

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Emergency Medicine Political Action Committee

ADDRESS (number and street) 1125 Executive Circle Irving TX 75038 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00140061 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

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

Type or Print Name of Treasurer Mr. Sam Cheng

Signature of Treasurer Mr. Sam Cheng [Electronically Filed] Date 11 / 21 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Emergency Medicine Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		506414.42
(b) Cash on Hand at Beginning of Reporting Period.....	506414.42	
(c) Total Receipts (from Line 19) .....	81552.44	81552.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	587966.86	587966.86
7. Total Disbursements (from Line 31).....	317690.97	317690.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	270275.89	270275.89
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25557.32	25557.32
(ii) Unitemized .....	55990.28	55990.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	81547.60	81547.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	81547.60	81547.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.84	4.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	81552.44	81552.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	81552.44	81552.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	858.97	858.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	858.97	858.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	316832.00	316832.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	317690.97	317690.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	317690.97	317690.97

**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) .....	81547.60	81547.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	81547.60	81547.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	858.97	858.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	858.97	858.97

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

Form/Schedule: F3XA

Transaction ID :

This amendment is being filed to move an in kind contribution from line 29 to line 23. Itemization totals changed due to different standards between filing software. Bank fees moved from line 29 to line 21B.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 81 Yosemite Dr

City State Zip Code  
 New Orleans LA 70131-8661

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

Name of Employer Occupation  
 Van Meter & Associates Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2014  
**Transaction ID : C2527910**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 26 Hamilton Ct

City State Zip Code  
 Fairfield CT 06824-7831

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

Name of Employer Occupation  
 Franklin Medical Group Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2014  
**Transaction ID : C2671239**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 121 E Freedom Way

City State Zip Code  
 Cincinnati OH 45202-3487

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2014  
**Transaction ID : C2661567**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **633.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Bruce S Auerbach</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2014 <b>Transaction ID : C2657985</b>
Mailing Address 211 Park St Sturdy Meml Hosp		Amount of Each Receipt this Period 100.00
City Attleboro	State MA	Zip Code 02703-3143
FEC ID number of contributing federal political committee. C		
Name of Employer Sturdy Memorial Emergency Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Brien Alfred Barnewolt</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2014 <b>Transaction ID : C2527913</b>
Mailing Address 68 Greenlawn Ave		Amount of Each Receipt this Period 250.00
City Newton Center	State MA	Zip Code 02459-1714
FEC ID number of contributing federal political committee. C		
Name of Employer Tufts Medical Center EP, LLC	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Leigh Anderson Barrow</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 <b>Transaction ID : C2670057</b>
Mailing Address 2824 E 25th St		Amount of Each Receipt this Period 83.33
City Tulsa	State OK	Zip Code 74114-3214
FEC ID number of contributing federal political committee. C		
Name of Employer Leigh Anderson Barrow, DO, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Andrew I Bern</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2014 <b>Transaction ID : C2661564</b>
Mailing Address 9846 NW 18th St		Amount of Each Receipt this Period 83.34
City Coral Springs	State FL	Zip Code 33071-5826
FEC ID number of contributing federal political committee. C	Name of Employer Andrew I Bern, MD, FACEP	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) <b>B. Danny T Berry</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 <b>Transaction ID : C2666994</b>
Mailing Address 3015 Keystone Dr		Amount of Each Receipt this Period 250.00
City Cpe Girardeau	State MO	Zip Code 63701-1726
FEC ID number of contributing federal political committee. C	Name of Employer Danny T Berry, MD	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Frederick C Blum</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2014 <b>Transaction ID : C2647323</b>
Mailing Address 1470 Point Marion Rd		Amount of Each Receipt this Period 160.00
City Morgantown	State WV	Zip Code 26508-1454
FEC ID number of contributing federal political committee. C	Name of Employer West Virginia University Hospital	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	493.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Frederick C Blum</b>		Date of Receipt
Mailing Address 1470 Point Marion Rd		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Morgantown State WV Zip Code 26508-1454		<b>Transaction ID : C2661576</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="160.00"/>	
Name of Employer West Virginia University Hospital Occupation Emergency Physician	Aggregate Year-to-Date <input type="text" value="480.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Peter Blume</b>		Date of Receipt
Mailing Address 20 Ridge Rd		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Concord State NH Zip Code 03301-3010		<b>Transaction ID : C2671240</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>	
Name of Employer Concord Emergency Medical Associates Occupation Emergency Physician	Aggregate Year-to-Date <input type="text" value="250.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Keenan M Bora</b>		Date of Receipt
Mailing Address 3475 Ridgeline Ct		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Ann Arbor State MI Zip Code 48105-2500		<b>Transaction ID : C2661568</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="83.33"/>	
Name of Employer Keenan M Bora, MD, FACEP Occupation Emergency Physician	Aggregate Year-to-Date <input type="text" value="249.99"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="493.33"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jefferson Dale Bracey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1351 Manorwood St  
 City Las Vegas State NV Zip Code 89135-1333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2014  
**Transaction ID : C2670059**  
 Amount of Each Receipt this Period 83.33

**B. Jennifer H Bradstreet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 249 S Franklin St  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2014  
**Transaction ID : C2670082**  
 Amount of Each Receipt this Period 83.33

**C. Sabina A Braithwaite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 780809  
 City Wichita State KS Zip Code 67278-0809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Virginia Hopsital Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 16 / 2014  
**Transaction ID : C2661563**  
 Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 444 E Huntington Dr  
Emer Grps Ofc

City Arcadia State CA Zip Code 91006-6258

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

Name of Employer Emergency Group Office Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 16 / 2014  
**Transaction ID : C2527919**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9251 Lawing School Rd

City Charlotte State NC Zip Code 28214-8694

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
03 / 20 / 2014  
**Transaction ID : C2670060**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**c. John Casey**

Mailing Address 5156 Baker Ridge Dr

City Columbus State OH Zip Code 43228-1794

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
03 / 20 / 2014  
**Transaction ID : C2670085**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 418.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. M Julia Casner**

Mailing Address 1711 Black Cherry Ct

City State Zip Code  
Verona WI 53593-8746

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

Name of Employer Occupation  
M Julia Casner, DO Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 21 / 2014  
**Transaction ID : C2669703**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Marcel A Cesar**

Mailing Address PO Box 180253

City State Zip Code  
Delafield WI 53018-0253

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

Name of Employer Occupation  
Emergency Medical Specialists SC Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 30 / 2014  
**Transaction ID : C2671241**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 10220 N Orchard Ln

City State Zip Code  
Spokane WA 99208-5523

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

Name of Employer Occupation  
Mary Anna Chiu, MD Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 31 / 2014  
**Transaction ID : C2671071**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 14 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. L Anthony Cirillo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 91 Woodridge Dr  
 City Saunderstown State RI Zip Code 02874-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670061**  
 Amount of Each Receipt this Period  
 83.33

