sement For: 2010 Primary General X Other (specify)	<u> </u>	Турс				
	Full Name (Last, First, Middle Initial) Fleming for Congress				Transaction ID: D96395 Date of Disbursement			
	Mailing Address PO Box 1236				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City Minden	State Zip Code LA 71058-1236			Amount of Each Disbursement this Perio			
	Purpose of Disbursement Contributions for Federal Candidates	7 1030-1230	, 	011	2500.00			
	Candidate Name			011 ategory/ Type	1			
	Senate President	sement For: 2010 X Primary General Other (specify)	1	. 760				
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NAME OF COMM National Emer	MITTEE (In Full) gency Medicine Poli	itical Actior	n Comn	nittee										
Full Name (Last, FREEDOM PR	First, Middle Initial)							_	saction of Dis		D97 ment	294		
Mailing Address	104 Hume Ave							o [™] 9	M /	^D 0	8 /	Y	010) ^Y
City Alexandria		Sta VA		Zip Code 22301-1015				Amo	unt of	Each	Disbu	semer		-
	rsement Federal PACs/Committ	ees				011		L.			•	50	00.00)
Candidate Name						atego Type	-							
Office Sought:	House Senate President	хо	rimary ther (sp	2010 General ecify)										
State:	District:	Annual co	ntributi	on										
,	First, Middle Initial) nnie Thompson							Date	of Dis	burse				
Mailing Address	236 Massachuse Ste 603	etts Ave NE						0 ^M 9	M /	^D 0	8 /	YZ	010) Y
City Washington		Sta D(Zip Code 20002-4971				Amo	unt of	Each	Disbu	semer		
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Candidate Name Rep. Bennie G	<u>.</u>					atego Type	•							
Office Sought:	X House Senate President District: 02		rimary	2010 X General ecify) ▼										
	First, Middle Initial)								saction of Dis		D97	303		
Mailing Address	PO Box 2749							0 ^M 9	M /	^D 0	8 /	Y	0 1 c) ^Y
City Merced		Sta C/		Zip Code 95340				Amo	unt of	Each	Disbu	semer	nt this F	Perio
	rsement Federal Candidates					011						40	00.00)
Candidate Name Mr. Dennis Ca	rdoza					atego Type								
Office Sought:	X House Senate President		rimary	2010 X General ecify) ▼										
State: CA	District: 18		\ 1	-: *										
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	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		À	21b 27	22 28a		23 28b	24 28	Sc _	25 29	
	y Information copied from such Reports and for commercial purposes, other than using the												;
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Comm	ittee										
	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee						Date	of Dis	burse		297		
	Mailing Address PO Box 1949						0 9	M /	0	8	YZ	010	Y
	City Springfield	State IL	Zip Code 62705				Amou	ınt of	Each	Disbur		t this F	-
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	Candidate Name Sen. Richard J. Durbin				atego Type	•							
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	State: IL District: 00 Full Name (Last, First, Middle Initial)						Trong	notic	n ID:		640		
	Harry Teague for Congress						Date		burse	ement		, · · Y ·	Y
	Mailing Address PO BOX 5153 PO BOX 5153						0 8		0	^D /	2	0 1 0)
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	Harry Teague for Congress						Date		burse	D10 ement		, , ,	V
	Mailing Address PO BOX 5153 PO BOX 5153						0 9		1	5 /	2	0 1 0	
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S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)				NUMBE	R:		P	AGE -	178 /	206
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	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)											
	National Emergency Medicine Political Ac	tion Committee										
A.	Full Name (Last, First, Middle Initial) Hatch Election Committee					Date	of Disb	oursen			V -	V
	Mailing Address PO Box 1480					0 9		23) 1 0	
	City Washington	State Zip Code DC 20013-1480				Amou	nt of E	ach D	Disburse	ement t		eriod
	Purpose of Disbursement VOID CK 7364 06/23/10 Candidate Name		Ca	atego	ry/				•	200	0.00	
	• 🗎 –	ement For: 2012 Primary General Other (specify)		Туре		VOID	CK 7	364	06/23	/10		
 B.	State: UT District: 00 Full Name (Last, First, Middle Initial)								D969	83		
Б.	Hoeven for Senate Mailing Address PO Box 861						of Disb		D /	ž) 1 0	Y
	City Bismarck	State Zip Code ND 58502				Amou	nt of E	ach C)isburse			eriod
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	X Senate President State: ND District:	Primary X General Other (specify) ▼										
С.	Full Name (Last, First, Middle Initial) Hoyer For Congress					Date of	action of Disb	oursen			V.*	V
	Mailing Address 4201 Northview Dr, Ste					0 [™] 7	IVI /	2		20) 1 0	
	City Bowie	State Zip Code MD 20716				Amou	nt of E	ach D)isburse	ement t		eriod
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	Rep. Steny H. Hoyer Office Sought: X House Disburs	ement For: 2010		Туре								
