

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

ADDRESS (number and street) 4950 W Royal Lane

Check if different than previously reported. (ACC) Irving TX 75038

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00140061  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(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 (12S)

Election on 11 / 06 / 2018 in the State of TX

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period 10 / 01 / 2018 through 10 / 17 / 2018

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

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Powers, Layla, , Mrs., MBA [Electronically Filed] Date 12 / 04 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		401678.81
(b) Cash on Hand at Beginning of Reporting Period.....	215758.98	
(c) Total Receipts (from Line 19) .....	34895.59	799330.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	250654.57	1201009.13
7. Total Disbursements (from Line 31).....	145513.75	1095868.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	105140.82	105140.82
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23842.21	425742.48
(ii) Unitemized .....	11053.38	367685.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34895.59	793427.48
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5512.50
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	34895.59	798939.98
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	312.50
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	77.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	34895.59	799330.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	34895.59	799330.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	13.75	12369.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13.75	12369.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	145500.00	1080999.26
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	145513.75	1095868.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	145513.75	1095868.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34895.59	798939.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34895.59	798939.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13.75	12369.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13.75	12369.05

**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 6 OF 66
<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 / American College of Emergency Physicians**

**A. Adams, John, Edward, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3549 Teravista Way  
 City Raleigh State NC Zip Code 27616-9312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-122**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Aswegan, Andrew, Luke, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 Dove Ln  
 City Elkton State MD Zip Code 21921-7643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 64503973-7A42-4C68-**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

**C. Baddoura, Rashid, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Heights Rd  
 City Ridgewood State NJ Zip Code 07450-2412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Valley Emergency Room Associates Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 03 / 2018  
**Transaction ID : D1A39504120DAAA7EE0**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 66
<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 / American College of Emergency Physicians**

**A. Baker, Jenice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Cedar Hill Ct  
 City Voorhees State NJ Zip Code 08043-4711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 13 / 2018  
**Transaction ID : 48D88A5E34950B65848E**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Benson, Jill, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Phacelia Way  
 City Cary State NC Zip Code 27518-8951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-124**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Benzoni, Thomas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6136 Oakwood Dr  
 City Urbandale State IA Zip Code 50322-8203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 02CF708B-BEC9-45B3-**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	485.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 66  
(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 / American College of Emergency Physicians**

**A. Benzoni, Thomas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6136 Oakwood Dr  
 City Urbandale State IA Zip Code 50322-8203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : A33F3212-07BE-44FF-**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

**B. Benzoni, Thomas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6136 Oakwood Dr  
 City Urbandale State IA Zip Code 50322-8203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : C5E472AD-5EEF-4A9E-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Benzoni, Thomas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6136 Oakwood Dr  
 City Urbandale State IA Zip Code 50322-8203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 668E233D-E459-42EE-**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 635.00  
**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 OF 66  
(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 / American College of Emergency Physicians**

**A. Benzoni, Thomas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6136 Oakwood Dr  
 City Urbandale State IA Zip Code 50322-8203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : EE90A8ED17B84179973B**  
 Amount of Each Receipt this Period - 135.00  
 Memo Item

**B. Benzoni, Thomas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6136 Oakwood Dr  
 City Urbandale State IA Zip Code 50322-8203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : 163C5CA127AD493393D6**  
 Amount of Each Receipt this Period - 135.00  
 Memo Item

**C. Bernard, Thomas, N, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 926 Alden Bridge Dr  
 City Cary State NC Zip Code 27519-8321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-125**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ - 220.00  
**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 10 OF 66
<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 / American College of Emergency Physicians**

**A. Bless, Brandon, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23186 Spring Creek Rd  
 City Washington State IL Zip Code 61571-9663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.10

Date of Receipt 10 / 02 / 2018  
**Transaction ID : 4B8CB4744C2668835B6D**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Burmeister, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 N Broadway Apt 119  
 City De Pere State WI Zip Code 54115-2559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 402.05

Date of Receipt 10 / 11 / 2018  
**Transaction ID : 4E34B64F5B88123CD3D0**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Cannon, Gregory, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 Loch Pointe Dr  
 City Cary State NC Zip Code 27518-8418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-126**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.41  
**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 OF 66  
(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 / American College of Emergency Physicians**

**A. Carr, Frederick, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 N Poinsettia Ave  
 City Manhattan Beach State CA Zip Code 90266-6632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-14**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Carson, Horace, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10472 Danwin Ct  
 City Waldorf State MD Zip Code 20601-3968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Summa Emergency Associates Incorporate Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : F06DCE008827ADCAA8D**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. Celeste, Jordan, GR, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 368 Vitoria Ave  
 City Winter Park State FL Zip Code 32789-5065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Physicians of Central Florid Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 304.10

Date of Receipt 10 / 04 / 2018  
**Transaction ID : 44E7996AB1E86A483F9C**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.41  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Cho, Leslie, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 245  
 City Kahului State HI Zip Code 96733-6745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Vituity Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.36

Date of Receipt  
 10 / 01 / 2018  
**Transaction ID : 201810162095-38**  
 Amount of Each Receipt this Period 16.67  
 Memo Item

