

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines 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 C00140061 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) 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) Convention (12C) Special (12G) 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 2008 through 03 31 2008

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 Dean Wilkerson, MBA,JD

Signature of Treasurer Electronically Filed by Dean Wilkerson, MBA,JD Date 04 11 2008

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		634937.01
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	634937.01									
(c) Total Receipts (from Line 19)	142352.55	142352.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	777289.56	777289.56								
7. Total Disbursements (from Line 31)	176715.16	176715.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	600574.40	600574.40								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	53498.63	53498.63
(i) Itemized (use Schedule A)	84979.26	84979.26
(ii) Unitemized	138477.89	138477.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	138477.89	138477.89
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.)	3874.66	3874.66
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 Transfer (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))	142352.55	142352.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	142352.55	142352.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	169500.00	169500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	150.00	150.00
(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))	150.00	150.00
29. Other Disbursements.....	7065.16	7065.16
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(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))..	176715.16	176715.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	176715.16	176715.16

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	138477.89	138477.89
34. Total Contribution Refunds (from Line 28(d))	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	138327.89	138327.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Richard F Beamon		Date of Receipt MM / DD / YYYY 01 / 04 / 2008
Mailing Address Overland Park Regl Med Ctr 10500 Quivira Rd		Transaction ID: 23004461
City Overland Park	State KS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Overland Park Regl Med Ctr	Occupation Emergency Physician	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Andrew Michael Bazakis		Date of Receipt MM / DD / YYYY 01 / 04 / 2008
Mailing Address 8366 Nuthatch Dr		Transaction ID: 23004464
City Freeland	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Covenant Hlthcre Emer Phys Grp	Occupation Emergency Physician	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Todd Herbert Chaffin		Date of Receipt MM / DD / YYYY 01 / 04 / 2008
Mailing Address 4316 Pinecrest Rd		Transaction ID: 23004465
City Rockford	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rockford Mem Hosp	Occupation Emergency Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
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 7 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Eugene H Kastenson		Date of Receipt
	Mailing Address 3168 Lake Forest Park Rd		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Sturgeon Bay	State WI	Zip Code 54235-9147
	FEC ID number of contributing federal political committee. C		Transaction ID: 23043010
	Name of Employer Infinity Healthcare		Occupation Emergency Physician
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>

IN20080104

B.	Full Name (Last, First, Middle Initial) Dr. Stanford C Lee		Date of Receipt
	Mailing Address 11565 E Desert Holly Dr		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Scottsdale	State AZ	Zip Code 85255-8207
	FEC ID number of contributing federal political committee. C		Transaction ID: 23043567
	Name of Employer Burbank Emerg Med Grp		Occupation Emergency Physician
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>

IN20080104

C.	Full Name (Last, First, Middle Initial) Dr. Kathryn K Macdonald		Date of Receipt
	Mailing Address 408 Twin Creek Rd		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Saint Louis	State MO	Zip Code 63141-8623
	FEC ID number of contributing federal political committee. C		Transaction ID: 23043568
	Name of Employer Kathryn K Macdonald, MD, FACEP		Occupation Emergency Physician
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>

IN20080104

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL 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 8 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Dr. Karen Agape Quaday

Mailing Address

12 Peninsula Rd

City

Dellwood

State

MN

Zip Code

55110-1504

FEC ID number of contributing federal political committee.

C

Name of Employer
Regions Hosp ED

Occupation

Emergency Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2008

Transaction ID: 23043569

Amount of Each Receipt this Period

400.00

IN20080104

B.

Full Name (Last, First, Middle Initial)

Dr. Robert A Di Lorenzo

Mailing Address

4734 Cypress Ford Dr

City

Fuquay Varina

State

NC

Zip Code

27526-9081

FEC ID number of contributing federal political committee.

C

Name of Employer
Raleigh Emer Med Assoc Inc

Occupation

Emergency Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2008

Transaction ID: 23043641

Amount of Each Receipt this Period

250.00

IN20080107

C.

Full Name (Last, First, Middle Initial)

Dr. Mark W Brautigam

Mailing Address

4800 Cuthbert Rd

City

White Lake

State

MI

Zip Code

48386-1302

FEC ID number of contributing federal political committee.

C

Name of Employer
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2008

Transaction ID: 23078672

Amount of Each Receipt this Period

250.00

0800712

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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 9 / 80
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Charles Niziol</p> <p>Mailing Address 2815 Kings Forest Dr</p> <p>City State Zip Code Kingwood TX 77339-2450</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Laredo Med Ctr Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 8</p> <p>Transaction ID: 23078714</p> <p>Amount of Each Receipt this Period 200.00</p> <p>0800712</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Deborah S Davis</p> <p>Mailing Address 342 Fords Landing Ln</p> <p>City State Zip Code Millington MD 21651-1618</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Chester River Med Ctr Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 8</p> <p>Transaction ID: 23078757</p> <p>Amount of Each Receipt this Period 250.00</p> <p>0800713</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Orzie Henderson, Jr</p> <p>Mailing Address 9610 York Woods Dr</p> <p>City State Zip Code Saline MI 48176-9032</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mercy Memorial Hosp Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 8</p> <p>Transaction ID: 23078759</p> <p>Amount of Each Receipt this Period 250.00</p> <p>0800713</p>
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SUBTOTAL of Receipts This Page (optional)	700.00
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 10 / 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Alasdair K Conn

Mailing Address
87 Harbor Ave

City State Zip Code
Marblehead MA 01945-3846

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

Name of Employer Occupation
MA Gen Hosp ED Chief Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2008

Transaction ID: 23078858

Amount of Each Receipt this Period
500.00

0800807

B.

Full Name (Last, First, Middle Initial)
Dr. Elaine M Haule

Mailing Address
3 Aldgate Way

City State Zip Code
Greer SC 29650-5320

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

Name of Employer Occupation
St Francis Health System Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 23091691

Amount of Each Receipt this Period
500.00

IN20080109

C.

Full Name (Last, First, Middle Initial)
Dr. Todd Curtis Rothenhaus

Mailing Address
422 Huron Ave

City State Zip Code
Cambridge MA 02138-2126

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

Name of Employer Occupation
Boston Univ Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 23091694

Amount of Each Receipt this Period
250.00

IN20080109

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 11 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Scott A Coradi

Mailing Address
4504 Planters Row

City State Zip Code
Murrells Inlet SC 29576-6812

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

Name of Employer: Scott A Coradi, DO
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 01 / 11 / 2008
Transaction ID: 23091892
Amount of Each Receipt this Period: 250.00
IN20080111

B.

Full Name (Last, First, Middle Initial)
Dr. Glenn E Aldinger

Mailing Address
1734 N Wells St

City State Zip Code
Chicago IL 60614-6050

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

Name of Employer: Infinity HealthCare Inc
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 01 / 22 / 2008
Transaction ID: 23227621
Amount of Each Receipt this Period: 500.00
IN20080122

C.

Full Name (Last, First, Middle Initial)
Dr. Hans Roberts House

Mailing Address
415 Kimball Rd

City State Zip Code
Iowa City IA 52245-5828

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

Name of Employer: Univ of Iowa Hosp & Clinics
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 01 / 14 / 2008
Transaction ID: 23249211
Amount of Each Receipt this Period: 1000.00
0801406

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 12 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Ronald G Thomas		Date of Receipt MM / DD / YYYY 01 / 22 / 2008
Mailing Address 1310 Alexander Dr		Transaction ID: 23264409
City Guilford	State CT	
Zip Code 06437-5031		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		0802211
Name of Employer Hosp of Saint Raphael	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. William Basil Felegi		Date of Receipt MM / DD / YYYY 01 / 21 / 2008
Mailing Address 731 Red Lion Way		Transaction ID: 23264443
City Bridgewater	State NJ	
Zip Code 08807-1668		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		0802165
Name of Employer Morristown Mem Hosp ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Joseph LaMantia		Date of Receipt MM / DD / YYYY 01 / 24 / 2008
Mailing Address 3 Faraway Rd		Transaction ID: 23281852
City Armonk	State NY	
Zip Code 10504-1215		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		0802408
Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 13 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Richard E Gradisek

Mailing Address
730 Stonecliff Dr

City State Zip Code
Akron OH 44313-5903

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

Name of Employer Occupation
Akron Gen Med Center ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 23388743

Amount of Each Receipt this Period
500.00

IM20080131

B.