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CHEDULE B (FEC Form 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 179 / 206
FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
ny Information copied from such Reports and State r for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac			
Full Name (Last, First, Middle Initial)			Transaction ID: D96985
John Carney for Congress			Date of Disbursement
Mailing Address 426 C St NE			08 7 18 7 2010
City Washington	State Zip Code DC 20002-5839)	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name		Category/ Type	
	sement For: 2010 C Primary General		
President State: DE District: 00	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: D97288
John Carney for Congress			Date of Disbursement
Mailing Address 426 C St NE			09 / 08 / 2010
City Washington	State Zip Code DC 20002-5839	a	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates	20002 3000	011	5000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: DE Disburs	ement For: 2010 Primary X General Other (specify) ▼	, ,	
Full Name (Last, First, Middle Initial)			Transaction ID: D97285
John D. Dingell For Congress Committee			Date of Disbursement
Mailing Address PO Box 75214			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} $
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for federal candidates		011	5000.00
Candidate Name Rep. John D. Dingell		Category/ Type	
Senate	ement For: 2010 Primary X General		
State: MI District: 15	Other (specify) ▼		
1			40500.00
SUBTOTAL of Disbursements This Page (optional)			12500.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 180 (check only one)					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	21b 27	22 X 23 24 25 28a 28b 28c 29				
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/ National Emergency Medicine Political /	Action Committee						
Full Name (Last, First, Middle Initial) John S Fund Mailing Address PO Box 853			Transaction ID: D101042 Date of Disbursement M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Edwardsville	State Zip Code IL 62025		Amount of Each Disbursement this Perio				
Purpose of Disbursement Contributions for Federal PACs/Committees		011	2500.00				
Candidate Name John Shimkus		Category/ Type					
Senate President	rrsement For: 2010 Primary Genera X Other (specify) ▼	al					
State: IL District: Full Name (Last, First, Middle Initial)			Transaction ID: D06200				
Karen Bass for Congress			Transaction ID: D96208 Date of Disbursement				
Mailing Address c/o SG Consulting 1280 Bison Avenue, S	Suite B9-585		077 15 7 2010				
City Newport Beach	State Zip Code CA 92660		Amount of Each Disbursement this Perio				
Purpose of Disbursement Contributions for Federal Candidates		011	5000.00				
Candidate Name		Category/ Type					
Office Sought: X House Senate President State: CA District: 33	Primary X General Other (specify)						
Full Name (Last, First, Middle Initial) KEYSTONE PAC			Transaction ID: D96236 Date of Disbursement				
Mailing Address PO BOX 29			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
City UWCHLAND	State Zip Code PA 19480		Amount of Each Disbursement this Perio				
Purpose of Disbursement Contributions for Federal PACs/Committees		010	2500.00				
Candidate Name		Category/ Type					
Office Sought: House Disbu Senate President	rrsement For: 2010 Primary Genera X Other (specify) ▼						
State: District: Annu	ual contribution						

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Full Name (Last, First, Mic Kuipers for Congress Mailing Address PO	ddle Initial) Box 1241							of Disk	n ID: oursen			0 1 0	Y
City Holland Purpose of Disbursement Contributions for Federal		State MI	Zip Code 49422-1241	_	Q11		Amou	nt of E	Each D	isburse	-	this P	eriod
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Full Name (Last, First, Mic Kurt Schrader For Con Mailing Address 205	,						Date o		n ID: oursen			0 1 0	Y
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State: OR District Full Name (Last, First, MicLautenberg For Senate Mailing Address Rive	ddle Initial)		., •				Date of		n ID: oursem			0 Ĭ 0	Y
	Box 200596	State NJ	Zip Code 07102	_			Amou	nt of E	Each D	isburse		this P	-
Candidate Name Sen. Frank R. Lautenl	Candidates	rsement For:	2014	Ca	011 atego Type			-	-		-		
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SUBTOTAL of Disbursement	nts This Page (optiona	J)									750	0.00	<u></u>

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 182 / 206
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)	and address of any political col	inimittee to som	Cit Continbutions in	om such committee