**B. Cicin, Jerfi, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Corsica Ln  
 City Cary State NC Zip Code 27511-6476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wake Emergency Physicians PA Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 10 / 17 / 2018  
**Transaction ID : 2018102919176-127**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Cook, Jeffrey, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2520 Umbria Ct  
 City Apex State NC Zip Code 27502-9618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wake Emergency Physicians PA Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 10 / 17 / 2018  
**Transaction ID : 2018102919176-128**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Cowling, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3400 Midland Rd  
 City Saginaw State MI Zip Code 48603-9634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 08 / 2018  
**Transaction ID : F7AEB381-ECE5-4E12-**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

**B. Cuniowski, Peter, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Sweetheart Mountain Rd  
 City Collinsville State CT Zip Code 06019-3425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-110**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. de Moor, Carrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4701 Paxton Ln  
 City Frisco State TX Zip Code 75034-2209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Emergency Medicine PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2133.30

Date of Receipt 10 / 07 / 2018  
**Transaction ID : 47CB99BCBA8D0EB25B2D**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1433.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 66  
(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 / American College of Emergency Physicians**

**A. De Pena Batista, Julio, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 719 Jeronimo Dr  
 City Coral Gables State FL Zip Code 33146-1268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Miami CritiCare, Inc Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 201810162095-56**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Deutsch, Leisa, Rossello, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 Red Cedar St  
 City Pensacola State FL Zip Code 32507-8313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 201810162095-58**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Dinwoodie, Robert, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 Hoxsie Ave  
 City Charlestown State RI Zip Code 02813-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-111**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**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 OF 66  
(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 / American College of Emergency Physicians**

**A. Donald, Orland, Edwin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Quail Run Rd  
 City Storrs Manfld State CT Zip Code 06268-2768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-112**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Doty, Christopher, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Birmingham Ln  
 City Lexington State KY Zip Code 40513-1735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNY Brooklyn Physicians Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 03 / 2018  
**Transaction ID : 467F9FE20304EFC342CF**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Dowden, Ryan, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2080 Silver Maple Trl  
 City North Liberty State IA Zip Code 52317-4765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) East Central Iowa Acute Care Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 4EF8A5DFCF1433F762A0**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**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 16 OF 66
<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 / American College of Emergency Physicians**

**A. Dubow, David, Alan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2609 Crofton Springs Dr  
 City Raleigh State NC Zip Code 27615-4059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-129**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Duckett, Ollly, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Meeting House Cir  
 City Raleigh State NC Zip Code 27615-3133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-130**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Dzedzic, Mark, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 Steele Rd  
 City West Hartford State CT Zip Code 06119-1048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-113**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Farley, Heather, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 Dove Ln  
 City Elkton State MD Zip Code 21921-7643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Doctors Emergency Services Delaware Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 3ADCFCEA8C9C40C490E1**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Fite, Diana, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27127 Bridleway Cir  
 City Magnolia State TX Zip Code 77355-2224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 12 / 2018  
**Transaction ID : 4280B84ACF031D79117A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Foley, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1133 Pond Cypress Dr  
 City Virginia Beach State VA Zip Code 23455-6859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Physicians of Tidewater Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2083.30

Date of Receipt 10 / 03 / 2018  
**Transaction ID : 46CA93B4AE55881A9D67**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	808.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 66
<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 / American College of Emergency Physicians**

**A. Freess, Daniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 Soby Dr

City West Hartford	State CT	Zip Code 06107-1034
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2018

**Transaction ID : 4B1599E16026D6D213B6**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Gardner, Angela, F, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3809 Parr Rd

City Grapevine	State TX	Zip Code 76051-6453
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2018

**Transaction ID : 49D08D31C787BE32ACD7**

Amount of Each Receipt this Period  
208.34

Memo Item

**C. Gilmore, Thomas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Williams Way

City Tolland	State CT	Zip Code 06084-2548
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northeast Emergency Medicine Specialis	Occupation (for Individual) Emergency Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2018

**Transaction ID : 2018102919176-114**

Amount of Each Receipt this Period  
25.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 66
<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 / American College of Emergency Physicians**

**A. Glass, Casey, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 432 Springdale Ave

City Winston Salem	State NC	Zip Code 27104-3127
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Emergency Medicine Physician Managemen	Occupation (for Individual) Emergency Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2018

**Transaction ID : 2EF8D4B1CB33A880FB3**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Goldstein, Max, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Ridgemont Dr

City West Hartford	State CT	Zip Code 06117-1025
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Northeast Emergency Medicine Specialis	Occupation (for Individual) Emergency Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2018

**Transaction ID : 2018102919176-115**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Gooden, Gay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Duncansby Ct

City Cary	State NC	Zip Code 27511-6404
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wake Emergency Physicians PA	Occupation (for Individual) Emergency Physician
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2018

**Transaction ID : 2018102919176-133**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 66
	<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 / American College of Emergency Physicians**

**A. Gowing, Peter, Darrow, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28293 Andrews Ln  
 City Corvallis State OR Zip Code 97330-9302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mary's Peak Emergency Physicians Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 201810162095-85**  
 Amount of Each Receipt this Period 26.25  
 Memo Item

**B. Graff, Jeremy, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5165 Miller Ln  
 City Lincoln State CA Zip Code 95648-9700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MedAmerica Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.70