Full Name (Last, First, Middle Initial)
Dr. Douglas C Prince

Mailing Address
7819 Montreal Ct

City State Zip Code
Cincinnati OH 45241-1375

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

Name of Employer Occupation
Childrens Emer Svcs Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 23389095

Amount of Each Receipt this Period
1000.00

IM20080131

C.

Full Name (Last, First, Middle Initial)
Dr. John Agee

Mailing Address
2507 Shannon Dr

City State Zip Code
Valparaiso IN 46383-2447

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

Name of Employer Occupation
Unity Phys Grp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 23391769

Amount of Each Receipt this Period
250.00

IN20080130

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. Ashley E Booth

Mailing Address
3915 Riverside Ave

City State Zip Code
Jacksonville FL 32205-9336

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

Name of Employer Occupation
Shands Jacksonville Educ Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 23392116

Amount of Each Receipt this Period
250.00

IN20080130

B. Full Name (Last, First, Middle Initial)
Dr. L Anthony Cirillo

Mailing Address
91 Woodridge Dr

City State Zip Code
Saunderstown RI 02874-1943

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

Name of Employer Occupation
Rhode Island Dept of Hlth Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 23392238

Amount of Each Receipt this Period
250.00

IN20080130

C. Full Name (Last, First, Middle Initial)
Dr. George W Molzen

Mailing Address
7500 Calhoun NE

City State Zip Code
Albuquerque NM 87109-6464

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

Name of Employer Occupation
Albuquerque Emerg Med Ass-oc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 23394786

Amount of Each Receipt this Period
250.00

IN20080130

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 15 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. Ernest Page, II

Mailing Address
11030 Ullswater Ln

City State Zip Code
Windermere FL 34786-5411

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

Name of Employer Occupation
Florida Emer Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 23395180

Amount of Each Receipt this Period
250.00

IN20080130

B. Full Name (Last, First, Middle Initial)
Dr. David William Ross

Mailing Address
15340 Raton Rd

City State Zip Code
Colorado Spgs CO 80921-2140

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

Name of Employer Occupation
Front EM Specialties Inc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 23397875

Amount of Each Receipt this Period
250.00

IN20080130

C. Full Name (Last, First, Middle Initial)
Dr. Virgil W Smaltz

Mailing Address
10 Saint Charles Ave

City State Zip Code
Wheeling WV 26003-9382

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

Name of Employer Occupation
Wheeling Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 23398111

Amount of Each Receipt this Period
250.00

IN20080130

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Brian S Zachariah

Mailing Address
3606 Acorn Wood Way

City State Zip Code
Houston TX 77059-3741

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

Name of Employer Occupation
Dept of Surgery ED Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 23398282

Amount of Each Receipt this Period
250.00

IN20080130

B.

Full Name (Last, First, Middle Initial)
Dr. 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
James B Aiken, MD MHA FAC-EP Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: 23428076

Amount of Each Receipt this Period
250.00

IN20080204

C.

Full Name (Last, First, Middle Initial)
Dr. B Vindell Washington

Mailing Address
101 Emerald Ln

City State Zip Code
Mooresville NC 28117-5502

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

Name of Employer Occupation
B Vindell Washington, MD, FACEP Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: 23443288

Amount of Each Receipt this Period
250.00

0803508

SUBTOTAL of Receipts This Page (optional)

750.00

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 17 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Gregory J Bjerke	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 2973 Peterson Pkwy	Transaction ID: 23443290
	City State Zip Code Fargo ND 58102-1752	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Meritcare Med Ctr ED Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	0803565

B.	Full Name (Last, First, Middle Initial) Dr. Michael J Wymore	Date of Receipt MM / DD / YYYY 02 / 14 / 2008
	Mailing Address 7020 S Meadows Rd	Transaction ID: 23601911
	City State Zip Code Spokane WA 99223-1915	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sacred Heart Med Ctr Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	0804504

C.	Full Name (Last, First, Middle Initial) Dr. Shetal N Patel	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 37030 Broadstone Dr	Transaction ID: 23601922
	City State Zip Code Solon OH 44139-7044	Amount of Each Receipt this Period 284.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Shetal N Patel, MD Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.00	0804950

SUBTOTAL of Receipts This Page (optional)	884.00
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 18 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. Sarah J Vogel

Mailing Address
52 Duncan Phye Ln

City State Zip Code
Slingerlands NY 12159-9376

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

Name of Employer Occupation
Albany Mem Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 23601925

Amount of Each Receipt this Period
1000.00

0804365

B. Full Name (Last, First, Middle Initial)
Dr. Thomas E Benzoni

Mailing Address
4343 Far Hills Rd

City State Zip Code
Sioux City IA 51104-1030

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

Name of Employer Occupation
Northwest Iowa Emerg Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2008

Transaction ID: 23601929

Amount of Each Receipt this Period
500.00

0804065

C. Full Name (Last, First, Middle Initial)
Dr. John Hannon Proctor

Mailing Address
320 Old Hickory Blvd #1200

City State Zip Code
Nashville TN 37221-1310

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

Name of Employer Occupation
Columbia Southern Hls Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: 23624063

Amount of Each Receipt this Period
1000.00

0805208

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 19 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Mary Jo McMullen

Mailing Address
809 Belleau Wood Dr

City State Zip Code
Akron OH 44303-1714

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

Name of Employer Occupation
Gen Emerg Med Spec Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2008

Transaction ID: 23624083

Amount of Each Receipt this Period
1000.00

0805305

B.

Full Name (Last, First, Middle Initial)
Dr. Kathleen Cowling

Mailing Address
3400 Midland Rd

City State Zip Code
Saginaw MI 48603-9634

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

Name of Employer Occupation
Covenant Hlthcre Emer Phys Grp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: 23641362

Amount of Each Receipt this Period
1000.00

IN20080225

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas W Lukens

Mailing Address
15503 Clifton Blvd

City State Zip Code
Lakewood OH 44107-2411

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

Name of Employer Occupation
Metro Hlth Med Ctr Dept of EM Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: 23641421

Amount of Each Receipt this Period
290.00

IN20080221

SUBTOTAL of Receipts This Page (optional) ► **2290.00**

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 20 / 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Brooks F Bock</p> <p>Mailing Address 5764 Bloomfield Glens</p> <p>City State Zip Code W Bloomfield MI 48322-2501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Brooks F Bock, MD, FACEP Occupation: Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 20 / 2008</p> <p>Transaction ID: 23641476</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>IN20080220</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Dr. Luis E Rios, Jr</p> <p>Mailing Address 2409 Stockton Dr</p> <p>City State Zip Code Green Cv Spgs FL 32043-8795</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: SE Emer Consult Occupation: Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 20 / 2008</p> <p>Transaction ID: 23641485</p> <p>Amount of Each Receipt this Period 250.00</p> <p>IN20080220</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Dr. Peter W Corrigan</p> <p>Mailing Address 1723 Alta Oaks Dr</p> <p>City State Zip Code Arcadia CA 91006-1702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Huntington Memorial Hosp Occupation: Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 100.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 25 / 2008</p> <p>Transaction ID: 23738135</p> <p>Amount of Each Receipt this Period 100.00</p> <p>0805604</p>
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SUBTOTAL of Receipts This Page (optional)	1350.00
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 21 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. James S Eadie

Mailing Address
9227 Helotes Oaks

City State Zip Code
Helotes TX 78023-4528

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

Name of Employer Occupation
Wilford Hall Med Ctr ED Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2008

Transaction ID: 23738152

Amount of Each Receipt this Period
500.00

0805365

B. Full Name (Last, First, Middle Initial)
Dr. Rashid J Baddoura

Mailing Address
120 Heights Rd

City State Zip Code
Ridgewood NJ 07450-2412

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

Name of Employer Occupation
Valley Hospital Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: 23738155

Amount of Each Receipt this Period
1000.00

0805608

C. Full Name (Last, First, Middle Initial)
Dr. Glenn Alden Bollard

Mailing Address
11210 Hunters Ridge Blvd Apt 4

City State Zip Code
Meadville PA 16335-6382

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

Name of Employer Occupation
Glenn Alden Bollard, MD Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: 23738157