National Emergency Medicine Political Act	on Committee			
Full Name (Last, First, Middle Initial) Manchin for West Virginia			Transaction ID Date of Disburs	
Mailing Address 426 C Street, NE			08 / 0	1 8 Y 2 0 1 0 Y
City Washington	State Zip Code DC 20002		Amount of Each	Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011		5000.00
Candidate Name		Category/ Type		
X Senate President X	ment For: 2010 Primary General Other (specify) ▼			
State: WV District: Special				
Full Name (Last, First, Middle Initial) Martin Heinrich for Congress			Transaction ID Date of Disburs	ement
Mailing Address 2118 CENTRAL AVENUE	SE #71		0 9 2	20 7 2010
ALBUQUERQUE	State Zip Code NM 87106		Amount of Each	Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011		4000.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: NM District: 01	ment For: 2010 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) NewDem PAC			Transaction ID Date of Disburs	ement
Mailing Address 607 14th Street, NW Suite 800			0 9 0	08 / 2010
	State Zip Code DC 20005		Amount of Each	Disbursement this Period
Purpose of Disbursement Contributions for Federal PACs/Committees		011		5000.00
Candidate Name		Category/ Type		
Senate	ment For: 2010 Primary General Other (specify) ▼			
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SCHEDULE B (FEC Form 3X)	Use separate sched	dule(s)				NUMBE	R:		F	AGE	183 /	206
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NAME OF COMMITTEE (In Full)	and address of any po	ontical	COITII	mille	e to so	DIICIL COLLL	ibulic	ons ire	om such	COITII	muee	
National Emergency Medicine Political Act	on Committee											
Full Name (Last, First, Middle Initial)						Trans	actio	on ID:	D962	252		
Pete Stark Re-Election Committee						Date o	_					_
Mailing Address P.O. Box 8331						0 7	M /	^D 1	5 /	ž	010) \
City Fremont	State Zip Code CA 94537)				Amou	nt of	Each	Disburs	emen	t this F	Period
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Contributions for Federal Candidates Candidate Name				011								
Rep. Fortney Peter Stark				itego Type	•							
Senate President	ment For: 2010 Primary X Ger Other (specify) ▼	-										
State: CA District: 13												
Full Name (Last, First, Middle Initial) Raj Goyle for Congress						Date o	of Dis	sburse				
Mailing Address PO Box 780971						0 ^M 7	M /	^D 1	5 /	Ý Ž	010) `
	State Zip Code KS 67278	9				Amou	nt of	Each	Disburs	emen	t this F	Period
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· -	ment For: 2010 Primary Ger Other (specify)	0 neral										
Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS						Trans Date of			D969	977		
Mailing Address 555 Capitol Mall, Suite 1	 425					0 ^M 8	M /	^D 1	8 /	ÝŽ	0 1 0) ^Y
	State Zip Code CA 95814)				Amou	nt of	Each	Disburs	emen	t this F	Period
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Candidate Name Rep. Anna G. Eshoo			Ca	itego Type	ory/							
Senate President	ment For: 2010 Primary X Ger Other (specify)	-										
State: CA District: 14												
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	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address of any politica											
V	National Emergency Medicine Political Ad	tion Committee											
	Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS Mailing Address P.O. Box 14131					Trans Date			emer			0 1 0	Y
	City St. Paul	State Zip Code MN 55114				Amou	ınt o	Each	n Disk	ourse	ment	this F	eriod
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name		-	011 ateg		L.					250	00.00	
	Rep. Betty McCollum Office Sought: X House Senate President State: MN District: 04	ement For: 2010 Primary X General Other (specify)	-	Тур	9								
	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Mailing Address P.O. Box 640					Trans Date	of Di		emer			0 Ĭ 0	Υ
	City Totowa Purpose of Disbursement Contributions for Federal Candidates	State Zip Code NJ 07511		011		Amou	int o	f Each	n Disk	ourse	-	this F	
	Candidate Name Rep. Bill Pascrell, Jr.		Ca	ateg Type	ory/								
	Office Sought: X House Senate President State: NJ District: 08	ement For: 2010 Primary X General Other (specify)	<u> </u>	<u>,,</u>									
	Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS					Trans Date	of Di	sburs	emer				
	Mailing Address PO Box 27					0 ^M 9	М	D	I 6	/ Y	ž	0 Ĭ 0	Y
	City Hollidaysburg	State Zip Code PA 16648				Amou	ınt o	Each	n Disk	ourse	ment	this F	Period
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	Candidate Name Rep. Bill Shuster			ateg Type	ory/ e								
	Office Sought: X House Senate President State: PA District: 09	ement For: 2010 Primary X General Other (specify)	•										