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 201810162095-86**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Granovsky, Michael, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8295 Alvord St  
 City McLean State VA Zip Code 22102-1739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 02 / 2018  
**Transaction ID : 32C3B9B4-25F8-4247-**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1276.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Griffin, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Midden Way  
 City Holly Springs State NC Zip Code 27540-6842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-135**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Hamilton-Gaertner, PJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 580 Vista Del Lago Ln  
 City Wake Forest State NC Zip Code 27587-5342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-136**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Hancock, Robert, , , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Heatherstone Ct  
 City Roanoke State TX Zip Code 76262-5642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Code 3 Emergency Doctors Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2018  
**Transaction ID : 4CD1AC78178A9708CAD8**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 66
<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 / American College of Emergency Physicians**

**A. Heberer, Christopher, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3429 Twin Oaks Ct  
 City West Bloomfield State MI Zip Code 48324-3250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Center for Emergency Services Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : 8E85A394E00760E53AD**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

**B. Hendry, Marcus, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9602 E 100 S  
 City Zionsville State IN Zip Code 46077-9597  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Vincent Emergency Physicians Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : A93D5BCD5DA9F3F7491**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

**C. Hensley, Justin, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5121 Ocean Dr  
 City Corpus Christi State TX Zip Code 78412-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Code 3 Emergency Doctors Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 4CA6B40DF81D7DF464B2**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Herr, David, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 163 Cemetery Rd  
 City Union State CT Zip Code 06076-4827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 712.50

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-116**  
 Amount of Each Receipt this Period 37.50  
 Memo Item

**B. Hibbs, Nathaniel, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6634 S Prescott Way  
 City Littleton State CO Zip Code 80120-3048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 4FDDB00F534999C91249**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Holland, Reuben, W, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5341 Hidden Harbor Rd  
 City Sarasota State FL Zip Code 34242-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-18**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	337.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 66
<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 / American College of Emergency Physicians**

**A. House, Hans, Roberts, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Lake Pointe Rd NE  
 City Iowa City State IA Zip Code 52240-9105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Code 3 Emergency Doctors Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 14 / 2018  
**Transaction ID : 43F8837FE1E9BB4D6119**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Hughes, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 Heritage Creek Dr  
 City Apex State NC Zip Code 27539-5702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-137**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Hymel, Gregory, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2213 Cherry St  
 City Toledo State OH Zip Code 43608-2603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2018  
**Transaction ID : 201810162095-263**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 66
<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 / American College of Emergency Physicians**

**A. John, David, Peter, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Hartley St

City North Haven	State CT	Zip Code 06473-4409
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Northeast Emergency Medicine Specialis	Occupation (for Individual) Emergency Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1058.35

Date of Receipt  
 10 / 17 / 2018  
**Transaction ID : 2018102919176-117**

Amount of Each Receipt this Period  
 63.89

Memo Item

**B. Kaiafas, Costas, Andreas, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1913 Vermont Ave

City Toms River	State NJ	Zip Code 08755-1340
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Emergency Medical Associates New Jerse	Occupation (for Individual) Emergency Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 10 / 10 / 2018  
**Transaction ID : 1A3C521EE704569A589**

Amount of Each Receipt this Period  
 1200.00

Memo Item

**C. Kamat, Achyut, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Everett Ave

City Providence	State RI	Zip Code 02906-3321
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 10 / 03 / 2018  
**Transaction ID : B766E51503989E2CD3A**

Amount of Each Receipt this Period  
 600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1863.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Kammer, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2711 Barmettler St  
 City Raleigh State NC Zip Code 27607-4127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-140**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kaplan, Julius (Jay), A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 Powell St CEP America, Ste 920  
 City Emeryville State CA Zip Code 94608-1844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vituity Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 4C0A89EFE1695361A335**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Karber, Nathan, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8525 E 50th Dr  
 City Denver State CO Zip Code 80238-3593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fremont Emergency Medical Group Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 283.34

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 201810162095-108**  
 Amount of Each Receipt this Period 8.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	158.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 66
	<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 / American College of Emergency Physicians**

**A. Kerrigan, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Eton Rd  
 City Longmeadow State MA Zip Code 01106-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baystate Medical Center Emergency Phys Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2018  
**Transaction ID : 408484463F1472E53A80**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Koboldt, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3205 Crape Myrtle Dr  
 City Columbia State MO Zip Code 65203-7040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.10

Date of Receipt 10 / 16 / 2018  
**Transaction ID : 4C5B988D27A0964A6F70**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. L'Italien, Anita, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1085 Tacketts Pond Dr  
 City Raleigh State NC Zip Code 27614-7887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-143**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 66
	<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 / American College of Emergency Physicians**

**A. Lawrence, Linda, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4670 Armandale Ave NW  
 City Canton State OH Zip Code 44718-4065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : 46779A272DA4C31A45D6**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Leader, David, L, , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1937 Partridge Berry Dr  
 City Raleigh State NC Zip Code 27606-9695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-141**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. MacLean, Craig, Anthony, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Newfields Rd  
 City Exeter State NH Zip Code 03833-4542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 908.33