Amount of Each Receipt this Period
1000.00

0805608

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 22 / 80
	<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.	Full Name (Last, First, Middle Initial) Dr. Peter W Corrigan		Date of Receipt
	Mailing Address 1723 Alta Oaks Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Arcadia	CA	91006-1702
	FEC ID number of contributing federal political committee.		Transaction ID: 23738158
	C <input type="text"/>		Amount of Each Receipt this Period 125.00
Name of Employer Huntington Memorial Hosp		Occupation Emergency Physician	0805608
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Dr. Robert David Argand		Date of Receipt
	Mailing Address 3321 Plateau Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Belmont	CA	94002-1311
	FEC ID number of contributing federal political committee.		Transaction ID: 23738170
	C <input type="text"/>		Amount of Each Receipt this Period 250.00
Name of Employer Robert David Argand, MD		Occupation Emergency Physician	0805609
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Randal L Dabbs		Date of Receipt
	Mailing Address 105 Osprey Cove Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Lenoir City	TN	37772-3899
	FEC ID number of contributing federal political committee.		Transaction ID: 23738175
	C <input type="text"/>		Amount of Each Receipt this Period 250.00
Name of Employer Team Healthi - MidSouth		Occupation Emergency Physician	0805609
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	<input type="text"/> 625.00
TOTAL 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 23 / 80
	<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.	Full Name (Last, First, Middle Initial) Dr. Philip C Van Dongen		Date of Receipt
	Mailing Address 75 May Apple Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	City Martinsburg	State WV	Zip Code 25403-1123
	FEC ID number of contributing federal political committee. C		Transaction ID: 23738183
	Name of Employer Philip C Van Dongen, 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	Amount of Each Receipt this Period 250.00

0805609

B.	Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher		Date of Receipt
	Mailing Address 79 Lakeside Green		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City The Woodlands	State TX	Zip Code 77382-2078
	FEC ID number of contributing federal political committee. C		Transaction ID: 23744264
	Name of Employer Greater Houston Emer Phys		Occupation Emergency Physician
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 100.00

IN20080229

C.	Full Name (Last, First, Middle Initial) Dr. Virgil W Smaltz		Date of Receipt
	Mailing Address 10 Saint Charles Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City Wheeling	State WV	Zip Code 26003-9382
	FEC ID number of contributing federal political committee. C		Transaction ID: 23744266
	Name of Employer Wheeling Hosp		Occupation Emergency Physician
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 250.00

IN20080229

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Dr. Michael D Bishop

Mailing Address
PO Box 3148

City State Zip Code
Bloomington IN 47402-3148

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

Name of Employer
Unity Phys Grp PC

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23744287

Amount of Each Receipt this Period
1000.00

IN20080227

B.

Full Name (Last, First, Middle Initial)
Dr. L Dean Egbert

Mailing Address
121 W Lakeview Way

City State Zip Code
Woodland Hills UT 84653-2031

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

Name of Employer
Mountain View Hosp

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23744310

Amount of Each Receipt this Period
1000.00

IN20080227

C.

Full Name (Last, First, Middle Initial)
Dr. Angela Siler Fisher

Mailing Address
79 Lakeside Green

City State Zip Code
The Woodlands TX 77382-2078

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

Name of Employer
Greater Houston Emer Phys

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23744325

Amount of Each Receipt this Period
100.00

IN20080227

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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 25 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. Angela F Gardner

Mailing Address
1914 Fair Field Dr

City State Zip Code
Grapevine TX 76051-7100

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

Name of Employer Occupation
UTMB Univ of TX Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23744348

Amount of Each Receipt this Period
250.00

IN20080227

B. Full Name (Last, First, Middle Initial)
Dr. Michael Joseph Gerardi

Mailing Address
29 Heritage Ct

City State Zip Code
Randolph NJ 07869-3534

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

Name of Employer Occupation
Emer Med Assoc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23744351

Amount of Each Receipt this Period
84.00

IN20080227

C. Full Name (Last, First, Middle Initial)
Dr. Jason Greenspan

Mailing Address
5017 Matilija Ave

City State Zip Code
Sherman Oaks CA 91423-1237

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

Name of Employer Occupation
Jason Greenspan, MD, FACEP Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23744365

Amount of Each Receipt this Period
250.00

IN20080227

SUBTOTAL of Receipts This Page (optional) ▶ **584.00**

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 26 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. J Brian Hancock

Mailing Address
4827 Pebworth Pl

City State Zip Code
Saginaw MI 48603-9306

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

Name of Employer Occupation
Sterling Healthcare Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 27 / 2008
Transaction ID: 23744372
Amount of Each Receipt this Period: 250.00
IN20080227

B. Full Name (Last, First, Middle Initial)
Dr. Charles Henrichs

Mailing Address
602 Red Oak Dr

City State Zip Code
Hendersonville NC 28791-1968

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

Name of Employer Occupation
Hendersonville Emer Consultant Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 27 / 2008
Transaction ID: 23744377
Amount of Each Receipt this Period: 250.00
IN20080227

C. Full Name (Last, First, Middle Initial)
Dr. Jay 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
CA Emerg Phys Med Grp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 27 / 2008
Transaction ID: 23744378
Amount of Each Receipt this Period: 100.00
IN20080227

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address
9348 Royal Mountain Dr

City State Zip Code
Chattanooga TN 37421-2067

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

Name of Employer Occupation
Univ TN Colg of Med-Deans Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23744426

Amount of Each Receipt this Period
250.00

IN20080227

B.

Full Name (Last, First, Middle Initial)
Dr. Mary Jo Wagner

Mailing Address
5425 Nottingham N

City State Zip Code
Saginaw MI 48603-2821

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

Name of Employer Occupation
Synergy Med Educ Alliance Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23744432

Amount of Each Receipt this Period
250.00

IN20080227

C.

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

Mailing Address
515 Whitecap Rd

City State Zip Code
Bellingham WA 98229-8911

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

Name of Employer Occupation
Skagit Valley Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23745362

Amount of Each Receipt this Period
250.00

0805809

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 28 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. Edwin Yi-chaio Hsu

Mailing Address
14740 SW 83rd Pl

City State Zip Code
Village of Palmett FL 33158-1975

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

Name of Employer
Edwin Yi-chaio Hsu, MD

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23745364

Amount of Each Receipt this Period
250.00

0805809

B. Full Name (Last, First, Middle Initial)
Dr. James Jerome Augustine

Mailing Address
3460 Kingsboro Rd NE # 329

City State Zip Code
Atlanta GA 30326-3302

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

Name of Employer
EMP

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 23745391

Amount of Each Receipt this Period
250.00

0805810

C. Full Name (Last, First, Middle Initial)
Dr. Jeremiah O'Shea

Mailing Address
20692 Creekside Dr

City State Zip Code
Smithfield VA 23430-8103

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

Name of Employer
Peninsula Emer Phys

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2008

Transaction ID: 23783607

Amount of Each Receipt this Period
250.00

0806065

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 29 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Michael P O'Mara

Mailing Address
4928 S Ellis Ave

City State Zip Code
Chicago IL 60615-2708

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

Name of Employer Occupation
Evergreen Emergency Svcs Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 23805670

Amount of Each Receipt this Period
250.00

0806510

B.

Full Name (Last, First, Middle Initial)
Dr. Suzanne Jean Martens

Mailing Address
38 Lake Breeze Ln

City State Zip Code
Random Lake WI 53075-1679

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

Name of Employer Occupation
Infinity Healthcare Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 23805745

Amount of Each Receipt this Period
500.00

0806511

C.

Full Name (Last, First, Middle Initial)
Dr. John D Bibb

Mailing Address
16449 Akron St

City State Zip Code
Pacific Plsds CA 90272-2304

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

Name of Employer Occupation
Cedars Sinai Medical Center Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 23805755

Amount of Each Receipt this Period
1000.00

0806512

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Paul Andrew Kozak

Mailing Address
21925 N Calle Royale

City State Zip Code
Scottsdale AZ 85255-5000

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

Name of Employer Occupation
Mayo Clinic Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 23805763

Amount of Each Receipt this Period
250.00

0806512

B. Full Name (Last, First, Middle Initial)
Dr. Timothy R Drury

Mailing Address
1290 Shannock Rd

City State Zip Code
Charlestown RI 02813-3745

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

Name of Employer Occupation
South County Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 23917171

Amount of Each Receipt this Period
365.00

IN20080305

C. Full Name (Last, First, Middle Initial)
Dr. John Duda

Mailing Address
106 Harbor Dr

City State Zip Code
Morehead City NC 28557-9649

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

Name of Employer Occupation
John Duda, MD, FACEP Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 23917173

Amount of Each Receipt this Period
365.00

IN20080305

SUBTOTAL of Receipts This Page (optional) ► **980.00**

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 31 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Michael J Werdmann

Mailing Address
240 Porters Hill Rd

City State Zip Code
Monroe CT 06468-2236

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

Name of Employer Occupation
Bridgeport Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 23917306

Amount of Each Receipt this Period
500.00

IN20080305

B.