**B. R Carter Clements**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5558 Taft Ave  
 City Oakland State CA Zip Code 94618-1519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oakcare Medical Group Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2014  
**Transaction ID : C2661622**  
 Amount of Each Receipt this Period  
 83.34

**c. Orion J Colfer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2523 Hanover Ave  
 City Richmond State VA Zip Code 23220-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670062**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 216.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2024 Rice Rd

City Edinboro State PA Zip Code 16412-1726

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

Name of Employer Carrie A Colleran, DO, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
01 / 14 / 2014  
**Transaction ID : C2527852**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1075 Mornington Cir

City Uniontown State OH Zip Code 44685-6244

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
03 / 20 / 2014  
**Transaction ID : C2670064**

Amount of Each Receipt this Period  
83.33

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

Mailing Address 1077 Race St

City Denver State CO Zip Code 80206-2832

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
03 / 16 / 2014  
**Transaction ID : C2661573**

Amount of Each Receipt this Period  
83.34

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

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

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

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

FOR LINE NUMBER: PAGE 16 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Charles Dalmedo**

Mailing Address 15 Hewlett Ln

City State Zip Code  
 Oakdale NY 11769-1504

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

Name of Employer Occupation  
 Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 03 / 20 / 2014  
**Transaction ID : C2670065**

Amount of Each Receipt this Period  
 83.33

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

Mailing Address 135 High St

City State Zip Code  
 Exeter NH 03833-2927

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 03 / 20 / 2014  
**Transaction ID : C2670066**

Amount of Each Receipt this Period  
 83.33

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

Mailing Address 4701 Paxton Ln

City State Zip Code  
 Frisco TX 75034-2209

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

Name of Employer Occupation  
 Emergency Service Partners Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 01 / 09 / 2014  
**Transaction ID : C2524881**

Amount of Each Receipt this Period  
 250.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Carrie DeMoor</b>		Date of Receipt
Mailing Address 4701 Paxton Ln		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Frisco	TX	75034-2209
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C2671608</b>
Emergency Service Partners	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mark R Dzedzic</b>		Date of Receipt
Mailing Address 136 Steele Rd		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
West Hartford	CT	06119-1048
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C2670175</b>
Northeast Emergency Medicine Specialis	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rachel A English</b>		Date of Receipt
Mailing Address 1825 N 74th St		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Milwaukee	WI	53213-2219
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C2671247</b>
ECI	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="525.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 18 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 31 Forest Dr

City State Zip Code  
 Voorheesville NY 12186-9530

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

Name of Employer Occupation  
 Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : C2670068**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**B. Adelaide J Evans**

Mailing Address 21 Sanborn Ave

City State Zip Code  
 West Roxbury MA 02132-3817

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

Name of Employer Occupation  
 Adelaide J Evans, MD Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : C2671248**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 4010 E 118th Blvd

City State Zip Code  
 Tulsa OK 74137-6113

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

Name of Employer Occupation  
 Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : C2670088**

Amount of Each Receipt this Period  
 83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Wallace G Falero**  
Full Name (Last, First, Middle Initial)

Mailing Address 331 Green Chase Cir

City Montgomery State AL Zip Code 36117-6022

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

Name of Employer Team Health Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : C2671249**

Amount of Each Receipt this Period  
 250.00

**B. William Basil Felegi**  
Full Name (Last, First, Middle Initial)

Mailing Address 731 Red Lion Way

City Bridgewater State NJ Zip Code 08807-1668

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : C2649721**

Amount of Each Receipt this Period  
 1000.00

**C. Scott E Felten**  
Full Name (Last, First, Middle Initial)

Mailing Address 11122 S Harvard Ave

City Tulsa State OK Zip Code 74137-7810

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : C2670089**

Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1333.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 193 Bryna Ln

City Carnegie State PA Zip Code 15106-1473

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **264.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : C2670090**

Amount of Each Receipt this Period  
**88.33**

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

Mailing Address 505 S 5th St

City Zionsville State IN Zip Code 46077-1745

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

Name of Employer Indiana University Health Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 11 / 2014**

**Transaction ID : C2659372**

Amount of Each Receipt this Period  
**83.34**

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

Mailing Address 6003 84th St

City Lubbock State TX Zip Code 79424-3686

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

Name of Employer Emergency Aeromedical Specialist Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2014**

**Transaction ID : C2661577**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **255.01**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles A Fleischer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 Fountain St  
 City New Haven State CT Zip Code 06515-2628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charles A Fleischer, MD Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 06 / 2014**  
**Transaction ID : C2524188**  
 Amount of Each Receipt this Period **1000.00**

**B. Kelly Foley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1133 Pond Cypress Dr  
 City Virginia Beach State VA Zip Code 23455-6859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Physicians of Tidewater Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 16 / 2014**  
**Transaction ID : C2661572**  
 Amount of Each Receipt this Period **83.33**

**C. Anita Marie Gage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2174 N Hametown Rd  
 City Akron State OH Zip Code 44333-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 20 / 2014**  
**Transaction ID : C2670091**  
 Amount of Each Receipt this Period **83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1166.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Angela F Gardner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3809 W T Parr Rd  
 City Grapevine State TX Zip Code 76051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Angela F Gardner, MD, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 16 / 2014**  
**Transaction ID : C2661565**  
 Amount of Each Receipt this Period **83.33**

**B. Michael David Garfinkel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 659 Lorenwood Dr  
 City Hermitage State PA Zip Code 16148-8803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 20 / 2014**  
**Transaction ID : C2670092**  
 Amount of Each Receipt this Period **83.33**

**C. Daniel C Geary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 Woodshire Rd  
 City Pittsburgh State PA Zip Code 15215-1714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 20 / 2014**  
**Transaction ID : C2670093**  
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 32 Goldfinch Dr

City Hackettstown State NJ Zip Code 07840-3008

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2014  
**Transaction ID : C2649749**

Amount of Each Receipt this Period 250.00

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

Mailing Address 3720 E 99th PI

City Tulsa State OK Zip Code 74137-5231

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 16 / 2014  
**Transaction ID : C2527924**

Amount of Each Receipt this Period 250.00

**C. Louis G Graff**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Oakridge

City Unionville State CT Zip Code 06085-1480

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

Name of Employer Louis G Graff, MD, FACEP Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2014  
**Transaction ID : C2671251**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1 Cherry Hills Dr

City Aiken State SC Zip Code 29803-5688

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **03 / 16 / 2014**

**Transaction ID : C2661570**

Amount of Each Receipt this Period **83.34**

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

Mailing Address 11 Glen Hill Ln

City Tarrytown State NY Zip Code 10591-5055

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

Name of Employer North Shore Forest Hills Emergency Phy Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 16 / 2014**

