FEC FORM 3X	ANI	PORT OF F D DISBURS ther Than An Aut		iee	Office Use On	ly
1. NAME OF COMMITTEE (in fi		EC MAILING LABEL PE OR PRINT 👻	Example: If typing over the lines	g, type		
	y Medicine Politica	al Action Committee				
ADDRESS (number and	street)	5 Executive Circle				_
Check if differ than previousl reported. (AC	y Invin	9 			<pre></pre>	
2. FEC IDENTIFICAT	ION NUMBER	♥CI	TY 🛋	STAT		CODE 🔺
C00140061				NEW (N) OR	AMENDED (A)	
July 15QuarterlyOctoberQuarterlyJanuary 3QuarterlyJuly 31 MReport(NYear Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Iid-Year on-election	(c) 12-Day PRE-Election Report for the: (d) 30-Day Post -Election Report for the:	b 20 (M2)	(12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12G) in th Stat Runoff (30R) in th Stat	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of	reasurer Ph Electronically F	yllis Edans, CPA, CAE iled by Phyllis Edan	s, CPA, CAE	Date	3 0 2 0 0 9 complete. 0 7 2 9 port to the penalties of 2	2 0 0 9 U.S.C 437g.
Office Use Only					FEC FC (Rev. 12	

Image# 29934377673

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/316

F	National Emergency Medicine Political Action		To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y		464642.03
	(b) Cash on Hand at Begining of Reporting Period	464642.03]
	(c) Total Receipts (from Line 19)	468770.90	468770.90
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	933412.93	933412.93
7.	Total Disbursements (from Line 31)	381406.96	381406.96
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	552005.97	552005.97
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00]
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00]

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

For further information contact:

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

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

FE6AN026

Image# 29934377674

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Writa r Tvn - Cnittee Na

F	Report Covering the Period: From:	D D 1 Y Y Y Y 01 2009	To: 0 6 0 0 2 0 0 5
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	253483.14	253483.14
	(ii) Unitemized	214656.68	214656.68
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	468139.82	468139.82
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry	100100.00	100100.00
	Totals to Line 33, page 5) >	468139.82	468139.82
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
5.	Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	631.08	631.08
•			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	468770.90	468770.90
	Total Federal Receipts (subtract Line 18(c) from Line 19)	468770.90	468770.90

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DETAILED SUMMARY PAGE

of Disbursements

4 / 316

FEC Form 3X (Rev. 02/2003)		of Disbursements	4 / 316	
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
1.	Operating Expenditures: (a) Shared Federal/Non-Federal			
	(a) Shared Federa/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating Expenditures	0.00	0.00	
	(c) Total Operating Expenditures(add 21(a)(i), (a)(ii) and (b))	0.00	0.00	
	Transfers to Affiliated/Other Party Committees	0.00	0.00	
3.	Contributions to Federal Candidates/Committees and Other Political Committees	369500.00	369500.00	
	Independent Expenditure (use Schedule E)	0.00	0.00	
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
6.	Loan Repayments Made	0.00	0.00	
	Loans Made	0.00	0.00	
8.	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	
9.	Other Disbursements	11906.96	11906.96	
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity			
	(from Schedule H6) (i) Federal Share	0.00	0.00	
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	381406.96	381406.96	
2.				
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	381406.96	381406.96	

DETAILED SUMMARY PAGE

of Disbursements

5/316

FEC Form 3X (Rev. 02/2003)			5 / 316
	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	468139.82	468139.82
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	468139.82	468139.82
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

Any information copied from such Reports and St or for commercial purposes, other than using the	name and address of any political committee to s	X 11a 11b 11c 12 13 14 15 16 17 for the purpose of soliciting contributions olicit contributions from such committee.
Any information copied from such Reports and St or for commercial purposes, other than using the	name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Action Committee	
National Emergency Medicine Political		
Full Name (Last, First, Middle Initial) Miguel A A Acevedo Segui	Date of Receipt	
Mailing Address 2326 Longmoore Ct		04 24 2009
City	State Zip Code	Transaction ID: C713822
Orlando	FL 32835-5962	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FL Emer Phys	Occupation Emergency Physician	1
Receipt For:	Aggregate Year-to-Date V	-
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) James B B Aiken		Date of Receipt
Mailing Address 81 Yosemite Dr		M M / D D / Y Y Y Y 0 4 22 2009
City	State Zip Code	Transaction ID: C712557
New Orleans	LA 70131-8661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. James B Aiken	Occupation Emergency Physician]
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) James B B Aiken		Date of Receipt
Mailing Address 81 Yosemite Dr		M M / D D / Y Y Y Y 05 28 2009
City	State Zip Code	Transaction ID: C730921
New Orleans	LA 70131-8661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. James B Aiken	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number of	· _	