Full Name (Last, First, Middle Initial)
Dr. Eric Decena

Mailing Address
5 Roderick Ct

City State Zip Code
E Northport NY 11731-5207

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

Name of Employer Occupation
Good Samaritan Hosp Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2008

Transaction ID: 23920224

Amount of Each Receipt this Period
500.00

0807204

C.

Full Name (Last, First, Middle Initial)
Dr. Brent F Gardner

Mailing Address
640 E Club Cir

City State Zip Code
Longwood FL 32779-2256

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

Name of Employer Occupation
Florida Emer Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2008

Transaction ID: 23920585

Amount of Each Receipt this Period
500.00

0807207

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: PAGE 32 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Luis Quintero		Date of Receipt		
	Mailing Address 3 Walnut Trace Ct		M M / D D / Y Y Y Y 03 / 12 / 2008		
	City Simpsonville	State SC	Zip Code 29681-4769	Transaction ID: 23974689	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Luis Quintero, MD, FACEP	Occupation Emergency Physician		IN20080312	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Joseph Bergen		Date of Receipt		
	Mailing Address 173 Littleton Cnty Rd		M M / D D / Y Y Y Y 03 / 13 / 2008		
	City Harvard	State MA	Zip Code 01451-1459	Transaction ID: 23974693	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Emerson Hosp	Occupation Emergency Physician		IN20080313	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. M Scott Linscott, Jr		Date of Receipt		
	Mailing Address 8157 Spectrum Cv		M M / D D / Y Y Y Y 03 / 14 / 2008		
	City Sandy	State UT	Zip Code 84093-5408	Transaction ID: 23975018	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer 1150 Moran Bldg	Occupation Emergency Physician		IN20080314	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional) **750.00**

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 33 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Marilyn Joan Heine	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 900 Twining Rd	Transaction ID: 23979514
	City State Zip Code Dresher PA 19025-1726	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Mercy Suburban Hosp Occupation: Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	0807403

B.	Full Name (Last, First, Middle Initial) Dr. Scott Edward Rudkin	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 6731 E Boscana Ct	Transaction ID: 23979537
	City State Zip Code Orange CA 92867-6406	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Univ CA Irvine Occupation: Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	0807407

C.	Full Name (Last, First, Middle Initial) Dr. Gregory Jon Smolin	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 3435 Pebble Ridge Dr	Transaction ID: 23979538
	City State Zip Code York PA 17402-4349	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: EMP of York County 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	0807407

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 34 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Steven Joseph Stack		Date of Receipt
	Mailing Address 2083 Bridgeport Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 14 / 2008
	City	State	Zip Code
	Lexington	KY	40502-2615
	FEC ID number of contributing federal political committee.		Transaction ID: 23979539
	C		Amount of Each Receipt this Period 1000.00
Name of Employer St Joseph East Hosp ED Med Dir		Occupation Emergency Physician	0807407
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael J Bresler		Date of Receipt
	Mailing Address 1025 Wilmington Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 14 / 2008
	City	State	Zip Code
	Emerald Hills	CA	94062-4069
	FEC ID number of contributing federal political committee.		Transaction ID: 23979542
	C		Amount of Each Receipt this Period 250.00
Name of Employer Mills Hosp		Occupation Emergency Physician	0807408
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Nancy J Vance		Date of Receipt
	Mailing Address 548 Avawam Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2008
	City	State	Zip Code
	Richmond	KY	40475-9195
	FEC ID number of contributing federal political committee.		Transaction ID: 23979569
	C		Amount of Each Receipt this Period 500.00
Name of Employer Rockcastle Hosp		Occupation Emergency Physician	0807908
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
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 35 / 80
(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. Full Name (Last, First, Middle Initial)
Dean Wilkerson

Mailing Address
538 Rolling Hills Rd

City State Zip Code
Coppell TX 75019-4049

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

Name of Employer: Dean Wilkerson Occupation: FEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 03 / 19 / 2008
Transaction ID: 23979570
 Amount of Each Receipt this Period: 1000.00
 0807909

B. Full Name (Last, First, Middle Initial)
Dr. Angela Siler Fisher

Mailing Address
79 Lakeside Green

City State Zip Code
The Woodlands TX 77382-2078

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

Name of Employer: Greater Houston Emer Phys Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 03 / 26 / 2008
Transaction ID: 24127481
 Amount of Each Receipt this Period: -100.00
 IN20080229

C. Full Name (Last, First, Middle Initial)
Dr. Angela Siler Fisher

Mailing Address
79 Lakeside Green

City State Zip Code
The Woodlands TX 77382-2078

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

Name of Employer: Greater Houston Emer Phys Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt: 03 / 26 / 2008
Transaction ID: 24127482
 Amount of Each Receipt this Period: -100.00
 IN20080130

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: PAGE 36 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Dr. Angela Siler Fisher

Mailing Address
79 Lakeside Green

City State Zip Code
The Woodlands TX 77382-2078

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

Name of Employer: Greater Houston Emer Phys
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt: 03 / 26 / 2008
Transaction ID: 24127484
Amount of Each Receipt this Period: -100.00
IN20071231

B.

Full Name (Last, First, Middle Initial)
Dr. Angela Siler Fisher

Mailing Address
79 Lakeside Green

City State Zip Code
The Woodlands TX 77382-2078

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

Name of Employer: Greater Houston Emer Phys
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt: 03 / 26 / 2008
Transaction ID: 24127485
Amount of Each Receipt this Period: -100.00
IN20071130

C.

Full Name (Last, First, Middle Initial)
Dr. Angela Siler Fisher

Mailing Address
79 Lakeside Green

City State Zip Code
The Woodlands TX 77382-2078

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

Name of Employer: Greater Houston Emer Phys
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-100.00

Date of Receipt: 03 / 26 / 2008
Transaction ID: 24127488
Amount of Each Receipt this Period: -100.00
IN20071024

SUBTOTAL of Receipts This Page (optional) ► **-300.00**

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 37 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. Keith Thomas Borg

Mailing Address
145 Oyster Point Row

City State Zip Code
Charleston SC 29412-3632

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

Name of Employer Occupation
Med Univ of SC Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24127504

Amount of Each Receipt this Period
100.00

IN20080327

B. Full Name (Last, First, Middle Initial)
Dr. Alexander Max Rosenau

Mailing Address
1140 N Broad St

City State Zip Code
Allentown PA 18104-2912

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

Name of Employer Occupation
Lehigh Valley Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24127506

Amount of Each Receipt this Period
250.00

IN20080327

C. Full Name (Last, First, Middle Initial)
Dr. Clifford Erickson

Mailing Address
5309 Ellington Ct

City State Zip Code
Newburgh IN 47630-3170

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

Name of Employer Occupation
Clifford Erickson, MD, FA-CEP Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24127619

Amount of Each Receipt this Period
85.00

IN20080327

SUBTOTAL of Receipts This Page (optional) ► 435.00

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 38 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Robert Kec

Mailing Address
1900 Paradise Ln

City State Zip Code
Prescott AZ 86305-5284

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

Name of Employer Occupation
PMB 521 Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: 24127622

Amount of Each Receipt this Period
100.00

IN20080327

B.

Full Name (Last, First, Middle Initial)
Dr. Angela Siler Fisher

Mailing Address
79 Lakeside Green

City State Zip Code
The Woodlands TX 77382-2078

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

Name of Employer Occupation
Greater Houston Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: 24127662

Amount of Each Receipt this Period
100.00

IN20080327

C.