**Transaction ID : C2527926**

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)  
**C. Ann Malia Haleakala**

Mailing Address PO Box 108

City Pepekeo State HI Zip Code 96783-0108

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

Name of Employer Hawaii Emergency Physicians Associates Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 16 / 2014**

**Transaction ID : C2527928**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **583.34**

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



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

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

FOR LINE NUMBER: PAGE 25 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1380 Woodhurst Dr

City State Zip Code  
 Rock Hill SC 29732-2082

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

Name of Employer Occupation  
 Piedmont Emergency Medical Associates Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : C2670094**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**B. J Brian Hancock**

Mailing Address Veterans Integrated Svc Ntwk (VISN)  
 Dept of Veterans Affairs

City State Zip Code  
 Ann Arbor MI 48113-4002

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

Name of Employer Occupation  
 J Brian Hancock, MD, FACEP Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 16 / 2014

**Transaction ID : C2527929**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address One Hospital Dr  
 University Hosp Dept of EM

City State Zip Code  
 Columbia MO 65203

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

Name of Employer Occupation  
 Jonathan Heidt, MD Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2014

**Transaction ID : C2661560**

Amount of Each Receipt this Period  
 83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2986 Foster Ave

City Juneau State AK Zip Code 99801-1956

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

Name of Employer JEMA Physicians Services LLC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2014  
**Transaction ID : C2661026**

Amount of Each Receipt this Period 250.00

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

Mailing Address 1650 S Sky Ridge Dr

City Wdm State IA Zip Code 50266-3812

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

Name of Employer Mercy Professional Practice Associates Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 16 / 2014  
**Transaction ID : C2661561**

Amount of Each Receipt this Period 83.33

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

Mailing Address 5121 Ocean Dr

City Crp Christi State TX Zip Code 78412-2661

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

Name of Employer Justin P Hensley, MD Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 16 / 2014  
**Transaction ID : C2661558**

Amount of Each Receipt this Period 83.34

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

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

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

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

FOR LINE NUMBER: PAGE 27 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1177 N Byerly Hills Dr

City State Zip Code  
 East Peoria IL 61611-1283

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2014  
**Transaction ID : C2528682**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Keia Hewitt**

Mailing Address 3321 Luke Crossing Dr

City State Zip Code  
 Charlotte NC 28226-3359

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

Name of Employer Occupation  
 Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670095**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**C. Jon Mark Hirshon**

Mailing Address 1062 River Bay Rd

City State Zip Code  
 Annapolis MD 21409-4830

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

Name of Employer Occupation  
 Jon Mark Hirshon, MD, MPH, PhD, FACEP Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 16 / 2014  
**Transaction ID : C2527933**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **583.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Larry Allen Hobbs</b>		Date of Receipt
Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med Ctr		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Fort Myers	State FL	Zip Code 33908-1809
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C2670176</b>
Name of Employer Southwest Florida Emergency Physicians	Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.34"/>
	<input type="text" value="250.02"/>	

Full Name (Last, First, Middle Initial) <b>B. Robert S Hockberger</b>		Date of Receipt
Mailing Address 1000 W Carson St LAC Harbor UCLA Med Ctr ED		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Torrance	State CA	Zip Code 90502-2004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C2636695</b>
Name of Employer Robert S Hockberger, MD, FACEP	Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Robert S Hockberger</b>		Date of Receipt
Mailing Address 1000 W Carson St LAC Harbor UCLA Med Ctr ED		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Torrance	State CA	Zip Code 90502-2004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C2670069</b>
Name of Employer Robert S Hockberger, MD, FACEP	Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="350.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="433.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Lisa Dianne Hrutkay</b>		Date of Receipt 03 / 20 / 2014 <b>Transaction ID : C2670096</b>
Mailing Address 1464 Stoolfire Rd		Amount of Each Receipt this Period 83.33
City Valley Grove	State WV	Zip Code 26060-7934
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>B. Raymond Iannaccone</b>		Date of Receipt 03 / 07 / 2014 <b>Transaction ID : C2659038</b>
Mailing Address 25 Oakwood Rd		Amount of Each Receipt this Period 83.33
City Allendale	State NJ	Zip Code 07401-2100
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medical Associates New Jerse	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>C. Julian AJ Jakubowski</b>		Date of Receipt 02 / 12 / 2014 <b>Transaction ID : C2646097</b>
Mailing Address 667 Lewis Pointe Dr		Amount of Each Receipt this Period 225.00
City Vincent	State OH	Zip Code 45784-9114
FEC ID number of contributing federal political committee. C		
Name of Employer Julian AJ Jakubowski, DO	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	391.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1216 S Bouldin St

City Baltimore State MD Zip Code 21224-5000

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

Name of Employer EmCare Incorporated Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : C2646098**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 115 Cayuga Heights Rd

City Ithaca State NY Zip Code 14850-2102

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : C2670098**

Amount of Each Receipt this Period  
 83.33

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

Mailing Address 20 Hartley St

City North Haven State CT Zip Code 06473-4409

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

Name of Employer Northeast Emergency Medicine Specialis Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : C2670978**

Amount of Each Receipt this Period  
 83.33

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

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

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

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

FOR LINE NUMBER: PAGE 31 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Steven B Kailes**

Mailing Address 3780 Waterside Dr

City State Zip Code  
 Orange Park FL 32073-6982

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

Name of Employer Occupation  
 Steven B Kailes, MD, FACEP Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 03 / 21 / 2014  
**Transaction ID : C2668981**

Amount of Each Receipt this Period  
 83.34

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

Mailing Address 17804 Cricket Hill Dr

City State Zip Code  
 Germantown MD 20874-3475

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

Name of Employer Occupation  
 Medical Emergency Professional LLC Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 03 / 05 / 2014  
**Transaction ID : C2671703**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Jay A Kaplan**

Mailing Address 300 Oak Ave

City State Zip Code  
 San Anselmo CA 94960-2703

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

Name of Employer Occupation  
 CEP America Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 01 / 30 / 2014  
**Transaction ID : C2639788**

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Jay A Kaplan**

Mailing Address 300 Oak Ave

City San Anselmo State CA Zip Code 94960-2703

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 02 / 2014**

**Transaction ID : C2645539**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 128 Mellen Rd

City New Bern State NC Zip Code 28562-8771

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

Name of Employer Brian M Kelley, DO Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : C2670099**

Amount of Each Receipt this Period  
**83.33**

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

Mailing Address 1370 Trancas St

City Napa State CA Zip Code 94558-2912

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

Name of Employer Napa Valley Emergency Medical Group Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2014**