		Ì	FOR LINE NUMBER: PAGE 7/316
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED R	ECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information cop or for commercial p	pied from such Reports and Statem purposes, other than using the name	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF CON	/MITTEE (In Full)		
National Eme	ergency Medicine Political Acti	on Committee	
Full Name (Last James B B Aiken	t, First, Middle Initial)	Date of Receipt	
Mailing Address	81 Yosemite Dr		M M / D D / Y Y Y Y 06 29 2009
City		State Zip Code	Transaction ID: C744429
New Orleans		LA 70131-8661	Amount of Each Receipt this Period
FEC ID number federal political of			100.00
Name of Employ Dr. James B Ail	yer O	ccupation	1
		mergency Physician	_
Receipt For: Primary	General	ggregate Year-to-Date 🔻	
Other (spe		300.00	
		0 0 0 0 0 0 0 0 0	
	t, First, Middle Initial)		Data of Develop
B. Karen J J Alldred	lge 6806 Mason Knob Trl		Date of Receipt
wanny Auuress			06 / 09 / Y Y Y Y 06 / 09 / 2009
City		State Zip Code	Transaction ID: C735732
<u>Roanoke</u>		VA 24018-6934	Amount of Each Receipt this Period
FEC ID number federal political			500.00
Name of Employ Dr. Karen J Allo	rodao	ccupation	1
		mergency Physician	4
Receipt For:	General	ggregate Year-to-Date 🔻	
Other (spe		500.00	
Full Name (Last C. Stanley L L Allen	t, First, Middle Initial)		Date of Receipt
	390 E Stovall St SE Apt 11	10	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State Zip Code	Transaction ID: C742094
Atlanta		GA 30316-1532	Amount of Each Receipt this Period
FEC ID number federal political			500.00
Name of Employ Memorial Hosp		ccupation mergency Physician	1
Receipt For:	I !	ggregate Year-to-Date ▼	
Primary	General	500.00	
Other (spe	ecify) 🔻		
			1100.00
SUBTOTAL of Re	eceipts This Page (optional)	····· •	1100.00
TOTAL This Perio	od (last page this line number only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/316 (check only one)
or for commercial purposes, other than usin	and Statements may not be sold or used by any persor ng the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) Stephen H Andersen		Date of Receipt
Mailing Address 12202 E Gary Rd		06 08 Y Y Y Y 06 08 2009
City	State Zip Code	Transaction ID: C735603
Scottsdale	AZ 85259-3301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Scottsdale Emergency Asso- ciates, Ltd	Occupation Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mark Robert Robert Anderson		Date of Receipt
Mailing Address 6974 Canal		M M / D D / Y
City	State Zip Code	Transaction ID: C735739
Tyler	TX 75703-9401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Trinity Mother Frances Ho- sp ED	Occupation Emergency Physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Laurie M M Anderton		Date of Receipt
Mailing Address 18305 SE 60th St		M M / D D / Y Y Y Y 03 06 2009
City	State Zip Code	Transaction ID: C686214
Issaquah	WA 98027-8669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Laurie M Anderton	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00
	mber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/316 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
∠ A.	Full Name (Last, First, Middle Initial) Robert David David Argand			Date of Receipt
	Mailing Address 3321 Plateau Dr			0 6 / D D / Y Y Y Y 0 6 0 4 2 0 0 9
	City	State	Zip Code	Transaction ID: C733132
	Belmont FEC ID number of contributing federal political committee.	CA	94002-1311	Amount of Each Receipt this Period
	Name of Employer Dr. Robert David Argand	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) Crystal Arthur Mailing Address 906 Rowland			Date of Receipt
	City	State	Zip Code	0 4 2 4 2 0 0 9 Transaction ID: C713864
	Leonard	MI	48367-2212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Med Ctr Emer Svcs Receipt For:	, I – – – – –	ncy Physician	
	Primary General Other (specify) v		e Year-to-Date ▼ 250.00	
– c.	Full Name (Last, First, Middle Initial) Brent Asplin			Date of Receipt
	Mailing Address 4162 Ethan Dr			M M / D D / Y Y Y Y 01 29 2009
	City	State	Zip Code	Transaction ID: C614141
	Eagan FEC ID number of contributing federal political committee.	MN C	55123-4908	Amount of Each Receipt this Period 100.00
	Name of Employer Mayo Clnc-Chair Dept of EM	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 400.00	
Γ	SUBTOTAL of Receipts This Page (optional)			600.00
F	TOTAL This Period (last page this line number	only)		•