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National Emergency Medicine Political A	ction Committee											
Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27					Date		ion ID:			19 Ž 0	ĭ o `	
City Hollidaysburg	State Zip Code PA 16648				Amou	ınt o	f Each	Disb	ourser	nent th	is Pe	rioc
Purpose of Disbursement VOID CK 7484 09/16/10	177 10010									-4000	.00	
Candidate Name Rep. Bill Shuster		C	ate Ty	gory/ pe								
Office Sought: X House Senate President State: PA District: 09	sement For: 2010 Primary X General Other (specify)				VOID	Ck	7484	4 09	/16/1	0		
Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH					Date	of D	ion ID:	emen				
Mailing Address P. O. Box 7292 Ste 422					0 9	М	/ D 1	6	/ L	ž o	10	
City CHICAGO	State Zip Code IL 60680				Amou	ınt o	f Each	Disb	urser	nent th	is Pe	rio
Purpose of Disbursement Contributions for Federal Candidates			01		L.		•			2500	.00	
Candidate Name Rep. Bobby L. Rush		C	ate Ty	gory/ pe								
Office Sought: X House Senate President State: IL District: 01	sement For: 2010 Primary X General Other (specify)											
Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONC	BRESS						ion ID:			6		
Mailing Address 22 West Padonia Road	Suite C-141				0 ^M 9	М	/ DC	8	/ Y	ž 0	ť o `	
City Timonium	State Zip Code MD 21093				Amou	ınt o	f Each	Disb	ourser	nent th	is Pe	rio
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Candidate Name Rep. C.A. Ruppersberger] ['] C	ate Ty	gory/ pe								
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	y Information copied from such Reports and State for commercial purposes, other than using the nan											
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac	tion Committee										
	Full Name (Last, First, Middle Initial) CATHY MCMORRIS RODGERS FOR CO Mailing Address Box 137	ONGRESS				Transac Date of 0 9	Disburs				0 1 0	Y
	City Spokane	State Zip Code WA 99210				Amount	of Eacl	h Disk	ourser	ment	this P	eriod
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Cathy McMorris Rodgers		Ca	011 ategory Type				•		100	00.00	•
		ement For: 2010 Primary X Gener Other (specify)		туре								
	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS Mailing Address 10537 St. Paul St.					Transac Date of 0 9	Disburs			V	0 Ť 0	Y
	City Kensington	State Zip Code MD 20895				Amount	of Each	h Disk	ourser		this P	eriod
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	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Chris Van Hollen		Ca	011 ategory Type	_							
	Contributions for Federal Candidates Candidate Name Rep. Chris Van Hollen	ement For: 2010 Primary X Gener Other (specify)	Ca	tegory								
	Contributions for Federal Candidates Candidate Name Rep. Chris Van Hollen Office Sought: X House Senate President Disburs	Primary X Gener	Ca	tegory		Fransac Date of	Disburs	semer				
	Contributions for Federal Candidates Candidate Name Rep. Chris Van Hollen Office Sought: X House Senate President State: MD District: 08 Full Name (Last, First, Middle Initial)	Primary X Gener Other (specify) ▼	Ca	tegory			Disburs	_			0 ĭ 0	Y
	Contributions for Federal Candidates Candidate Name Rep. Chris Van Hollen Office Sought: X House Senate President State: MD District: 08 Full Name (Last, First, Middle Initial) WU FOR CONGRESS Mailing Address 818 SW Third Ave., #11 City Portland	Primary X Gener Other (specify) ▼	Ca	tegory		Date of	Disburs	semer	/ Y	ž ment	this P	
_	Contributions for Federal Candidates Candidate Name Rep. Chris Van Hollen Office Sought: X House Senate President State: MD District: 08 Full Name (Last, First, Middle Initial) WU FOR CONGRESS Mailing Address 818 SW Third Ave., #11 City	Primary X Gener Other (specify) ▼ 82 State Zip Code	Ca Ca	tegory		Date of	Disburs	semer	/ Y	ž ment		
	Contributions for Federal Candidates Candidate Name Rep. Chris Van Hollen Office Sought: X House Senate President State: MD District: 08 Full Name (Last, First, Middle Initial) WU FOR CONGRESS Mailing Address 818 SW Third Ave., #11 City Portland Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. David Wu	Primary X Gener Other (specify) ▼ 82 State Zip Code	Ca	ttegory, Type 011		Date of	Disburs	semer	/ Y	ž ment	this P	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s		NUMBER: PAGE 187 / 206
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Crieck only	y one) 22
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	Action Committee		
Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS			Transaction ID: D97290 Date of Disbursement
Mailing Address P.O. Box 9336			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & O & 1 & O \end{smallmatrix} \end{bmatrix}$
City Fargo	State Zip Code ND 58106	_	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates Candidate Name		011	1500.00