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

Mailing Address
40 Lane Rd

City State Zip Code
Derry NH 03038-4194

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

Name of Employer Occupation
EmCare Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: 24127663

Amount of Each Receipt this Period
100.00

IN20080327

SUBTOTAL of Receipts This Page (optional)

300.00

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 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. Gregory L Shangold

Mailing Address
66 Beacon Hill Dr

City State Zip Code
Storrs CT 06268-2756

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

Name of Employer Occupation
Windham Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24127664

Amount of Each Receipt this Period
83.33

IN20080327

B. Full Name (Last, First, Middle Initial)
Dr. Michelle Marie McLean

Mailing Address
1301 Glendale Ave

City State Zip Code
Saginaw MI 48638-4723

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

Name of Employer Occupation
Covenant Hlthcre Emer Phys Grp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24127666

Amount of Each Receipt this Period
100.00

IN20080327

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

Mailing Address
4162 Ethan Dr

City State Zip Code
Eagan MN 55123-4908

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

Name of Employer Occupation
Asst Prof of EM Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24127668

Amount of Each Receipt this Period
100.00

IN20080327

SUBTOTAL of Receipts This Page (optional) ► 283.33

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Brien Alfred Barnewolt

Mailing Address
68 Greenlawn Ave

City State Zip Code
Newton MA 02459-1714

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

Name of Employer Occupation
New England Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24127670

Amount of Each Receipt this Period
83.33

IN20080327

B.

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

Mailing Address
9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

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

Name of Employer Occupation
Inphynet Team Hlth Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24127671

Amount of Each Receipt this Period
83.33

IN20080327

C.

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

Mailing Address
1470 Point Marion Rd

City State Zip Code
Morgantown WV 26508-1454

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

Name of Employer Occupation
RCB-HSC Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24128566

Amount of Each Receipt this Period
83.33

IN20080327

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 41 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.	Full Name (Last, First, Middle Initial) Dr. James R Dudley		Date of Receipt MM / DD / YYYY 03 / 27 / 2008		
	Mailing Address PO Box 488		Transaction ID: 24128575		
	City Gloucester	State VA	Zip Code 23061-0488	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		IN20080327		
	Name of Employer Riverside Tappahannock Hosp	Occupation Emergency Physician	Aggregate Year-to-Date 300.00		

B.	Full Name (Last, First, Middle Initial) Dr. Diana L Fite		Date of Receipt MM / DD / YYYY 03 / 27 / 2008		
	Mailing Address PO Box 2029		Transaction ID: 24128656		
	City Waller	State TX	Zip Code 77484-2029	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		IN20080327		
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	Aggregate Year-to-Date 270.00		

C.	Full Name (Last, First, Middle Initial) Dr. Juan Francisco Fitz		Date of Receipt MM / DD / YYYY 03 / 27 / 2008		
	Mailing Address 6021 90th St		Transaction ID: 24128657		
	City Lubbock	State TX	Zip Code 79424-0814	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		IN20080327		
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	Aggregate Year-to-Date 249.99		

SUBTOTAL of Receipts This Page (optional)	273.33
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 42 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Kelly Foley

Mailing Address

1133 Pond Cypress Dr

City State Zip Code
Virginia Bch VA 23455-6859

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

Name of Employer Occupation
Emer Phys of Tidewater Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: 24128659

Amount of Each Receipt this Period

85.00

IN20080327

B.

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

Mailing Address

29 Heritage Ct

City State Zip Code
Randolph NJ 07869-3534

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

Name of Employer Occupation
Emer Med Assoc Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: 24128661

Amount of Each Receipt this Period

84.00

IN20080327

C.

Full Name (Last, First, Middle Initial)
Dr. Mylissa Amy Graber

Mailing Address

7809 Trieste Pl

City State Zip Code
Delray Beach FL 33446-4403

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

Name of Employer Occupation
Coral Springs Med Ctr 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
03 / 27 / 2008

Transaction ID: 24128707

Amount of Each Receipt this Period

100.00

IN20080327

SUBTOTAL of Receipts This Page (optional)

269.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. Daniel G Hankins

Mailing Address
9652 55th Ave NW

City State Zip Code
Oronoco MN 55960-2218

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

Name of Employer Occupation
Mayo Clinic Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 27 / 2008
Transaction ID: 24128812
Amount of Each Receipt this Period: 100.00
IN20080327

B. Full Name (Last, First, Middle Initial)
Dr. Jay 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
CA Emerg Phys Med Grp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 27 / 2008
Transaction ID: 24128875
Amount of Each Receipt this Period: 100.00
IN20080327

C. Full Name (Last, First, Middle Initial)
Dr. Scott Jason Korvek

Mailing Address
1212 Lakemont Dr

City State Zip Code
Pittsburgh PA 15243-1874

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

Name of Employer Occupation
Allegheny Gen Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 27 / 2008
Transaction ID: 24128934
Amount of Each Receipt this Period: 100.00
IN20080327

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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 44 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

A.

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

Mailing Address
1500 Ridgeway Rd

City State Zip Code
Dayton OH 45419-3008

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

Name of Employer Occupation
Premier Hlth Care Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24129009

Amount of Each Receipt this Period
75.00

IN20080327

B.

Full Name (Last, First, Middle Initial)
Dr. Jacob Mark Meredith, III

Mailing Address
1231A Rt 532

City State Zip Code
Chatsworth NJ 08019-9711

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

Name of Employer Occupation
Cmnty Med Ctr ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24129139

Amount of Each Receipt this Period
83.33

IN20080327

C.

Full Name (Last, First, Middle Initial)
Dr. John S Milne

Mailing Address
530 Wilderness Peak Dr NW

City State Zip Code
Issaquah WA 98027-5621

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

Name of Employer Occupation
Eastside Emer Phys PLLC Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24129213

Amount of Each Receipt this Period
83.33

IN20080327

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: PAGE 45 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Dr. Ira R Nemeth

Mailing Address

3225 Turtle Creek Blvd Apt 134

City

Dallas

State

TX

Zip Code

75219-5457

FEC ID number of contributing federal political committee.

C

Name of Employer
Ira R Nemeth, MD

Occupation

Emergency Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 24129275

Amount of Each Receipt this Period

100.00

IN20080327

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey R Nickel

Mailing Address

2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing federal political committee.

C

Name of Employer
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 24129345

Amount of Each Receipt this Period

100.00

IN20080327

C.

Full Name (Last, First, Middle Initial)

Dr. Lee E Payne

Mailing Address

904 Luke St

City

Travis Afb

State

CA

Zip Code

94535-1354

FEC ID number of contributing federal political committee.

C

Name of Employer
David Grant Med Ctr

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
0 3 / 2 7 / 2 0 0 8

Transaction ID: 24129412

Amount of Each Receipt this Period

83.33

IN20080327

SUBTOTAL of Receipts This Page (optional)

283.33

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 46 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. 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 Univ Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24129466

Amount of Each Receipt this Period
83.33

IN20080327

B. Full Name (Last, First, Middle Initial)
Dr. Robert C Solomon

Mailing Address
214 Briar Path

City State Zip Code
Imperial PA 15126-9686

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

Name of Employer Occupation
Steel Vly Emer Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24129524

Amount of Each Receipt this Period
83.33

IN20080327

C. Full Name (Last, First, Middle Initial)
Dr. Ronald S Strony

Mailing Address
6660 Richardson Rd

City State Zip Code
Fairview PA 16415-1654

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

Name of Employer Occupation
Hamot Med Ctr ED Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 24129584

Amount of Each Receipt this Period
83.33

IN20080327

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 47 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr Gordon Wheeler

Mailing Address ACEP
2121 K St NW Ste 325

City Washington State DC Zip Code 20037-1886

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

Name of Employer Gordon Wheeler Occupation FEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2008

Transaction ID: 24129671

Amount of Each Receipt this Period 100.00

IN20080327

B.

Full Name (Last, First, Middle Initial)
Dr. John D Bibb

Mailing Address 16449 Akron St

City Pacific Plsds State CA Zip Code 90272-2304

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

Name of Employer Cedars Sinai Medical Center Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 03 / 27 / 2008

Transaction ID: 24136519

Amount of Each Receipt this Period 100.00

0808704

C.

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

Mailing Address 1400 Crystal Lake Dr

City Silver Lake State OH Zip Code 44224-2927

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

Name of Employer Gen Emer Med Spec Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 03 / 21 / 2008

Transaction ID: 24136525

Amount of Each Receipt this Period 1000.00

0808104

SUBTOTAL of Receipts This Page (optional) ▶ 1200.00

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 48 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Eric Michael Ketcham

Mailing Address
228 W 35th St

City State Zip Code
Farmington NM 87401-4047

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

Name of Employer Occupation
San Juan Reg Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2008

Transaction ID: 24136529

Amount of Each Receipt this Period
500.00

0808106

B.