**Transaction ID : C2661557**

Amount of Each Receipt this Period  
**83.34**

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Terry Kowalenko**  
Full Name (Last, First, Middle Initial)

Mailing Address 3601 W 13 Mile Rd

City State Zip Code  
Royal Oak MI 48073-6712

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

Name of Employer Occupation  
Terry Kowalenko, MD, FACEP Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
03 / 29 / 2014  
**Transaction ID : C2670949**

Amount of Each Receipt this Period  
83.34

**B. Joseph J Kuchinski**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Woodland Ave

City State Zip Code  
Mountain Lks NJ 07046-1421

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

Name of Employer Occupation  
Joseph J Kuchinski, DO Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 20 / 2014  
**Transaction ID : C2670100**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 6633 Silver Fox Rd

City State Zip Code  
Charlotte NC 28270-0683

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

Name of Employer Occupation  
David Lancaster, MD Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
03 / 20 / 2014  
**Transaction ID : C2670101**

Amount of Each Receipt this Period  
83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Richard J Limperos**  
Full Name (Last, First, Middle Initial)

Mailing Address 5087 Noor Park Cir

City Dublin State OH Zip Code 43016-7075

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

Name of Employer Emergency Medicine Physicians of Frank Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2014

**Transaction ID : C2670102**

Amount of Each Receipt this Period 83.33

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

Mailing Address 2286 Picket Post Ln

City Columbus State OH Zip Code 43220-2918

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

Name of Employer Emergency Medicine Physicians of Frank Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2014

**Transaction ID : C2670103**

Amount of Each Receipt this Period 83.33

**C. Donald Lombino**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Connecticut Ave

City Greenwich State CT Zip Code 06830-5710

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2014

**Transaction ID : C2670104**

Amount of Each Receipt this Period 83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Seth A Lotterman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Willow Ln

City West Hartford State CT Zip Code 06107-1149

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

Name of Employer Fremont Emergency Medical Group Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : C2670019**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 4824 Longwater Way

City Tampa State FL Zip Code 33615-4216

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

Name of Employer EmCare Incorporated Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2014

**Transaction ID : C2653003**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 7805 Valderrama Way

City Lakewood Rch State FL Zip Code 34202-5651

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : C2670105**

Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1333.33

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

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

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

FOR LINE NUMBER: PAGE 36 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Rubeal S Mann**  
 Mailing Address 20 James River Rd  
 City State Zip Code  
 Beaver creek OH 45434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rubeal S Mann, MD Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670106**  
 Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**B. Angela F Mattke**  
 Mailing Address 1080 Pebblebrook Rd SE  
 City State Zip Code  
 Mableton GA 30126-5612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Angela F Mattke, MD, FACEP Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2014  
**Transaction ID : C2661574**  
 Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**C. John McCourt**  
 Mailing Address 9436 Steeplehill Dr  
 City State Zip Code  
 Las Vegas NV 89117-7270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emergency Medicine Physicians Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670107**  
 Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 241.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 2017 Lexington Dr

City State Zip Code  
Perrysburg OH 43551-5449

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

Name of Employer Occupation  
Premier Physician Services Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2014  
**Transaction ID : C2661566**

Amount of Each Receipt this Period  
83.34

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

Mailing Address 605 McDonald Ave

City State Zip Code  
Charlotte NC 28203-5323

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

Name of Employer Occupation  
Piedmont Emergency Medical Associates Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670108**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**C. Dennis Lucas McGill**

Mailing Address 19 Camden Rd

City State Zip Code  
Hillsborough NJ 08844-3842

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

Name of Employer Occupation  
Emergency Medical Associates New Jerse Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2014  
**Transaction ID : C2670974**

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. William Joel Meggs**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 Hidden Hills Dr

City Greenville State NC Zip Code 27858-8635

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

Name of Employer East Carolina University Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2014

**Transaction ID : C2661555**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 3370 Sweeney Hollow Rd

City Franklin State TN Zip Code 37064-9575

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

Name of Employer Thomas R Mitchell, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : C2636837**

Amount of Each Receipt this Period  
 200.00

**C. Thomas R Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 3370 Sweeney Hollow Rd

City Franklin State TN Zip Code 37064-9575

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

Name of Employer Thomas R Mitchell, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : C2636838**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**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 39 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Thomas R Mitchell**

Mailing Address 3370 Sweeney Hollow Rd

City State Zip Code  
Franklin TN 37064-9575

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

Name of Employer Occupation  
Thomas R Mitchell, MD, FACEP Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2014

**Transaction ID : C2649988**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 25 Equestrian Rdg

City State Zip Code  
Newtown CT 06470-1869

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

Name of Employer Occupation  
Medical Emergency Professional LLC Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2014

**Transaction ID : C2670074**

Amount of Each Receipt this Period  
90.00

Full Name (Last, First, Middle Initial)  
**C. Craig B Mittleman**

Mailing Address 25 Equestrian Rdg

City State Zip Code  
Newtown CT 06470-1869

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

Name of Employer Occupation  
Medical Emergency Professional LLC Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2014

**Transaction ID : C2670075**

Amount of Each Receipt this Period  
90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kevin Monfette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2954 Island Point Dr  
 City Metamora State MI Zip Code 48455-9625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kevin Monfette, MD, FACEP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2014  
**Transaction ID : C2649752**  
 Amount of Each Receipt this Period  
 250.00

**B. Karolyn K Moody**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Boozy Creek Rd  
 City Blountville State TN Zip Code 37617-6609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ECI Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2014  
**Transaction ID : C2657986**  
 Amount of Each Receipt this Period  
 100.00

**C. Joshua B Moskovitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 E 79th St  
 City New York State NY Zip Code 10075-1076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Shore University Hospital Emerge Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2014  
**Transaction ID : C2670976**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.33
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. James B Mullen III**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 Foggs Point Rd

City Freeport State ME Zip Code 04032-6010

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

Name of Employer BlueWater Emergency Partners Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 17 / 2014  
**Transaction ID : C2661623**

Amount of Each Receipt this Period 83.34

**B. Carla Elizabeth Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1196 Preserve Cir

City Golden State CO Zip Code 80401-7045

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

Name of Employer Emergency Service Physicians PC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 16 / 2014  
**Transaction ID : C2661559**

Amount of Each Receipt this Period 83.33

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

Mailing Address 1408 Vermont St

City Houston State TX Zip Code 77006-1071

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

Name of Employer Steward Emergency Medicine Group Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2014  
**Transaction ID : C2647341**

Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Jeffrey R Nickel**

Mailing Address 2300 N Black Oak Dr

City State Zip Code  
Angola IN 46703-8195

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

Name of Employer Occupation  
Professional Emergency Physicians Inco Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 08 / 2014