Rep. Earl Pomeroy		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		
State: ND District: 00 Full Name (Last, First, Middle Initial)			Transaction ID: D97300
PERLMUTTER FOR CONGRESS			Date of Disbursement
Mailing Address 3440 Youngfield Stree	t		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Wheat Ridge	State Zip Code CO 80033		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	5000.00
Candidate Name Rep. Ed Perlmutter		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)	•	
State: CO District: 07 Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS			Transaction ID: D96649 Date of Disbursement
Mailing Address 3440 Youngfield Stree	t		$\begin{bmatrix}\begin{smallmatrix}M\\08\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\04\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2010\end{smallmatrix}\end{bmatrix}^Y$
City Wheat Ridge	State Zip Code CO 80033		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name Rep. Ed Perlmutter		Category/ Type	
Senate President	rsement For: 2010 X Primary General Other (specify) ▼	•	
State: ('() District: () /			
State: CO District: 07			· · · · · · · · · · · · · · · · · · ·

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a		23 28b		3c	25 29	
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\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee										
<u>/</u>	Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS					Date			D96		y · y	Y
	Mailing Address 462 California Road					0 7		1	5 /	2	2010)
	City Bronxville	State Zip Code NY 10708				Amou	ınt of	Each	Disbu	rseme	nt this F	Period
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	Candidate Name Rep. Eliot L. Engel		1	ateg Typ	gory/ oe							
	Senate President	rsement For: 2010 X Primary General Other (specify)										
	State: NY District: 17 Full Name (Last, First, Middle Initial)					Trans	eactio	n ID:	D96	3213		
	ENGEL FOR CONGRESS					Date		burse	ement		YYY	Υ
	Mailing Address 462 California Road					0 7		1	5	2	žoťc)
	City Bronxville	State Zip Code NY 10708				Amou	ınt of	Each	Disbu	rsemei	nt this F	Perio
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	Candidate Name Rep. Eliot L. Engel			ateg Typ	gory/ oe							
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	State: NY District: 17 Full Name (Last, First, Middle Initial)								D97	7306		
	FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369						of Dis		ement 8	Y	ž 0 1 0	Y
		State Zip Code					unt of				nt this F	
	City Eden Prairie	MN 55344				Amou	int or	Eacn	DISDU		10 this F	
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	Rep. Erik Paulsen	2010		Тур								
	Office Sought: X House Senate President State: MN District: 03	rsement For: 2010 Primary X General Other (specify)										
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SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			OR LIN		-	R:			PA	GE	189	/ 20	6
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National Emergency Medicine Political Ac	tion Comm	nittee													
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Mailing Address P.O. Box 490							0 ^M 8	М	[′]) 4	1 / L	ž	0 1 (ני כ	
City St. Joseph	State MI	Zip Code 49085					Amou	nt o	f Each	ı C	Disburse	-			od
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City Tucson	State AZ	Zip Code 85732					Amou	nt o	f Each	ı E	Disburse	men	t this	Perio	od
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Candidate Name Rep. Gabrielle Giffords					egory/ /pe										
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Mailing Address PO BOX 16128							0 [™] 8	М	/ D 1	1 8	3 / _	ž	0 1 (ָר כ	
City HOUSTON	State TX	Zip Code 77222					Amou	nt o	f Each	ı C	Disburse				od
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
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Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address PO BOX 17192			Transaction ID: D96394 Date of Disbursement M 7 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FT MITCHELL Purpose of Disbursement Contributions for Federal Candidates	State Zip Code KY 41017	011	Amount of Each Disbursement this Period
Candidate Name Rep. Geoff Davis	ement For: 2010 Primary X General Other (specify)	Category/ Type	
State: KY District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE Mailing Address 499 S Capitol St SW			Transaction ID: D96256 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ste 404 City Washington Purpose of Disbursement Contributions for federal candidates Candidate Name	State Zip Code DC 20003-4004	011 Category/	Amount of Each Disbursement this Period 2500.00