Full Name (Last, First, Middle Initial)
Dr. Thomas C Madden

Mailing Address
6195 Deerwood Dr

City State Zip Code
Greenwood IN 46143-9159

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

Name of Employer Occupation
Bloomington Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2008

Transaction ID: 24136532

Amount of Each Receipt this Period
300.00

0808106

C.

Full Name (Last, First, Middle Initial)
Dr. William K Sheffield

Mailing Address
5703 S 950 E

City State Zip Code
S Ogden UT 84405-4983

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

Name of Employer Occupation
EPIC LLC Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2008

Transaction ID: 24136538

Amount of Each Receipt this Period
500.00

0808106

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 49 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Henry P Hammersmith		Date of Receipt MM / DD / YYYY 03 / 28 / 2008		
	Mailing Address 12070 Hoskins NE		Transaction ID: 24138024		
	City Cedar Springs	State MI	Zip Code 49319-9182	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		IN20080328		
	Name of Employer Butterworth Hosp	Occupation Emergency Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Shkelzen Hoxhaj		Date of Receipt MM / DD / YYYY 03 / 28 / 2008		
	Mailing Address 4130 Drake St		Transaction ID: 24138025		
	City Houston	State TX	Zip Code 77005-1028	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		IN20080328		
	Name of Employer Baylor Colg of Med	Occupation Emergency Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Dr. John C Moorhead		Date of Receipt MM / DD / YYYY 03 / 31 / 2008		
	Mailing Address 4138 SW Hamilton Ter		Transaction ID: 24138772		
	City Portland	State OR	Zip Code 97239-4110	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		IN20080331		
	Name of Employer Oregon Hlth Sci Univ CDW-EM	Occupation Emergency Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 50 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Gary L Carter		Date of Receipt		
	Mailing Address 5408 NW 60th Terr		M M / D D / Y Y Y Y Y 03 / 31 / 2008		
	City Kansas City	State MO	Zip Code 64151-4394	Transaction ID: 24138788	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer North Kansas City Hosp	Occupation Emergency Physician		IN20080331	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Lee W Davidson		Date of Receipt		
	Mailing Address 2160 Onyx St		M M / D D / Y Y Y Y Y 03 / 31 / 2008		
	City Eugene	State OR	Zip Code 97403-1534	Transaction ID: 24138802	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00		
	Name of Employer Cascade Med Assoc	Occupation Emergency Physician		IN20080331	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00			

C.	Full Name (Last, First, Middle Initial) Dr. Gerard Walter Dynkowski		Date of Receipt		
	Mailing Address 1596 Whitetail Ln		M M / D D / Y Y Y Y Y 03 / 31 / 2008		
	City Cedarburg	State WI	Zip Code 53012-8955	Transaction ID: 24138804	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	Name of Employer Infinity HealthCare Inc	Occupation Emergency Physician		IN20080331	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 51 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Timothy G Greco

Mailing Address
1260 Crestview Dr

City State Zip Code
Fullerton CA 92833-2206

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

Name of Employer Occupation
St Jude Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 24138806

Amount of Each Receipt this Period
1000.00

IN20080331

B.

Full Name (Last, First, Middle Initial)
Dr. Steven R Horn

Mailing Address
5285 Laurel Ridge Ln

City State Zip Code
Cincinnati OH 45247-7950

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

Name of Employer Occupation
McCullough Hyde Mem Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 24138808

Amount of Each Receipt this Period
500.00

IN20080331

C.

Full Name (Last, First, Middle Initial)
Dr. John Joseph Kelly

Mailing Address
8617 Seminole St

City State Zip Code
Philadelphia PA 19118-3728

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

Name of Employer Occupation
Einstein Practice Plan Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 24138810

Amount of Each Receipt this Period
500.00

IN20080331

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 52 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Larry D Parker

Mailing Address
PO Box 88

City State Zip Code
Sieper LA 71472-0088

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

Name of Employer Occupation
St Francis Cabrini Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 24138812

Amount of Each Receipt this Period
1000.00

IN20080331

B.

Full Name (Last, First, Middle Initial)
Dr. Christopher R Pund

Mailing Address
872 Golden Bell Pl

City State Zip Code
Lexington KY 40515-1198

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

Name of Employer Occupation
Ephraim McDowell Reg Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 24138858

Amount of Each Receipt this Period
1000.00

IN20080331

C.

Full Name (Last, First, Middle Initial)
Dr. Armando G Samaniego

Mailing Address
3313 N Lucile Ln

City State Zip Code
Lafayette CA 94549-5425

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

Name of Employer Occupation
Armando G Samaniego, MD Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 24138945

Amount of Each Receipt this Period
500.00

IN20080331

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 53 / 80
(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. Full Name (Last, First, Middle Initial)
Dr. Allister G Stone

Mailing Address
1118 Magnolia Dr

City State Zip Code
Fircrest WA 98466-5835

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

Name of Employer: Allister G Stone, DO Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2008
Transaction ID: 24139106
Amount of Each Receipt this Period: 500.00
IN20080331

B. Full Name (Last, First, Middle Initial)
Dr. Joseph R Lex, Jr

Mailing Address
4 Bryn Mawr Ave

City State Zip Code
Bala Cynwyd PA 19004-3111

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

Name of Employer: Temple Univ Hosp Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2008
Transaction ID: 24142603
Amount of Each Receipt this Period: 500.00
0809108

C. Full Name (Last, First, Middle Initial)
Dr. Timothy Martin O'Toole

Mailing Address
2661 MacNaughten Rd NW

City State Zip Code
North Canton OH 44720-9546

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

Name of Employer: Aultman Hosp ED Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2008
Transaction ID: 24142608
Amount of Each Receipt this Period: 500.00
0809108

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ► 53498.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 80
(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. Full Name (Last, First, Middle Initial)
SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1539.09

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 24231646

Amount of Each Receipt this Period
1539.09

B. Full Name (Last, First, Middle Initial)
SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2856.67

Date of Receipt
MM / DD / YYYY
02 / 29 / 2008

Transaction ID: 24231846

Amount of Each Receipt this Period
1317.58

C. Full Name (Last, First, Middle Initial)
SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3874.66

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 24231849

Amount of Each Receipt this Period
1017.99

SUBTOTAL of Receipts This Page (optional) ► **3874.66**

TOTAL This Period (last page this line number only) ► **3874.66**

**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

A.	Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC	Transaction ID: 22751906 Date of Disbursement 01 / 01 / 2008
	Mailing Address 2201 Wisconsin Ave, NW Suite 320	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC	Transaction ID: 22845108 Date of Disbursement 01 / 01 / 2008
	Mailing Address 2201 Wisconsin Ave, NW Suite 320	Amount of Each Disbursement this Period -5000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Void - Republican Main Street Partnership PAC	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Void - Republican Main Street Partnership PAC

C.	Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC	Transaction ID: 22845354 Date of Disbursement 01 / 01 / 2008
	Mailing Address 2201 Wisconsin Ave, NW Suite 320	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

<p>A. Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC</p> <p>Mailing Address 2201 Wisconsin Ave, NW Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22998086 Date of Disbursement 01 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC</p> <p>Mailing Address 2201 Wisconsin Ave, NW Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Void - Republican Main Street Partnership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22997982 Date of Disbursement 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p> <p>Void - Republican Main Street Partnership PAC</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008</p> <p>Mailing Address 5915 Eastman Ave. Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General</p>	<p>Transaction ID: 23230485 Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

A.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	Transaction ID: 23230515 Date of Disbursement 01 / 23 / 2008
	Mailing Address 555 Capitol Mall Suite 1425	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Anna G. Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 14	2008 General

B.	Full Name (Last, First, Middle Initial) Friends Of Patrick J. Kennedy Inc.	Transaction ID: 23230503 Date of Disbursement 01 / 23 / 2008
	Mailing Address P.O. Box 321	Amount of Each Disbursement this Period 1000.00
	City Pawtucket State RI Zip Code 02860	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Patrick J. Kennedy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: RI District: 01	2008 Primary

C.	Full Name (Last, First, Middle Initial) Keller For Congress	Transaction ID: 23230426 Date of Disbursement 01 / 23 / 2008
	Mailing Address P.O. Box 1453	Amount of Each Disbursement this Period 1000.00
	City Orlando State FL Zip Code 32802	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Richard A. Keller	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 08	2008 General