**Transaction ID : C2659056**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Ashley Booth Norse**

Mailing Address 655 W 8th St  
Shands Jacksonville Educ

City State Zip Code  
Jacksonville FL 32209-6511

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

Name of Employer Occupation  
University of Florida Jacksonville Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2014

**Transaction ID : C2527916**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Andrew Sean Nugent**

Mailing Address 200 Hawkins Dr  
Univ of IA Hosp & Clinics

City State Zip Code  
Iowa City IA 52242-1009

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2014

**Transaction ID : C2670975**

Amount of Each Receipt this Period  
83.34

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert E O'Connor**  
Full Name (Last, First, Middle Initial)

Mailing Address 515 Foxdale Ln

City State Zip Code  
Charlottesville VA 22903-9201

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

Name of Employer Occupation  
University of Virginia Physicians Grou Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2014  
**Transaction ID : C2527942**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6 Prospect Dr

City State Zip Code  
Brentwood NY 11717-2352

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

Name of Employer Occupation  
Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2014  
**Transaction ID : C2670109**

Amount of Each Receipt this Period  
83.33

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

Mailing Address 62 East Dr

City State Zip Code  
Hartsville OH 44632-8890

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

Name of Employer Occupation  
Michael B Osmundson, MD, FACEP Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2014  
**Transaction ID : C2670110**

Amount of Each Receipt this Period  
83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 22 Turtle Bay Dr

City Branford State CT Zip Code 06405-4970

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

Name of Employer Jorge E Otero, MD, MSc, RDMS Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **03 / 14 / 2014**

**Transaction ID : C2670081**

Amount of Each Receipt this Period **83.34**

**B. Anar Patel**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Patroon Creek Blvd

City Albany State NY Zip Code 12206-5046

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

Name of Employer Albany Medical Center Emergency Physic Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **03 / 20 / 2014**

**Transaction ID : C2670111**

Amount of Each Receipt this Period **83.33**

**C. Charles F Pattavina**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 Broadway St Joseph Hosp

City Bangor State ME Zip Code 04401-3979

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

Name of Employer St Joseph Hospital Bangor Maine Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 17 / 2014**

**Transaction ID : C2661621**

Amount of Each Receipt this Period **100.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Lee E Payne**

Mailing Address 6323 Wilmington Dr

City State Zip Code  
Burke VA 22015-4070

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

Name of Employer Occupation  
Lee E Payne, MD, FACEP Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2014

**Transaction ID : C2659088**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**B. Alberto Perez**

Mailing Address 59 Windswept Way

City State Zip Code  
Coventry CT 06238-3622

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

Name of Employer Occupation  
Alberto Perez, MD, FACEP Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.68

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2014

**Transaction ID : C2647342**

Amount of Each Receipt this Period  
83.34

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

Mailing Address 221 Weaver St

City State Zip Code  
Greenwich CT 06831-4254

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

Name of Employer Occupation  
Fairfield Emergency Physicians Incorpo Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2014

**Transaction ID : C2670112**

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

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

Name of Employer Ericka Powell, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2014**

**Transaction ID : C2661569**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. R Lynn Rea**

Mailing Address 7618 Tanglecrest Dr

City Dallas State TX Zip Code 75254-8021

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

Name of Employer R Lynn Rea, MD, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : C2632679**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 3101 Marler Rd

City Pike Road State AL Zip Code 36064-3337

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 03 / 2014**

**Transaction ID : C2654609**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Alexander Max Rosenau**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 689  
LVH-CC JDMCC # 214

City Allentown State PA Zip Code 18105-1556

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

Name of Employer Lehigh Valley Physicians Group Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 16 / 2014  
**Transaction ID : C2527945**

Amount of Each Receipt this Period  
250.00

**B. Mark S Rosenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 38 N Ridge Rd

City Denville State NJ Zip Code 07834-9629

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

Name of Employer Mark S Rosenberg, DO, MBA, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 06 / 2014  
**Transaction ID : C2658859**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 15340 Raton Rd

City Colorado Spgs State CO Zip Code 80921-2140

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

Name of Employer David William Ross, DO, FACEP Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 16 / 2014  
**Transaction ID : C2527946**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Luke Chris Saski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7573 Knoll Crest Dr  
 City State Zip Code  
 W Bloomfield MI 48322-2650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical Center Emergency Services Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2014  
**Transaction ID : C2523019**  
 Amount of Each Receipt this Period  
 1000.00

**B. Lawrence J Satkowiak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 W Decatur Ave  
 City State Zip Code  
 Fresno CA 93711-0356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emergency Medicine Physicians Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670113**  
 Amount of Each Receipt this Period  
 83.33

**C. Nathaniel R Schlicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4615 77th Ave NW  
 City State Zip Code  
 Gig Harbor WA 98335-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Nathaniel R Schlicher, MD, JD, FACEP Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2014  
**Transaction ID : C2661624**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1166.67
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David L Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address 4733 N Ridge Dr

City Akron State OH Zip Code 44333-4703

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2014  
**Transaction ID : C2670114**

Amount of Each Receipt this Period 83.33

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

Mailing Address 960 E 3rd St  
Univ TN Colg of Med-Deans Ofc

City Chattanooga State TN Zip Code 37403-2133

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 05 / 2014  
**Transaction ID : C2661390**

Amount of Each Receipt this Period 250.00

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

Mailing Address 960 E 3rd St  
Univ TN Colg of Med-Deans Ofc

City Chattanooga State TN Zip Code 37403-2133

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2014  
**Transaction ID : C2661405**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583.33

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

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

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

FOR LINE NUMBER: PAGE 50 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Victoria Hutto Selley**

Mailing Address 204 Glenn Abby Dr

City State Zip Code  
 Morehead City NC 28557-2578

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 03 / 20 / 2014  
**Transaction ID : C2670097**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**B. Jeremy Wendell Simonsen**

Mailing Address 400 N Church St

City State Zip Code  
 Charlotte NC 28202-2190

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 03 / 20 / 2014  
**Transaction ID : C2670115**

Amount of Each Receipt this Period  
 84.00

Full Name (Last, First, Middle Initial)  
**C. Mark Slabinski**

Mailing Address 4535 Dressler Rd NW

City State Zip Code  
 Canton OH 44718-2545

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 03 / 20 / 2014  
**Transaction ID : C2670116**

Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.66

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

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

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

FOR LINE NUMBER: PAGE 51 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Todd Slesinger**

Mailing Address 427 Daub Ave

City State Zip Code  
 Hewlett NY 11557-1136

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

Name of Employer Occupation  
 North Shore University Hospital Emerge Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2014

**Transaction ID : C2661575**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**B. Virgil W Smaltz**

Mailing Address 24 Bay View Ter

City State Zip Code  
 Geneva NY 14456-9768

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C2668982**

Amount of Each Receipt this Period  
 83.34

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

Mailing Address 3278 Whidby Rd

City State Zip Code  
 Buford GA 30518-1450

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : C2661625**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1425 Browning Rd