Date of Receipt 10 / 15 / 2018  
**Transaction ID : 4C0994EE879BF28FC47B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Magill, Thomas, Roland, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3304 Winnipeg Dr  
 City Bismarck State ND Zip Code 58503-0455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2018  
**Transaction ID : 8357BEF9-1C20-45C4-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mandavia, Sujal, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4532 Gainsborough Ave  
 City Los Angeles State CA Zip Code 90027-1227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : 499DADA36B4DD528BC9C**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Mangum, Craig, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 Old Piedmont Cir  
 City Chapel Hill State NC Zip Code 27516-8476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-144**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Mann, Courtney, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6568 Wakefalls Dr  
 City Wake Forest State NC Zip Code 27587-9593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-145**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Manning, Erik, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 Birnamwood Rd  
 City Raleigh State NC Zip Code 27607-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-146**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. McCaskill, Rodney, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 Garden Oaks Ct  
 City Raleigh State NC Zip Code 27606-8962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-148**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 66
	<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 / American College of Emergency Physicians**

**A. McClellan, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 W Wilson Ave  
 City Spokane State WA Zip Code 99208-7224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 10 / 04 / 2018  
**Transaction ID : 490EA039AD4596905B0B**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. McCullough, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3304 Winnipeg Dr  
 City Bismarck State ND Zip Code 58503-0455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 02 / 2018  
**Transaction ID : B9453038-E447-4C03-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. McDonald, Cary, Crane, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Juniper Pl  
 City Chapel Hill State NC Zip Code 27514-9576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-149**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 66
	<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 / American College of Emergency Physicians**

**A. McMurray, Brian, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 Coxboro Dr  
 City Brentwood State TN Zip Code 37027-8706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TeamHealth Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 201810162095-232**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mendelsohn, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1935 Eastchester Rd Apt 21F  
 City Bronx State NY Zip Code 10461-2157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 91B1F04C-AC83-494C-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Meredith, J, Mark, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1231A Route 532 # A  
 City Chatsworth State NJ Zip Code 08019-9711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jersey Emergency Medical Specialists Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 04 / 2018  
**Transaction ID : 4531A645FA9681FE36D1**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	515.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 66
<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 / American College of Emergency Physicians**

**A. Meredith, J, Mark, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1231A Route 532 # A  
 City Chatsworth State NJ Zip Code 08019-9711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jersey Emergency Medical Specialists Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 09 / 2018  
**Transaction ID : 483CB7D30A5855CA9CD9**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Merritt, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 Lindo Johnson Rd  
 City Pittsboro State NC Zip Code 27312-8028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-150**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Moynihan, Neil, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 Dog Ln  
 City Storrs Manfld State CT Zip Code 06268-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-118**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Mozdzanowski, Christopher, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Meadowbrook Rd  
 City Somers State CT Zip Code 06071-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-119**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Niziol, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3334 Three Pines Dr  
 City Kingwood State TX Zip Code 77339-2231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Envision Physician Services Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-16**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Norse, Ashley, Booth, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4233 Morena Ln  
 City Jacksonville State FL Zip Code 32207-6201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Health Emergency Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 04 / 2018  
**Transaction ID : 460CAF2EE5F6085646FF**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Norse, Ashley, Booth, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4233 Morena Ln  
 City Jacksonville State FL Zip Code 32207-6201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Health Emergency Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : 4AD09D749A3A9E6B6F76**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. O'Connor, Robert, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 515 Foxdale Ln  
 City Charlottesville State VA Zip Code 22903-9201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Virginia Department of E Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : 4FEA932B2E9BB16B61AC**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Page, Branson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Keeneland Ct  
 City Durham State NC Zip Code 27713-7258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-166**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Palombaro, James, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11500 Black Horse Run  
 City Raleigh State NC Zip Code 27613-7003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-153**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Park, Robert, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3934 Saint Marks Rd  
 City Durham State NC Zip Code 27707-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-154**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Patel, Swapnesh, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 Felspar Way  
 City Cary State NC Zip Code 27518-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-155**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Payne, Lee, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6323 Wilmington Dr  
 City Burke State VA Zip Code 22015-4070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : 4D00BBE6F07C146C4574**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Powell, Ericka, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Station Stone Ln  
 City Lititz State PA Zip Code 17543-5008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : 4DF4A47CE3AE44BB006B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Premakumar, Sanjay, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1406 Shepherd St  
 City Durham State NC Zip Code 27707-1649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-156**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 66
	<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 / American College of Emergency Physicians**

**A. Quirke, Dale, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4403 Lambeth Dr  
 City Raleigh State NC Zip Code 27609-5861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-157**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Raley, Jennifer, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5408 Amsterdam Pl  
 City Raleigh State NC Zip Code 27606-9708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-158**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Riggs, Leonard, M, , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3889 Maple Ave Ste 350  
 City Dallas State TX Zip Code 75219-3923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 4C9B39C7-6DD5-444B-**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 66
<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 / American College of Emergency Physicians**