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

<p>A. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 430 S. Captiol St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 23230549 Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Blue Dog Coalition</p> <p>Mailing Address 227 massachusetts Avenue Suite 101</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 23230478 Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Stabenow For Us Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 2012 Primary</p>	<p>Transaction ID: 23230444 Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

21000.00

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

A.	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota	Transaction ID: 23230540 Date of Disbursement 01 / 23 / 2008
	Mailing Address PO Box 2009	Amount of Each Disbursement this Period 1500.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Stephanie Herseth Sandlin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

B.	Full Name (Last, First, Middle Initial) Voice For Freedom PAC	Transaction ID: 23230548 Date of Disbursement 01 / 23 / 2008
	Mailing Address 2451 Cumberland Parkway Suite 3264	Amount of Each Disbursement this Period 2500.00
	City Atlanta State GA Zip Code 30339	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TRUST PAC	Transaction ID: 23230539 Date of Disbursement 01 / 23 / 2008
	Mailing Address 104 Hume Avenue	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 60 / 80

<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

<p>A. Full Name (Last, First, Middle Initial) Tuesday Group PAC</p> <p>Mailing Address c/o Goegas and Associates 1707 Prince Street, #5</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 23230551 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	3	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	3	/	2	0	0	8												
<p>B. Full Name (Last, First, Middle Initial) Ron Lewis For Congress</p> <p>Mailing Address PO Box 307</p> <p>City Elizabethtown State KY Zip Code 42702</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 02 2008 Primary</p>	<p>Transaction ID: 23230472 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	3	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	3	/	2	0	0	8												
<p>C. Full Name (Last, First, Middle Initial) Schock For Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 18 2008 Primary</p>	<p>Transaction ID: 23230468 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	3	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	3	/	2	0	0	8												

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">8000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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

A.	Full Name (Last, First, Middle Initial) Friends Of Mark Warner	Transaction ID: 23230476 Date of Disbursement 01 / 23 / 2008
	Mailing Address 1029 North Royal Street 2nd Fl	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mark Warner	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

B.	Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee	Transaction ID: 23230492 Date of Disbursement 01 / 23 / 2008
	Mailing Address P.O. Box 730 C/O C. Bruce Lawrence	Amount of Each Disbursement this Period 2500.00
	City Honeoye State NY Zip Code 14471	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Louise McIntosh Slaughter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

C.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 23427585 Date of Disbursement 02 / 06 / 2008
	Mailing Address PO Box 133	Amount of Each Disbursement this Period 1000.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael N. Castle	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

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

A.	Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress	Transaction ID: 23427521 Date of Disbursement MM / DD / YYYY 02 / 06 / 2008
	Mailing Address P.O. Box 490286	Amount of Each Disbursement this Period 1500.00
	City Chicago State IL Zip Code 60649	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jesse L. Jackson, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General

B.	Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc	Transaction ID: 23427366 Date of Disbursement MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 6850 Austin Centre Blvd Suite 180	Amount of Each Disbursement this Period 500.00
	City Austin State TX Zip Code 78731	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. John Cornyn	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2003 Primary

C.	Full Name (Last, First, Middle Initial) Porter For Congress	Transaction ID: 23427519 Date of Disbursement MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 7840 Red Leaf Drive	Amount of Each Disbursement this Period 1500.00
	City Las Vegas State NV Zip Code 89131	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jon C. Porter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2003 Primary

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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

A. Full Name (Last, First, Middle Initial) Udall For Colorado <hr/> Mailing Address PO Box 40158 <hr/> City Denver State CO Zip Code 80204 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Mark Udall <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General	Transaction ID: 23427807 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) Volunteers For Shimkus <hr/> Mailing Address PO Box 5458 <hr/> City Springfield State IL Zip Code 62705 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John M. Shimkus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General	Transaction ID: 23492156 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Tim Murphy For Congress <hr/> Mailing Address PO Box 24551 <hr/> City Pttsburgh State PA Zip Code 15234 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Tim F. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary	Transaction ID: 23492598 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

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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

A.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 23491144 Date of Disbursement MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 320 First Street, SW	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District:	

B.	Full Name (Last, First, Middle Initial) Collins For Senator	Transaction ID: 23491220 Date of Disbursement MM / DD / YYYY 02 / 13 / 2008
	Mailing Address PO Box 1096	Amount of Each Disbursement this Period 2500.00
	City Bangor State ME Zip Code 04402	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Susan M. Collins	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: ME District: 2008 Primary	

C.	Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress	Transaction ID: 23491554 Date of Disbursement MM / DD / YYYY 02 / 13 / 2008
	Mailing Address P.O. Box 11519	Amount of Each Disbursement this Period 1000.00
	City Charleston State WV Zip Code 25339	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Shelley Moore Capito	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: WV District: 02 2008 Primary	

SUBTOTAL of Disbursements This Page (optional)	▶	18500.00
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

A.	Full Name (Last, First, Middle Initial) Tuesday Group PAC	Transaction ID: 23491803 Date of Disbursement 02 / 13 / 2008
	Mailing Address c/o Goeas and Associates 1707 Prince Street, #5	Amount of Each Disbursement this Period -5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Void - Tuesday Group PAC / Per Jeanne, they lost the check	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Tuesday Group PAC / Per Jeanne, they lost the check

B.	Full Name (Last, First, Middle Initial) Tuesday Group PAC	Transaction ID: 23492917 Date of Disbursement 02 / 13 / 2008
	Mailing Address c/o Goeas and Associates 1707 Prince Street, #5	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ron Lewis For Congress	Transaction ID: 23491906 Date of Disbursement 02 / 13 / 2008
	Mailing Address PO Box 307	Amount of Each Disbursement this Period -1000.00
	City Elizabethtown State KY Zip Code 42702	
	Purpose of Disbursement Void - Ron Lewis For Congress	011 Category/ Type
	Candidate Name Rep. Ron Lewis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary
		Void - Ron Lewis For Congress

SUBTOTAL of Disbursements This Page (optional)	-1000.00
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

A. Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Fortney Peter Stark

Office Sought: House Senate President
State: CA District: 13
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 General

Transaction ID: 23613747
Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Pete Sessions For Congress 2008

Mailing Address Post Office Box 38585

City State Zip Code
Dallas TX 75238

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Pete Sessions

Office Sought: House Senate President
State: TX District: 32
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Primary

Transaction ID: 23613770
Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Kirk For Congress

Mailing Address P.O. Box 8

City State Zip Code
Winnetka IL 60093

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Mark Steven Kirk

Office Sought: House Senate President
State: IL District: 10
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 General

Transaction ID: 23613760
Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

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

A.	Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: 23613762 Date of Disbursement 02 / 20 / 2008
	Mailing Address PO Box 581 Post Office Box 581	Amount of Each Disbursement this Period 2500.00
	City Brighton State MI Zip Code 48116	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael J. Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

B.	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson	Transaction ID: 23613767 Date of Disbursement 02 / 20 / 2008
	Mailing Address P.O. Box 61	Amount of Each Disbursement this Period 1000.00
	City St. Clairsville State OH Zip Code 43950	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Charles Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

C.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	Transaction ID: 23616838 Date of Disbursement 02 / 21 / 2008
	Mailing Address 555 Capitol Mall Suite 1425	Amount of Each Disbursement this Period -2500.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Void - Anna Eshoo For Congress	011 Category/ Type
	Candidate Name Rep. Anna G. Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

SUBTOTAL of Disbursements This Page (optional)	1000.00
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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Lois Capps</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary</p>	<p>Transaction ID: 23737105</p> <p>Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General</p>	<p>Transaction ID: 23737088</p> <p>Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) People For English</p> <p>Mailing Address PO Box 1940</p> <p>City Erie State PA Zip Code 16507</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Phil English</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary</p>	<p>Transaction ID: 23737125</p> <p>Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

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<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

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 23737180 Date of Disbursement 02 / 29 / 2008
	Mailing Address 430 South Capitol Street	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress	Transaction ID: 23737211 Date of Disbursement 02 / 29 / 2008
	Mailing Address PO Box 2334	Amount of Each Disbursement this Period 1000.00
	City Denton State TX Zip Code 76202	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael C. Burgess, M.D.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26 2008 General	