Rep. Glenn C. Nye Office Sought: X House Senate President State: VA District: 02	ement For: 2010 Primary X General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN			Transaction ID: D96254 Date of Disbursement
Mailing Address PO BOX 12567			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $
City COLUMBIA	State Zip Code SC 29211		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. James E. Clyburn		011 Category/ Type	3000.00
Office Sought: X House Senate President State: SC District: 06	ement For: 2010 Primary X General Other (specify)		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	1 1	LINE I	NUMBE	R:		P	AGE	191	/ 206	6
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	ion Committee										
Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776				Date			: D963 ement		0 1	o ^Y	
City Freedom	State Zip Code PA 15042			Amou	ınt of	Each	Disburs	emen	t this	Perio	od
Purpose of Disbursement Contributions for Federal candidates Candidate Name Rep. Jason Altmire		011 Category Type		L.				15	00.00	<u>.</u>	
Office Sought: X House Disburse Senate President State: PA District: 04	ement For: 2010 Primary X General Other (specify)										
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908 Cincinnati Dayton F	Road			Date		sburs	D D C G	Y ' Y	0 Ť	o ^Y	
City West Chester	State Zip Code OH 45069			Amou	ınt of	Each	Disburs	emen	t this	Perio	od
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John A. Boehner	ement For: 2010 Primary X General	011 Category, Type	/					50	00.00)	
President State: OH District: 08	Other (specify)										
Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS				Date	of Di	sburs	: D101 ement				
Mailing Address 4590 Macarthur Bouleva	rd			0 9	M /	1	6 /	Ý Ž	0 1 () Y	
Newport Beach Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John Campbell	State Zip Code CA 92660 ement For: 2010 Primary X General Other (specify)	Category, Type	/	Amou	int of	Each	Disburs	-	t this		od
State: CA District: 48				_							-
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	y Information copied from such Reports and States for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ne and address of any politi											
\mathbb{Z}	National Emergency Medicine Political Ac	tion Committee											
۱.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS Mailing Address P.O. BOX 2323					Trans Date o	of Dis	sburs	-			0 1 0	Y
	City ATLANTA	State Zip Code GA 30301				Amou	nt of	Each	Disb	urser	ment	this P	eriod
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	Rep. John Lewis Office Sought: X House Senate President State: GA District: 05	ement For: 2010 Primary X General Other (specify)		Тур	9								
	Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC Mailing Address Post Office Box 470840					Trans Date o	of Dis	sburs			V	0 1 0	Y
	City Tulsa Purpose of Disbursement	State Zip Code OK 74147	T			Amou	nt of	Each	Disb	urser		this P	eriod
	Contributions for Federal Candidates Candidate Name Rep. John Sullivan		Ca	011 ateg Type	ory/								
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)		. , , ,									
	Full Name (Last, First, Middle Initial) JUDY CHU FOR CONGRESS					Trans Date	of Dis	sburs	emen				
	Mailing Address 777 S FIGUEROA STRI	EET SUITE 4050				0 ^M 9	M /	^D 2	2 0	/ Y	ž (o ť o	Y
	City LOS ANGELES	State Zip Code CA 90017				Amou	nt of	Each	Disb	urser	ment	this P	eriod
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	Candidate Name Rep. Judy Chu			Тур	е								
	Rep. Judy Chu	ement For: 2010 Primary X General Other (specify)	_!	Тур	е								

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Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS Mailing Address 301 W. Platt Street #3	385		Transaction ID: D101052 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tampa	State Zip Code FL 33606		Amount of Each Disbursement this Peric
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Kathy Castor		011 Category/ Type	2000.00
Senate President State: FL District: 11	orsement For: 2010 Primary X General Other (specify) ▼	ral	
Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS Mailing Address PO Box 12667			Transaction ID: D101048 Date of Disbursement D101048 D101048 D101048
City Bakersfield	State Zip Code CA 93389		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributionsf for Federal Candidates Candidate Name Rep. Kevin McCarthy		011 Category/ Type	1000.00
Office Sought: X House Senate President State: CA District: 22	orsement For: 2010 Primary X Gener Other (specify) ▼	ral	
Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS			Transaction ID: D101145 Date of Disbursement
Mailing Address PO Box 23940			09 09 7 20 7 2010