**A. Rios, Julio, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Briny Ave  
 Apt 503  
 City Pompano Beach State FL Zip Code 33062-6328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2018  
**Transaction ID : 4001AC490DD5F5977D5B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Riviello, Ralph, James, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 866 Ashburn Way  
 City Swedesboro State NJ Zip Code 08085-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thomas Jefferson University Hospital E Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 201810162095-178**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Robinson, Richard, Dean, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 Samuels Ave  
 Apt 540  
 City Fort Worth State TX Zip Code 76102-8642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : 9D244E34-AF38-4D0E-**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Rogers, John, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 28410  
 City Macon State GA Zip Code 31221-8410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2018  
**Transaction ID : 201810162095-180**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Rosenbaum, David, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2112 Fallon Oaks Ct  
 City Raleigh State NC Zip Code 27608-1675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018  
**Transaction ID : 2018102919176-159**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Schmitz, Gillian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Ottawa Run  
 City Shavano Park State TX Zip Code 78231-1457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 866.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2018  
**Transaction ID : 201810162095-188**  
 Amount of Each Receipt this Period  
 16.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 66
	<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 / American College of Emergency Physicians**

**A. Schwartz, Regan, Andre, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2446 Westminster Ter  
 City Oviedo State FL Zip Code 32765-7503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Florida Emergency Physicians Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 2C350F86-4105-4BA0-**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

**B. Shangold, Gregory, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 Beacon Hill Dr  
 City Storrs Manfld State CT Zip Code 06268-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-120**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Smaltz, Virgil, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Bay View Ter  
 City Geneva State NY Zip Code 14456-9768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 4525AF8D662357DC4518**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Emergency Medicine Political Action Committee / American College of Emergency Physicians**

**A. Snyder, Graham, Edwin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2520 Kenmore Dr  
 City Raleigh State NC Zip Code 27608-1420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-161**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Solomon, Robert, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Saddle Ridge Dr  
 City Oakdale State PA Zip Code 15071-3726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Resource Management Incorpor Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : 0A47653DCC9645159BAF**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Stankus, Jennifer, L'Hommedieu, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 Judson St # 49  
 City Gig Harbor State WA Zip Code 98335-1254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Department Medical Group Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2018  
**Transaction ID : 4C30A35B24AF091F295D**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**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 43 OF 66
<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 / American College of Emergency Physicians**

**A. Stevenson, Jennifer, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Kenberton Dr  
 City Pleasant Ridge State MI Zip Code 48069-1015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ER-One Incorporated Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : 414C92D6D766E90E4247**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Stutz, Stanley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 185 High Wood Dr  
 City South Glastonbury State CT Zip Code 06073-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-121**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Subramaniam, Geeta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1355 Queensferry Rd  
 City Cary State NC Zip Code 27511-6569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-162**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 44 OF 66  
(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 / American College of Emergency Physicians**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Sweeney, Terence, J, ,**

Mailing Address 925 Carolyn Ave

City Modesto State CA Zip Code 95350-5209

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

Name of Employer (for Individual) Occupation (for Individual)  
 Vituity Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **248.36**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 01 / 2018**

**Transaction ID : 201810162095-201**

Amount of Each Receipt this Period  
**16.67**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Swiersz, Paul, , ,**

Mailing Address 807 Landuff Ct

City Cary State NC Zip Code 27519-8837

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

Name of Employer (for Individual) Occupation (for Individual)  
 Wake Emergency Physicians PA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 17 / 2018**

**Transaction ID : 2018102919176-163**

Amount of Each Receipt this Period  
**25.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Thran, Alexandra, Nicole, ,**

Mailing Address PO Box 1547

City Quechee State VT Zip Code 05059-1547

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

Name of Employer (for Individual) Occupation (for Individual)  
 CompHealth Associates, Inc. Emergency Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **683.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 01 / 2018**

**Transaction ID : 201810162095-204**

Amount of Each Receipt this Period  
**8.33**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **50.00**

**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 45 OF 66
<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 / American College of Emergency Physicians**

**A. Tilden, Fred, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Bainbridge Rd  
 City West Hartford State CT Zip Code 06119-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2018  
**Transaction ID : 47CC8E50E22E2E352D28**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Trocinski, Douglas, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12341 Richmond Run Dr  
 City Raleigh State NC Zip Code 27614-6413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-164**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Watson, Matthew, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 Brannon Rd  
 City Cumming State GA Zip Code 30041-6405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2018  
**Transaction ID : 471A9D7E96DF966F1E04**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 66
<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 / American College of Emergency Physicians**

**A. Wiater, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Pond Bluff Way  
 City Cary State NC Zip Code 27513-6032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-165**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Wides, Kathleen, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 721 Edgewood Rd  
 City Bluefield State WV Zip Code 24701-4205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ApolloMD Group Services Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2018  
**Transaction ID : 4E609F1835588EC2B2A2**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Williams, Jefferson, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Quailview Dr  
 City Chapel Hill State NC Zip Code 27516-9337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Emergency Physicians PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : 2018102919176-168**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 66
	<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 / American College of Emergency Physicians**

**A. Winther, Mark, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Millingstone Way  
 City Altamont State NY Zip Code 12009-4004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bassett Healthcare Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 08 / 2018  
**Transaction ID : 4B129AD825150C2A5939**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Wood, John, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2724 Grey Fox Ct  
 City Haddock State GA Zip Code 31033-6009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.66

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 201810162095-220**  
 Amount of Each Receipt this Period 16.67  
 Memo Item