C.	Full Name (Last, First, Middle Initial) Collins For Senator	Transaction ID: 23737100 Date of Disbursement 02 / 29 / 2008
	Mailing Address PO Box 1096	Amount of Each Disbursement this Period 2500.00
	City Bangor State ME Zip Code 04402	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Susan M. Collins	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 2008 General	

SUBTOTAL of Disbursements This Page (optional)	▶	18500.00
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

<p>A. Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address DNC 430 S. Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 23737213 Date of Disbursement: 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 13 2008 Primary</p>	<p>Transaction ID: 23737233 Date of Disbursement: 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Christopher Shays For Congress Committee</p> <p>Mailing Address 98 East Avenue Rear Building</p> <p>City Norwalk State CT Zip Code 06851</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04 2008 Primary</p>	<p>Transaction ID: 23737140 Date of Disbursement: 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional)	18000.00
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

A.	Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro	Transaction ID: 23737102 Date of Disbursement 02 / 29 / 2008
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 1500.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Rosa L. DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

B.	Full Name (Last, First, Middle Initial) Carney For Congress	Transaction ID: 23737057 Date of Disbursement 02 / 29 / 2008
	Mailing Address P.O. Box A	Amount of Each Disbursement this Period 1500.00
	City Clarks Summit State PA Zip Code 18411	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Christopher P. Carney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

C.	Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: 23737054 Date of Disbursement 02 / 29 / 2008
	Mailing Address 14 Knightswood Drive	Amount of Each Disbursement this Period 2000.00
	City Marlton State NJ Zip Code 08053	
	Purpose of Disbursement	011 Category/Type
	Candidate Name John Adler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

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

A.	Full Name (Last, First, Middle Initial) Jackie Speier For Congress	Transaction ID: 23737110 Date of Disbursement 02 / 29 / 2008
	Mailing Address PO Box 112	Amount of Each Disbursement this Period 2000.00
	City Burlingame State CA Zip Code 94011	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Jackie Speier	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

B.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: 23737168 Date of Disbursement 02 / 29 / 2008
	Mailing Address P.O. Box 530788	Amount of Each Disbursement this Period 2500.00
	City Livonia State MI Zip Code 48153	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Thaddeus G. McCotter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

C.	Full Name (Last, First, Middle Initial) Andy Harris For Congress	Transaction ID: 23737184 Date of Disbursement 02 / 29 / 2008
	Mailing Address PO Box 1527	Amount of Each Disbursement this Period 2500.00
	City Annapolis State MD Zip Code 21404	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Andrew Harris	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General

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

A.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 23811717 Date of Disbursement 03 / 12 / 2008
	Mailing Address 3069 Conquista Court	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89121	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

B.	Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen	Transaction ID: 23811727 Date of Disbursement 03 / 12 / 2008
	Mailing Address PO Box 326	Amount of Each Disbursement this Period 1000.00
	City Everett State WA Zip Code 98206	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Rick Larsen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

C.	Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.	Transaction ID: 23811702 Date of Disbursement 03 / 12 / 2008
	Mailing Address P.O. Box 61337	Amount of Each Disbursement this Period 1000.00
	City Denver State CO Zip Code 80206	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Diana DeGette	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

A.	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	Transaction ID: 23811700 Date of Disbursement 03 / 12 / 2008
	Mailing Address 607 14th Street Nw Suite 800 Suite 1434	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Mary L. Landrieu	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

B.	Full Name (Last, First, Middle Initial) NewDem PAC	Transaction ID: 23811718 Date of Disbursement 03 / 12 / 2008
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Betty Sutton For Congress	Transaction ID: 23811744 Date of Disbursement 03 / 12 / 2008
	Mailing Address 1700 W. Market St. #155	Amount of Each Disbursement this Period 1000.00
	City Akron State OH Zip Code 44313	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Betty Sutton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General

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

A.	Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc	Transaction ID: 24010736 Date of Disbursement 03 / 26 / 2008
	Mailing Address 6850 Austin Centre Blvd Suite 180	Amount of Each Disbursement this Period 1000.00
	City Austin State TX Zip Code 78731	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. John Cornyn	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General

B.	Full Name (Last, First, Middle Initial) Heather Wilson For Senate	Transaction ID: 24010740 Date of Disbursement 03 / 26 / 2008
	Mailing Address P.O. Box 14070	Amount of Each Disbursement this Period 2500.00
	City Albuquerque State NM Zip Code 87191	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Heather A. Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2003 Primary

C.	Full Name (Last, First, Middle Initial) Norm Coleman For U S Senate	Transaction ID: 24010731 Date of Disbursement 03 / 26 / 2008
	Mailing Address 1412 Energy Park Drive #11	Amount of Each Disbursement this Period 5000.00
	City Saint Paul State MN Zip Code 55108	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Norm Coleman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General

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

A.	Full Name (Last, First, Middle Initial) Tim Bishop For Congress	Transaction ID: 24010640 Date of Disbursement 03 / 26 / 2008
	Mailing Address PO Box 437	Amount of Each Disbursement this Period 1000.00
	City Farmingville State NY Zip Code 11738	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Timothy Bishop	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

B.	Full Name (Last, First, Middle Initial) Giffords For Congress	Transaction ID: 24010644 Date of Disbursement 03 / 26 / 2008
	Mailing Address PO Box 12886	Amount of Each Disbursement this Period 1000.00
	City Tucson State AZ Zip Code 85732	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Gabrielle Giffords	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

C.	Full Name (Last, First, Middle Initial) Friends Of Mark Warner	Transaction ID: 24010649 Date of Disbursement 03 / 26 / 2008
	Mailing Address 1029 North Royal Street 2nd Fl	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mark Warner	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

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

A.	Full Name (Last, First, Middle Initial) Paul Hodes For Congress	Transaction ID: 24010651 Date of Disbursement 03 / 26 / 2008
	Mailing Address 26 South Main Street, #253	Amount of Each Disbursement this Period 1000.00
	City Concord State NH Zip Code 03301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Paul W. Hodes	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

B.	Full Name (Last, First, Middle Initial) Cathy McMorris For Congress	Transaction ID: 24010642 Date of Disbursement 03 / 26 / 2008
	Mailing Address Box 137	Amount of Each Disbursement this Period 1000.00
	City Spokane State WA Zip Code 99210	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Cathy McMorris Rodgers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

C.	Full Name (Last, First, Middle Initial) David Davis Victory Fund	Transaction ID: 24010645 Date of Disbursement 03 / 26 / 2008
	Mailing Address PO Box 781	Amount of Each Disbursement this Period 1000.00
	City Johnson City State TN Zip Code 37605	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. David Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

A.	Full Name (Last, First, Middle Initial) Sestak For Congress		Transaction ID: 24010729	
	Mailing Address P.O. Box 16		Date of Disbursement 03 / 26 / 2008	
	City Media	State PA	Zip Code 19063	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011	
	Candidate Name Rep. Joe Sestak		Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: PA	District: 07 2008 Primary		
B.	Full Name (Last, First, Middle Initial) Pat Roberts For Senate		Transaction ID: 24125456	
	Mailing Address PO Box 433		Date of Disbursement 03 / 27 / 2008	
	City Great Bend	State KS	Zip Code 67530	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011	
	Candidate Name Sen. Pat Roberts		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: KS	District: 2008 General		

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

169500.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CHASE BANK	Transaction ID: 23092801 Date of Disbursement 01 / 16 / 2008
	Mailing Address 545 EAST JOHN CARPENTER FRWY	Amount of Each Disbursement this Period 5583.00
	City IRVING State TX Zip Code 75062	
	Purpose of Disbursement 2007 FIT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2007 FIT

B.	Full Name (Last, First, Middle Initial) CHASE BANK	Transaction ID: 24231850 Date of Disbursement 01 / 31 / 2008
	Mailing Address 545 EAST JOHN CARPENTER FRWY	Amount of Each Disbursement this Period 645.40
	City IRVING State TX Zip Code 75062	
	Purpose of Disbursement Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHASE BANK	Transaction ID: 24231853 Date of Disbursement 02 / 29 / 2008
	Mailing Address 545 EAST JOHN CARPENTER FRWY	Amount of Each Disbursement this Period 454.62
	City IRVING State TX Zip Code 75062	
	Purpose of Disbursement Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	6683.02
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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City IRVING State TX Zip Code 75062

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 24231854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

382.14

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

382.14

TOTAL This Period (last page this line number only)

7065.16