City	State Zip Code CA 93121		Amount of Each Disbursement this Perio
Santa Barbara		1	5000.00
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Santa Barbara Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Lois Capps Office Sought: X House Disbursement Senate	ursement For: 2010 Primary X Gener	Category/ Type	
Santa Barbara Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Lois Capps Office Sought: X House Disbu		Category/ Type	

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b	22 X 23 24 25 26 28a 28b 28c 29 30				
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Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER RE-ELECTION Mailing Address P.O. Box 730	COMMITTEE	Transaction ID: D96397 Date of Disbursement 0 7				
City Honeoye	State Zip Code NY 14471	Amount of Each Disbursement this Period				
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Louise M. Slaughter	011 Category/ Type	1000.00				
Senate President State: NY District: 28	rsement For: 2010 Primary X General Other (specify) ▼					
Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS Mailing Address P.O. Box 750176		Transaction ID: D101142 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Petaluma Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Lynn Woolsey	State Zip Code CA 94975 011 Category/ Type	Amount of Each Disbursement this Period 1000.00				
	rsement For: 2010 Primary X General Other (specify)					
Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS		Transaction ID: D97302 Date of Disbursement				
Mailing Address PO Box 100 City	State Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement Contributions for Federal Candidates Candidate Name	MI 49016	2000.00				
Rep. Mark H. Schauer	Category/ Type rsement For: 2010 Primary X General Other (specify) ▼					
State: MI District: 07		4000.00				

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Full Name (Last, First, Middle Initial) KIRK FOR Senate			Transaction ID: D96979 Date of Disbursement N N D D D D D D D D
Mailing Address PO Box 8			08 18 2010
City Winnetka	State Zip Code IL 60093-0008		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	3000.00
Candidate Name Rep. Mark S. Kirk		Category/ Type	
χ Senate President	rsement For: 2010 Primary X General Other (specify)		
State: IL District: 10 Full Name (Last, First, Middle Initial)			
KIRK FOR Senate			Transaction ID: D96980 Date of Disbursement
Mailing Address PO Box 8			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} D & 1 & 8 \\ 1 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
City Winnetka	State Zip Code IL 60093-0008		Amount of Each Disbursement this Period
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Candidate Name Rep. Mark S. Kirk		Category/ Type	
Office Sought: House Disbute X Senate President State: IL District: 10 Specific Spec	rsement For: 2010 Primary General X Other (specify)	Ni	
Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS	141		Transaction ID: D96976 Date of Disbursement
Mailing Address P.O. Box 1			08
City Lumberton	State Zip Code NC 28359		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	5000.00
Candidate Name Rep. Mike McIntyre		Category/ Type	
Office Sought: X House Senate President Disbut	rsement For: 2010 Primary X General Other (specify)		
State: NC District: 07			

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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Sulfate Zip Code BURLINGTON VT 05402 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Peter Welch Office Sought: X House Disbursement For: 2010 Senate Primary X General Category' Type Office Sought: X House Sulfate Zip Code BURLINGTON VT 05402 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Peter Welch Office Sought: X House Disbursement For: 2010 Senate Primary X General Category' Type Office Sought: X House Disbursement For: 2010 Purpose of Disbursement Contributions from such committee of State Zip Code Disbursement Category' Type Transaction ID: D96978 Date of Disbursement Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Full Name (Last, First, Middle Initial) FILENDS OF PHIL HARE Mailing Address 499 South Capitol Street, SW Suite 412 City Washington DC 20003 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Phil Hare Office Sought: X House Disbursement For: 2010 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Phil Hare Office Sought: X House Disbursement For: 2010 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Phil Hare Office Sought: X House Disbursement For: 2010 Purpose of Purpo	EMIZED DISBUKSEMENTS				\Box	21b	2	2	X			—		_	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House President President State AR District: 04 Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS Mailing Address PO BOX 1682 City State AR Disbursement Contributions for Federal Candidates Candidate Name Rep. Persident State: AR District: 04 Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS Mailing Address PO BOX 1682 City State Zip Code Supth: X House Contributions for Federal Candidates Candidate Name Rep. Peter Welch Office Sought: X House President State: XT District: 00 Full Name (Last, First, Middle Initial) Full Name (La															s
Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Mite Ross Office Sought: X House President President State Xip Code Purpose of Disbursement Contributions for Federal Candidates City Senate President State Xip Code Primary X General President State Xip Code Sught: X House Candidate Name Rep. Mite Ross Mailing Address PO BOX 1682 City State Xip Code VT 05402 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Peter Welch Office Sought: X House Senate President State Xip Code Uther (specify) ▼ State Xip Code VT 05402 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Peter Welch Office Sought: X House President State Xip Code Uther (specify) ▼ Full Name (Last, First, Middle Initial) Fril Name (or any pointour	0011		00 10 0	Onon	,01111	ibat		, 1101	11 3001	1 0011	milloc	
Mike Ross FOR Congress Committee Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Senate President State: AR District: 04 Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS Mailing Address PO BOX 1682 City State Zip Code BURLINGTON VT 05402 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. President State: AR District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE Mailing Address 499 South Capitol Street, SW Suite 412 City State Zip Code Disbursement For: 2010 Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE Mailing Address A99 South Capitol Street, SW Suite 412 City Washington Dic State Zip Code Dictorement Contributions for Federal Candidates Candidate Name Rep. Pirmary General Other (specify) ▼ Transaction ID: D101049 Date of Disbursement this President State: XT District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE Mailing Address A99 South Capitol Street, SW Suite 412 City State Zip Code Disbursement Contributions for Federal Candidates Candidate Name Rep. Pilm Hare Districts Quite 412 City General Candidates Candidate Name Rep. Pilm Hare Districts Quite 412 City General Candidates Cardidate Name Rep. Pilm Hare Districts Quite 412 City General Candidates Cardidate Name Rep. Pilm Hare Districts Quite Amount of Each Disbursement For: 2010 Amount of Each Disbursement This President Category/ Type Amount of Each Disbursement Transaction ID: D101049 Date of D	National Emergency Medicine Political A	ction Comm	nittee												
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Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN						tion ID: D9			
Mailing Address PO Box 326					07	15	y y 2	0 Ĭ 0 Ì	
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NAME OF COMMITTEE (In Full)			
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Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS			Transaction ID: D96647 Date of Disbursement
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City Sacramento	State Zip Code CA 95814		Amount of Each Disbursement this Period
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City Madison		State WI	Zip Code 53701		Amount of Each D	isbursement this Perio
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Mailing Address	PO Box 437				09 / 16	2010
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<u>/</u>	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS			Transaction ID: D101141 Date of Disbursement
	Mailing Address P.O. Box 261060			099 / 20 / 2010
	City Los Angeles	State Zip Code CA 90026		Amount of Each Disbursement this Period
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	Full Name (Last, First, Middle Initial) Rob Portman for US Senate			Transaction ID: D96392 Date of Disbursement
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	City Janesville	State Zip Code WI 53547		Amount of Each Disbursement this Period
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City Janesville	State WI	Zip Code 53547					Amou	nt o	f Each	Disbu	rsen	nent	this	Perio	od
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National Emergency Medicine Political	Action Committee		
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO			Transaction ID: D101040 Date of Disbursement
Mailing Address PO BOX 52008			09
City CASPER	State Zip Code WY 82605		Amount of Each Disbursement this Perio
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