**C. Zeitzer, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8127 SW 54th Ave  
 City Portland State OR Zip Code 97219-3204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : 201810162095-223**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	141.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 48 OF 66  
(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 / American College of Emergency Physicians**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zito, Joseph, A, ,**

Mailing Address **5 Beaver Dr**

City **Locust Valley**    State **NY**    Zip Code **11560-2308**

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

Name of Employer (for Individual) **Self-Employed**    Occupation (for Individual) **Emergency Physician**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**10 / 04 / 2018**

**Transaction ID : 4093BDD0D9A7E3EF7713**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>23842.21</b>



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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 / American College of Emergency Physicians**

**A. JPMorgan Chase Bank NA**

Full Name (Last, First, Middle Initial)

Mailing Address 1717 Main Street  
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement 10/1/18 SQUARE BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 01 / 2018

FEC Identification Number: C

Transaction ID : 1F15F6614D3

Amount of Each Disbursement this Period: 13.75

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13.75
<b>TOTAL</b> This Period (last page this line number only).....▶	13.75

**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"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Adrian Smith For Congress**

Mailing Address 1126 Avenue A  
Ste 6

City  
Scottsbluff

State  
NE

Zip Code  
69361-3563

Purpose of Disbursement  
2018 General

011

Candidate Name

**Smith, Adrian, Michael, ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00412890

**Transaction ID : A4F0B8B160**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Innovation Political Action Committee (AMI PAC)**

Mailing Address PO Box 582496

City  
Elk Grove

State  
CA

Zip Code  
95758

Purpose of Disbursement  
2018 Contribution

011

Candidate Name

**American Innovation Political Action Committee (AMI PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00561779

**Transaction ID : 912A565A3A**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Andy Kim For Congress**

Mailing Address PO Box 211

City  
Marlton

State  
NJ

Zip Code  
08053

Purpose of Disbursement  
2018 General

011

Candidate Name

**Kim, Andy, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00648220

**Transaction ID : 2E5960A3F1**

Amount of Each Disbursement this Period

2500.00

Memo Item

**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"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Angie Craig For Congress**

Mailing Address P.O. Box 22116

City Eagan State MN Zip Code 55122

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**Craig, Angela, Dawn, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C C00575209

Transaction ID : D947EA61BF  
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Angus King For U.S. Senate Campaign**

Mailing Address PO Box 368  
114 Maine Street, Suite 1

City Brunswick State ME Zip Code 04011-0368

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**King, Angus, Stanley, , Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00516047

Transaction ID : 398277F1813I  
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Balderson For Congress**

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**Balderson, Troy, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00662650

Transaction ID : FB9E54FC26  
Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

6000.00

**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 checked="" type="checkbox"/> 23	<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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial) <b>A. Bennet For Colorado</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address PO Box 3078		FEC Identification Number C00458398 <b>Transaction ID : B609EB0C44</b>
City Denver	State CO	Zip Code 80201
Purpose of Disbursement 2022 Primary		Category/Type 011
Candidate Name <b>Bennet, Michael, F., ,</b>		Amount of Each Disbursement this Period - 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Bennet For Colorado</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address PO Box 3078		FEC Identification Number C00458398 <b>Transaction ID : 334B6B2E06C</b>
City Denver	State CO	Zip Code 80201
Purpose of Disbursement 2022 Primary		Category/Type 011
Candidate Name <b>Bennet, Michael, F., ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Blue Power PAC</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address PO Box 8846		FEC Identification Number C00575894 <b>Transaction ID : 170FD6F258!</b>
City Collingswood	State NJ	Zip Code 08108-8846
Purpose of Disbursement 2018 Contribution		Category/Type 011
Candidate Name <b>Blue Power PAC</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
State:	District:	<input type="checkbox"/> Memo Item

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

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

5000.00

**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 checked="" type="checkbox"/> 23	<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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial) <b>A. Bob Casey For Senate Inc</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018
Mailing Address PO Box 58746		FEC Identification Number C C00431056 <b>Transaction ID : 23A58F711FI</b>
City Philadelphia	State PA	Zip Code 19102
Purpose of Disbursement 2018 General		Category/Type 011
Candidate Name <b>Casey, Robert, P., , Jr</b>		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District:	

Full Name (Last, First, Middle Initial) <b>B. Bonamici For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018
Mailing Address PO Box 1632		FEC Identification Number C C00500421 <b>Transaction ID : 24FA4D55A7I</b>
City Beaverton	State OR	Zip Code 97075
Purpose of Disbursement 2018 General		Category/Type 011
Candidate Name <b>Bonamici, Suzanne, Marie, ,</b>		Amount of Each Disbursement this Period 1500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 01	

Full Name (Last, First, Middle Initial) <b>C. Brindisi For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018
Mailing Address PO Box 165		FEC Identification Number C C00648725 <b>Transaction ID : 10F2C386FA</b>
City Utica	State NY	Zip Code 13503
Purpose of Disbursement 2018 General		Category/Type 011
Candidate Name <b>Brindisi, Anthony, J., ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 22	

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

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

6000.00

**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 checked="" type="checkbox"/> 23	<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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Building America's Republican Representation PAC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2018			