City State Zip Code  
Pittsburgh PA 15206-1737

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

Name of Employer Occupation  
Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2014  
**Transaction ID : C2670117**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**B. Steven Joseph Stack**

Mailing Address 2083 Bridgeport Dr

City State Zip Code  
Lexington KY 40502-2615

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

Name of Employer Occupation  
Team Health Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2014  
**Transaction ID : C2527912**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Jennifer L'Hommedieu Stankus**

Mailing Address 3110 Judson St

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Occupation  
Jennifer L'Hommedieu Stankus, MD, JD Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2014  
**Transaction ID : C2661562**

Amount of Each Receipt this Period  
83.33

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

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

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

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

FOR LINE NUMBER: PAGE 53 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Gary C Starr**

Mailing Address 5012 Russell Ave S

City State Zip Code  
 Minneapolis MN 55410-2209

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

Name of Employer Occupation  
 Gary C Starr, MD, FACEP Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : C2668980**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**B. Brian Sutton**

Mailing Address 47 Stephanie Ln

City State Zip Code  
 Westfield MA 01085-1484

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

Name of Employer Occupation  
 Westfield Emergency Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2014  
**Transaction ID : C2639881**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 20 Croft Ct

City State Zip Code  
 Pawcatuck CT 06379-1233

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670118**

Amount of Each Receipt this Period  
 83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph Adrian Tyndall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 10186  
 Univ of FL - Dept of EM  
 City Gainesville State FL Zip Code 32610-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UF Department of Emergency Medicine Gr Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2014  
**Transaction ID : C2661571**  
 Amount of Each Receipt this Period  
 83.34

**B. Travis Ulmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 Oakland Ave  
 City Columbus State OH Zip Code 43212-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670119**  
 Amount of Each Receipt this Period  
 83.33

**C. Allin Cornelius Vesa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 Greyfriars Rd  
 City Mooresville State NC Zip Code 28117-7333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Piedmont Emergency Medical Associates Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2670120**  
 Amount of Each Receipt this Period  
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 109 Viewpoint Ln

City State Zip Code  
Mooresville NC 28117-7558

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

Name of Employer Occupation  
Piedmont Emergency Medical Associates Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**249.99**

Date of Receipt  
**03 / 20 / 2014**

**Transaction ID : C2670121**

Amount of Each Receipt this Period  
**83.33**

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

Mailing Address 1 Highgate NE

City State Zip Code  
Ithaca NY 14850-1483

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

Name of Employer Occupation  
Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**249.99**

Date of Receipt  
**03 / 20 / 2014**

**Transaction ID : C2670122**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**C. Thomas E Wyatt**

Mailing Address 3925 Drew Ave S

City State Zip Code  
Minneapolis MN 55410-1049

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

Name of Employer Occupation  
Mercy Hospital Emergency Physicians Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**01 / 16 / 2014**

**Transaction ID : C2527953**

Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Liam Yore</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014 <b>Transaction ID : C2527954</b>
Mailing Address 15350 162nd Ave NE		Amount of Each Receipt this Period 250.00
City Woodinville	State WA	Zip Code 98072-8932
FEC ID number of contributing federal political committee. C		
Name of Employer North Sound Emergency Medicine	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew R Zinkel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2014 <b>Transaction ID : C2670977</b>
Mailing Address 5215 Beard Ave S		Amount of Each Receipt this Period 83.34
City Minneapolis	State MN	Zip Code 55410-2117
FEC ID number of contributing federal political committee. C		
Name of Employer Regions Medical Center	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.34
<b>TOTAL</b> This Period (last page this line number only).....▶	25557.32



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. JPMorgan Chase Bank NA**

Mailing Address 1717 Main Street  
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
BANK FEES JAN14

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D157448**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JPMorgan Chase Bank NA**

Mailing Address 1717 Main Street  
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
BANK FEES FEB14

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D157449**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JPMorgan Chase Bank NA**

Mailing Address 1717 Main Street  
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
BANK FEES MAR14

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D157450**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. America's Leadership PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**America's Leadership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : D155516**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Ami Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Ameriash B. Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2014

**Transaction ID : D154196**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Garland Hale Barr IV**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : D153876**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Garland Hale Barr IV**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : D157473**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**B. Andy Harris for Congress**

Mailing Address PO Box 604

City Bel Air State MD Zip Code 21014

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Andrew P. Harris**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : D153865**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Ann Wagner for Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Ann L. Wagner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : D155526**

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anna Eshoo for Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Anna G. Eshoo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : D155690**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Daniel J. Benishek**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

**Transaction ID : D153970**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Bill Cassidy for US Senate**

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**William Cassidy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

**Transaction ID : D153871**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bill Cassidy for US Senate**

Mailing Address PO Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**William Cassidy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2014

**Transaction ID : D154189**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Bill Flores for Congress**

Mailing Address PO Box 6207

City State Zip Code  
Bryan TX 77805

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**William H. Flores**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2014

**Transaction ID : D155685**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Billy Long for Congress**

Mailing Address 3246 E. Ridgeview Street

City State Zip Code  
Springfield MO 65804

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**William H. Long II**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : D155519**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blue Dog Political Action Committee**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Blue Dog Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : D153874**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Blumenauer for Congress**

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Earl Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2014

**Transaction ID : D155696**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bonamici for Congress**

Mailing Address 3321 SE 20th Ave

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Suzanne Bonamici**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2014

**Transaction ID : D155684**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brady for Congress**

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Kevin Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	4

**Transaction ID : D153635**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Bucshon for Congress**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Larry D. Bucshon**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

**Transaction ID : D153467**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr. Md for Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Charles W. Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

**Transaction ID : D154192**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Charlie Dent for Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Charles W. Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	4

Transaction ID : D151516

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. Chuck Fleischmann for Congress Committee, Inc.

Mailing Address PO Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Charles J. Fleischmann**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : D154193

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. Coffman for Congress

Mailing Address 9249 South Broadway  
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Mike Coffman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : D154179

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Mailing Address PO Box 70980

**Transaction ID : D155537**

City Washington State DC Zip Code 20024

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011
Category/ Type

Candidate Name  
Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. Culberson for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Mailing Address PO Box 41964

**Transaction ID : D153875**

City Houston State TX Zip Code 77241

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contributions for Federal Candidates

011
Category/ Type

Candidate Name  
**John Abney Culberson**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Contribution

State: TX District: 07

Full Name (Last, First, Middle Initial)

**C. Dave Camp for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Mailing Address 5915 Eastman Avenue  
Suite 100

**Transaction ID : D154181**

City Midland State MI Zip Code 48640-6824

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contributions for Federal Candidates

011
Category/ Type

Candidate Name  
**David Lee Camp**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Contribution

State: MI District: 04

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 100
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement
Mailing Address 430 South Capitol Street, SE 2nd Floor		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 01 / 29 / 2014
City Washington State DC Zip Code 20003	Purpose of Disbursement Contributions for Federal PACs/Committees	<b>Transaction ID : D153445</b>
Candidate Name <b>Democratic Congressional Campaign Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="text"/> 15000.00
State: District:	Contribution	

Full Name (Last, First, Middle Initial) <b>B. Democratic Senatorial Campaign Committee</b>		Date of Disbursement
Mailing Address 120 Maryland Ave NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 02 / 05 / 2014
City Washington State DC Zip Code 20002	Purpose of Disbursement Contributions for Federal PACs/Committees	<b>Transaction ID : D153634</b>
Candidate Name <b>Democratic Senatorial Campaign Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="text"/> 15000.00
State: District:	Contribution	

Full Name (Last, First, Middle Initial) <b>C. Denham for Congress</b>		Date of Disbursement
Mailing Address 2150 River Plaza Dr., #150		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 03 / 26 / 2014
City Sacramento State CA Zip Code 95833	Purpose of Disbursement Contributions for Federal Candidates	<b>Transaction ID : D155695</b>
Candidate Name <b>Jeffrey Denham</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 1500.00
State: CA District: 10	Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text"/> 31500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155527**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Raul Ruiz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	4

**Transaction ID : D153524**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Raul Ruiz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

**Transaction ID : D154195**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	0	0	0	.	0	0
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5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dutch Ruppensberger for Congress Committee**

Mailing Address PO Box 231

City Lutherville State MD Zip Code 21094

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**C.A. Dutch Ruppensberger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2014

**Transaction ID : D153641**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Edpac**

Mailing Address 499 South Capitol St SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Edpac**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2014

**Transaction ID : D154197**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Every Republican Is Crucial (ERICPAC)**

Mailing Address 25 E Main Street  
Suite 200

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Every Republican Is Crucial (ERICPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : D153868**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Fitzpatrick for Congress**

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Michael G. Fitzpatrick**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : D155694**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Fleming for Congress**

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**John Calvin Fleming Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155521**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Dan Maffei**

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Daniel Benjamin Maffei**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155518**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**David P. Joyce**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : D155686**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of David Jolly**

Mailing Address PO Box 1158

City Indian Rocks Beach State FL Zip Code 33785

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**David W. Jolly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Special

State: FL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

**Transaction ID : D154094**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Lois Capps**

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Lois Capps**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	4

**Transaction ID : D153640**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	5	0	0	0	0	0	0	0	0


**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Friends of Lois Capps**

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name  
**Lois Capps**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 24

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : D155520

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name  
**Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : D154200

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name  
**Patrick Joseph Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	4

Transaction ID : D153750

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4	0	0	0	0	0	0	0	0	0


**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Patrick Joseph Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

**Transaction ID : D153975**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Todd Christopher Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : D153867**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Val Arkoosh**

Mailing Address PO Box 1011

City Glenside State PA Zip Code 19038

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Valerie Ann Arkoosh**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2014

**Transaction ID : D153760**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Full House PAC**

Mailing Address PO Box 530520

City Henderson State NV Zip Code 89053

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Full House PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

**Transaction ID : D154194**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Raymond Eugene Green**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

**Transaction ID : D153454**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Georgians for Isakson**

Mailing Address 6065 Roswell Road

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Johnny Isakson**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

**Transaction ID : D153444**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gop Generation Y Fund**

Mailing Address PO Box 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Gop Generation Y Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2014

**Transaction ID : D153446**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Grassroots Organizing Acting & Leading PAC - GoalPAC**

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Grassroots Organizing Acting & Leading PAC - GoalPAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : D155532**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**S. Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2014

**Transaction ID : D153457**

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contributions for Federal PACs/Committees

011

Candidate Name

**Healthcare Freedom Fund**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2014

Transaction ID : D153966

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement Contributions for Federal Candidates

011

Candidate Name

**James A. Himes**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: CT District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2014

Transaction ID : D155691

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**

Mailing Address 700 13th Street NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contributions for Federal Candidates

011

Candidate Name

**Steny H. Hoyer**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2014

Transaction ID : D153863

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Hudson for Congress**

Mailing Address PO Box 5053

City State Zip Code  
Concord NC 28027-1500

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Richard Lane Hudson Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : D154092**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Jaime for Congress**

Mailing Address PO Box 1614

City State Zip Code  
Ridgefield WA 98642-0020

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Jaime Herrera Beutler**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

**Transaction ID : D155531**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jenkins for Congress**

Mailing Address PO Box 727

City State Zip Code  
Huntington WV 25711

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Evan H. Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2014

**Transaction ID : D154177**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

Mailing Address 150 Smokerise Drive

**Transaction ID : D153456**

City Wadsworth State OH Zip Code 44281-8701

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									1

Purpose of Disbursement  
Contributions for Federal Candidates

0	1	1
Category/ Type		

Candidate Name

**James B. Renacci**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Full Name (Last, First, Middle Initial)

**B. Jim Renacci for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Mailing Address 150 Smokerise Drive

**Transaction ID : D15535**

City Wadsworth State OH Zip Code 44281-8701

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
									0

Purpose of Disbursement  
Contributions for Federal Candidates

0	1	1
Category/ Type		

Candidate Name

**James B. Renacci**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Full Name (Last, First, Middle Initial)

**C. Jim Tracy for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	4

Mailing Address PO Box 332490

**Transaction ID : D151514**

City Murfreesboro State TN Zip Code 37133

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
									0

Purpose of Disbursement  
Contributions for Federal Candidates

0	1	1
Category/ Type		

Candidate Name

**Jim Tracy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

**SUBTOTAL** of Disbursements This Page (optional).....▶

5	0	0	0	0	0	0	0	0	0
									0

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

5	0	0	0	0	0	0	0	0	0
									0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Johnson for Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Bill Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : D153864**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Johnson for Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Bill Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

**Transaction ID : D155536**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Julia Brownley for Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2014

**Transaction ID : D153751**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Julia Brownley for Congress**

Mailing Address PO Box 2018

City State Zip Code  
Thousand Oaks CA 91358

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : D155524**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kenny Marchant for Congress**

Mailing Address PO Box 110187

City State Zip Code  
Carrollton TX 75011-0187

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Kenny Ewell Marchant**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2014

**Transaction ID : D153461**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Kinzinger for Congress**

Mailing Address PO Box 2365

City State Zip Code  
Ottawa IL 61350-6965

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Adam Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2014

**Transaction ID : D153642**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kirk for Senate**

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2014

**Transaction ID : D151539**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lance for Congress**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2014