Mailing Address 332 W Lee Hwy  
# 303

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
2018 Contribution

011
Category/ Type

FEC Identification Number

C	C00572271
<b>Transaction ID : 38C4CE14FA</b>	
Amount of Each Disbursement this Period	
5000.00	

Candidate Name

**Building America's Republican Representation PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens To Elect Rick Larsen**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement  
2018 General

011
Category/ Type

FEC Identification Number

C	C00345546
<b>Transaction ID : 1B81C96AE2I</b>	
Amount of Each Disbursement this Period	
1500.00	

Candidate Name

**Larsen, Rick, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

**C. Congressional Leadership Fund**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

Mailing Address 1747 Pennsylvania Avenue, NW  
5Th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement  
2018 Contribution

011
Category/ Type

FEC Identification Number

C	C00504530
<b>Transaction ID : 9A1D43EF84</b>	
Amount of Each Disbursement this Period	
25000.00	

Candidate Name

**Congressional Leadership Fund**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Contribution

Memo Item

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

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

31500.00

**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 checked="" type="checkbox"/> 23	<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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Darren Soto For Congress**

Mailing Address P.O. Box 420239

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**Soto, Darren, Michael, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: FL District: 09

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00581074

**Transaction ID : 2BE270056B**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DCCC**

Mailing Address 430 South Capitol Street, SE  
2Nd Floor

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
2018 Contribution

011  
Category/  
Type

Candidate Name  
**DCCC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00000935

**Transaction ID : F84FEA56AA**

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Donna Shalala For Congress**

Mailing Address PO Box 330602

City Miami State FL Zip Code 33233

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**Shalala, Donna, E., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: FL District: 27

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C C00672311

**Transaction ID : 7A79B5B4BE**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

16000.00

**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"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. DSCC**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement 2018 Contribution

011

Category/Type

Candidate Name

**DSCC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C C00042366

**Transaction ID : 8BB386A347**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. First In Freedom PAC**

Mailing Address 824 S Milledge Ave, Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement 2018 Contribution

011

Category/Type

Candidate Name

**First In Freedom PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00540146

**Transaction ID : 7F7F72C8F8C**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. First State PAC**

Mailing Address P.O. Box 3006

City Wilmington State DE Zip Code 19804

Purpose of Disbursement 2018 Contribution

011

Category/Type

Candidate Name

**First State PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00363648

**Transaction ID : 17751A54705**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

20000.00



**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 checked="" type="checkbox"/> 23	<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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement 2018 General

011  
Category/  
Type

Candidate Name  
**Joyce, David, Patrick, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00527457  
**Transaction ID : 9C64B33513I**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Glenn Thompson**

Mailing Address 400 N. Michael Street

City St. Marys State PA Zip Code 15857

Purpose of Disbursement 2018 General

011  
Category/  
Type

Candidate Name  
**Thompson, Glenn, W., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00444620  
**Transaction ID : B7D4FF54CD**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Mazie Hirono**

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement 2018 General

011  
Category/  
Type

Candidate Name  
**Hirono, Mazie, Keiko, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00420760  
**Transaction ID : E9F6FAAE28**  
Amount of Each Disbursement this Period  
1500.00

Memo Item

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

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

5000.00

**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 checked="" type="checkbox"/> 23	<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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Friends Of Neal Dunn**

Mailing Address PO Box 16088

City  
Panama City

State  
FL

Zip Code  
32406

Purpose of Disbursement  
2018 General

**011**  
Category/  
Type

Candidate Name

**Dunn, Neal, Patrick, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

/  /

FEC Identification Number

**C** C00582304

**Transaction ID : 0A955F7DD5**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Raja For Congress**

Mailing Address PO Box 681202

City  
Schaumburg

State  
IL

Zip Code  
60168

Purpose of Disbursement  
2018 General

**011**  
Category/  
Type

Candidate Name

**Krishnamoorthi, S. Raja, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IL District: 08

Date of Disbursement

/  /

FEC Identification Number

**C** C00575092

**Transaction ID : C4FF58DF07I**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Harley Rouda For Congress**

Mailing Address 120 Newport Center Dr  
#28

City  
Newport Beach

State  
CA

Zip Code  
92660

Purpose of Disbursement  
2018 General

**011**  
Category/  
Type

Candidate Name

**Rouda, Harley, E., , Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

/  /

FEC Identification Number

**C** C00633982

**Transaction ID : 15F44966EB**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. HEARTDOCPAC**

Mailing Address PO Box 250

City  
Newburgh

State  
IN

Zip Code  
47629-0250

Purpose of Disbursement  
2018 Contribution

011

Category/  
Type

Candidate Name

**HEARTDOCPAC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2018

FEC Identification Number

C C00523381

**Transaction ID : 65B691F45A1**

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hiral For Congress**

Mailing Address P.O. Box 8570  
6825 South 7Th Street

City  
Phoenix

State  
AZ

Zip Code  
85042

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Tipirneni, Hiral, Vyas, ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify)