**Transaction ID : D154190**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Langevin for Congress**

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**James R. Langevin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2014

**Transaction ID : D151540**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lead Your Nation Now PAC (LYNN PAC)**

Mailing Address PO Box 1872

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Lead Your Nation Now PAC (LYNN PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2014

**Transaction ID : D153976**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Leadership of Today and Tomorrow**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Leadership of Today and Tomorrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : D153873**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Lee Terry for Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Lee Terry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : D155530**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Levin for Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Sander M. Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

**Transaction ID : D153443**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Lobiondo for Congress**

Mailing Address PO Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Frank A. LoBiondo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : D155689**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Lone Star Leadership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	4

**Transaction ID : D153758**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

**Transaction ID : D154178**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	4

**Transaction ID : D153633**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mica for Congress**

Mailing Address PO Box 181546

City Casselberry State FL Zip Code 32718

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**John L. Mica**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : D155687**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Morgan Griffith for Congress**

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**H. Morgan Griffith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2014

**Transaction ID : D153473**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Murphpac**

Mailing Address 410 1st St SE, FI 3

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Murphpac**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : D155512**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee Contributions**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**National Republican Congressional Committee Contributions**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2014

**Transaction ID : D151534**

Amount of Each Disbursement this Period

15000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

19000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : D154245**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**B. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453-4175

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Robert Randolph Neugebauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	05	/	2014

**Transaction ID : D153636**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453-4175

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Robert Randolph Neugebauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2014

**Transaction ID : D153756**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

17500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. New Pioneers PAC**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**New Pioneers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

**Transaction ID : D155692**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

**Transaction ID : D153969**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2014

**Transaction ID : D154188**

Amount of Each Disbursement this Period

3500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pat Meehan for Congress**

Mailing Address 50 S. Providence Road

City State Zip Code  
Media PA 19063

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Patrick L. Meehan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155514**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Pat Roberts for U.S. Senate, Inc.**

Mailing Address PO Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

**Transaction ID : D153973**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. People for Derek Kilmer**

Mailing Address PO Box 1381

City State Zip Code  
Tacoma WA 98402

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Derek Kilmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

**Transaction ID : D153447**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. People for Patty Murray**

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2014

**Transaction ID : D153637**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Pompeo for Congress, Inc.**

Mailing Address PO Box 780146

City State Zip Code  
Wichita KS 67278-0146

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Michael Richard Pompeo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : D153869**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Pompeo for Congress, Inc.**

Mailing Address PO Box 780146

City State Zip Code  
Wichita KS 67278-0146

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Michael Richard Pompeo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2014

**Transaction ID : D154199**

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Price for Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Thomas E. Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : D155683**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Promoting Our Republican Team PAC**

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Promoting Our Republican Team PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 26 / 2014

**Transaction ID : D153972**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Reed Committee**

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Jack Francis Reed**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: RI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2014

**Transaction ID : D155522**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Renee Jacisin Ellmers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

**Transaction ID : D153965**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Republican Mainstreet Partnership PAC**

Mailing Address C/O G & W 2201 Wisconsin Ave., NW  
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Republican Mainstreet Partnership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : D151536**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Rob Wittman for Congress**

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Robert J. Wittman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

**Transaction ID : D153971**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rodney for Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rodney L. Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155523**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Rogers for Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116-0581

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Mike J. Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155517**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Ron Barber for Congress**

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Ron Barber**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155525**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress Committee**

Mailing Address PO Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Peter J. Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

**Transaction ID : D154187**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Rothfus for Congress**

Mailing Address PO Box 435

City State Zip Code  
Sewickley PA 15143

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Keith J. Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

**Transaction ID : D153468**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City State Zip Code  
Janesville WI 53547-1488

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Paul Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

**Transaction ID : D153964**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	0	0	0	.	0	0
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5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sanford for Congress**

Mailing Address PO Box 160

City Sullivans Island State SC Zip Code 29482

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Mark Sanford**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155534**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Simpson for Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Michael K. Simpson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

**Transaction ID : D153968**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155528**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Strickland for Congress

Mailing Address PO Box 630446

City State Zip Code  
Simi Valley CA 93063

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Anthony A. Strickland**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

Transaction ID : D153963

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. Support To Ensure Victory Everywhere PAC-Steve PAC

Mailing Address 228 S Washington St Ste 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Support To Ensure Victory Everywhere PAC-Steve PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : D155515

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. Texans for Lamar Smith

Mailing Address PO Box 6155

City State Zip Code  
San Antonio TX 78209-0155

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Lamar Seeligson Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	4

Transaction ID : D153639

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	5	0	0	.	0	0
---	---	---	---	---	---	---

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

8	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Texans for Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**John Cornyn III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

**Transaction ID : D153866**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. The Hawkeye PAC**

Mailing Address PO Box 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**The Hawkeye PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

**Transaction ID : D153870**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Tim Murphy for Congress**

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Timothy F. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : D155533**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Murphy for Congress**

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Timothy F. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : D155693**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Tom Reed for Congress**

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610-0847

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Thomas W. Reed II.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

**Transaction ID : D154191**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Tuesday Group Political Action Committee**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Tuesday Group Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	4

**Transaction ID : D151515**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8	0	0	0	.	0	0
---	---	---	---	---	---	---

8	0	0	0	.	0	0
---	---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Upton for All of Us**

Mailing Address PO Box 490

City State Zip Code  
St. Joseph MI 49085

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Fredrick Stephen Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2014

Transaction ID : D153755

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Victoria Partridge Catering**

Mailing Address 121 Montgomery Avenue

City State Zip Code  
Versailles KY 40383

Purpose of Disbursement  
2014 General

011

Candidate Name

**Garland Hale Barr IV**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2014

Transaction ID : VD154184

Amount of Each Disbursement this Period

2332.00

In-Kind

Full Name (Last, First, Middle Initial)

**C. Victory in November Election PAC (VINEPAC)**

Mailing Address 700 13th Street, NW Suite 600

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Victory in November Election PAC (VINEPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2014

Transaction ID : D154198

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7332.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Voice for Freedom**

Mailing Address 2700 Cumberland Parkway, Suite 150

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Voice for Freedom**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2014

**Transaction ID : D153638**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2014

**Transaction ID : D155688**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Walberg for Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Timothy L. Walberg**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : D155513**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name  
**Gregory P. Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2014

Transaction ID : D155529

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Westmoreland for Congress**

Mailing Address PO Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name  
**Lynn A. Westmoreland**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 26 / 2014

Transaction ID : D153974

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name  
**Ron Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2014

Transaction ID : D153872

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Yarmuth for Congress**

Mailing Address 1815 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**John A. Yarmuth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2014

**Transaction ID : D153967**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00
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**TOTAL** This Period (last page this line number only)..... ▶

316832.00
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