State: AZ

District: 08

Contribution

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C C00649897

**Transaction ID : E8607C86B51**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ICE PAC**

Mailing Address PO Box 752

City  
Long Lake

State  
MN

Zip Code  
55356

Purpose of Disbursement  
2018 Contribution

011

Category/  
Type

Candidate Name

**ICE PAC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00484667

**Transaction ID : 33C6F3CC78**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Judy Chu For Congress**

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**Chu, Judy, May, ,**

Office Sought:  House  
 Senate  
 President  
State: CA District: 27

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00458125

Transaction ID : 770ECE4C76

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kansans For Marshall**

Mailing Address PO Box 1588

City Great Bend State KS Zip Code 67530

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**Marshall, Roger, W., ,**

Office Sought:  House  
 Senate  
 President  
State: KS District: 01

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00576173

Transaction ID : DF1054BA50

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Katko For Congress**

Mailing Address 228 S Washington St  
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**Katko, John, Michael, ,**

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00556365

Transaction ID : 80B858B189

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Kind For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2018

Mailing Address 205 5Th Avenue S  
Room 411

FEC Identification Number

C	C00312017
<b>Transaction ID : 6A7465028E5</b>	
Amount of Each Disbursement this Period	
2500.00	

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
2018 General

011
Category/ Type

Candidate Name  
**Kind, Ronald, James, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WI District: 03

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark Green For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

Mailing Address PO Box 2706

FEC Identification Number

C	C00658385
<b>Transaction ID : BF0DF103D84</b>	
Amount of Each Disbursement this Period	
2500.00	

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
2018 General

011
Category/ Type

Candidate Name  
**Green, Mark, E., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TN District: 07

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark Pocan For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2018

Mailing Address PO Box 327

FEC Identification Number

C	C00502179
<b>Transaction ID : C499E5F0D1</b>	
Amount of Each Disbursement this Period	
1000.00	

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2018 General

011
Category/ Type

Candidate Name  
**Pocan, Mark, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WI District: 02

Memo Item

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

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Marty For Congress Inc**

Mailing Address PO Box 1

City  
Orefield

State  
PA

Zip Code  
18069

Purpose of Disbursement  
2018 Special

011

Category/  
Type

Candidate Name

**Nothstein, Marty, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) **Special**

State: PA District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2018

FEC Identification Number

C C00658583

**Transaction ID : 1094A422068**

Amount of Each Disbursement this Period

- 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Levin For Congress**

Mailing Address 555 Capitol Mall, Suite 400

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Levin, Mike, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 49

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C C00634253

**Transaction ID : F2685B65678**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Tester, Jon, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MT District:

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00412304

**Transaction ID : 176C3BA099**

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. People For Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**Kilmer, Derek, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: WA District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C C00514893  
**Transaction ID : D319361230C**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**Portman, Rob, J., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  Other (specify)  
State: OH District:

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00458463  
**Transaction ID : 03CB5B8DC2**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Seeking Justice Committee**

Mailing Address PO Box 131025

City Birmingham State AL Zip Code 35213

Purpose of Disbursement  
2018 Contribution

011  
Category/  
Type

Candidate Name  
**Seeking Justice Committee**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: District: Contribution

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00666776  
**Transaction ID : 3B5421B0AE**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

5500.00

**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 checked="" type="checkbox"/> 23	<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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Upton For All Of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement 2018 General

011  
Category/Type

Candidate Name Upton, Frederick, Stephen, ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C00200584

Transaction ID : 06287CDC40I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Val Demings For Congress**

Mailing Address PO Box 536926

City Orlando State FL Zip Code 32853

Purpose of Disbursement 2018 General

011  
Category/Type

Candidate Name Demings, Valdez, B., ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2018

FEC Identification Number

C00590489

Transaction ID : BF3C34509E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Veronica Escobar For Congress**

Mailing Address PO Box 3961

City El Paso State TX Zip Code 79923

Purpose of Disbursement 2018 General

011  
Category/Type

Candidate Name Escobar, Veronica, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 16

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C00653923

Transaction ID : 7984ECBCA;

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. VoteTipton.Com**

Mailing Address PO Box 1582

City  
Cortez

State  
CO

Zip Code  
81321-1582

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Tipton, Scott, Randall, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00470757

**Transaction ID : 056B05223Bt**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Walberg For Congress**

Mailing Address PO Box 1362

City  
Jackson

State  
MI

Zip Code  
49204-1362

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Walberg, Timothy, L., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MI District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00390724

**Transaction ID : 54FB94D96DI**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Win In 2018**

Mailing Address 228 S. Washington Street  
Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2018 Contribution

011

Category/  
Type

Candidate Name

**Win In 2018**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

C C00665232

**Transaction ID : 3192A9F953;**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

**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"/> 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 / American College of Emergency Physicians**

Full Name (Last, First, Middle Initial)

**A. Xochitl For New Mexico**

Mailing Address PO Box 2250

City  
Las Cruces

State  
NM

Zip Code  
88004

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Torres Small, Xochitl, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2018			

FEC Identification Number

C C00666149

Transaction ID : 7EF9651A62f

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Yoder For Congress, Inc**

Mailing Address PO Box 26742

City  
Overland Park

State  
KS

Zip Code  
66225-6742

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Yoder, Kevin, Wayne, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: KS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2018			

FEC Identification Number

C C00472365

Transaction ID : 0B970D87F63

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

145500.00