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	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 10/316 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the	
		Detailed Summary Page	
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any ne name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Politic	al Action Committee	
× 4.	Full Name (Last, First, Middle Initial) Brent Asplin		Date of Receipt
	Mailing Address 4162 Ethan Dr		02 / 25 / Y Y Y Y 02 / 25
	City	State Zip Code	Transaction ID: C682059
	Eagan	MN 55123-4908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Mayo Clnc-Chair Dept of EM	Occupation Emergency Physician	
	EIM Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	400.00	<u>'.</u>
- 3.	Full Name (Last, First, Middle Initial) Brent Asplin	·	Date of Receipt
	Mailing Address 4162 Ethan Dr		M M / D D / Y
	City	State Zip Code	Transaction ID: C703583
	Eagan	MN 55123-4908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Mayo Clnc-Chair Dept of EM	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	400.00	
	Other (specify)	400.00	·
-).	Full Name (Last, First, Middle Initial) Brent Asplin		Date of Receipt
	Mailing Address 4162 Ethan Dr		M M / D D / Y
	City	State Zip Code	Transaction ID: C714843
	Eagan	MN 55123-4908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Mayo Clnc-Chair Dept of EM	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	400.00	
	SUBTOTAL of Receipts This Page (optional)	·	300.00
\vdash			
	TOTAL This Period (last page this line number	er only)	

	LE A (FEC Form 3X)) RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11/316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information	n copied from such Reports and cial purposes, other than using th	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	COMMITTEE (In Full) Emergency Medicine Politic	al Action Cor	nmittee	
	(Last, First, Middle Initial) e Luke Aswegan			Date of Receipt
Mailing Add	dress 41 Forsythia Ln			M M / D D / Y
City		State	Zip Code	Transaction ID: C735885
Bear		DE	19701-6301	Amount of Each Receipt this Period
	nber of contributing tical committee.	C		1000.00
Name of Er Union Hosp	nployer o	Occupatio Emerger	on ncy Physician	
Receipt For	r:		e Year-to-Date 🔻	-
Prima Other	ary General r (specify) ▼	0 0	1000.00]
Full Name (B. Andrew J J	(Last, First, Middle Initial) Auerbach			Date of Receipt
Mailing Add	dress 1656 Tamarisk Ct			M M / D D / Y Y Y Y Y
City		State	Zip Code	Transaction ID: C743799
<u>Wichita</u>		KS	67230-7611	Amount of Each Receipt this Period
	nber of contributing tical committee.	C		250.00
Name of Er Robert Dole	nployer e VA Med Ctr	Occupatio Emerger	n ncy Physician	
Receipt For		Aggregate	e Year-to-Date 🔻	_
Other	ary General ∕ (specify) ▼		250.00]
Full Name (C. Bruce S S A	(Last, First, Middle Initial) uerbach			Date of Receipt
Mailing Add	ress 8 Saddle Club Rd			M M / D D / Y Y Y Y 0 1 2 9 2 0 0 9
City		State	Zip Code	Transaction ID: C614159
Lexington		MA	02420-2115	Amount of Each Receipt this Period
	nber of contributing tical committee.	C		100.00
Name of Er Sturdy Men	nployer nl Hosp	Occupation Emerger	n ncy Physician	
Receipt For		Aggregate	e Year-to-Date 🔻	
Prima Other	ary General r (specify) ▼	0.0	600.00]
SUBTOTAL (of Receipts This Page (optional)			1350.00
	Period (last page this line number		·	

SCHEDULE A (FEC Forr	n 3X)	FOR LINE NUMBER: PAGE 12/316			
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)			
ITEMIZED RECEIPTS	Detailed Summary Page				
Any information copied from such Rep or for commercial purposes, other than	orts and Statements may not be sold or used by any persor using the name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
National Emergency Medicine	Political Action Committee				
A. Bruce S S Auerbach					
Mailing Address 8 Saddle Club	Rd	02 / D D / Y Y Y Y 25 / 2009			
City	State Zip Code	Transaction ID: C682073			
Lexington	MA 02420-2115	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Sturdy Meml Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date V	-			
Primary General					
Other (specify)	600.00				
Full Name (Last, First, Middle Initial Bruce S S Auerbach)	Date of Receipt			
Mailing Address 8 Saddle Club	Rd	M M / D D / Y Y Y Y 03 30 2009			
City	State Zip Code	Transaction ID: C703592			
Lexington	MA 02420-2115	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Sturdy Meml Hosp	Occupation	7			
	Emergency Physician	_			
Receipt For: Primary General	Aggregate Year-to-Date 🔻				
Other (specify)	600.00				
Full Name (Last, First, Middle Initial Bruce S S Auerbach)	Date of Receipt			
Mailing Address 8 Saddle Club	Rd	M M / D D / Y Y Y Y 04 29 2009			
City	State Zip Code	Transaction ID: C714827			
Lexington	MA 02420-2115	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Sturdy Meml Hosp	Occupation Emergency Physician	1			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	600.00				
SUBTOTAL of Receipts This Page (pptional)	300.00			
TOTAL This Period (last page this lin	e number only)				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/316 (check only one) X X 11a 13 14 15 16			
Any information copied from such Reports a or for commercial purposes, other than usin	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee				
Full Name (Last, First, Middle Initial) Bruce S S Auerbach		Date of Receipt			
Mailing Address 8 Saddle Club Rd		05 / D D / Y Y Y Y 2009			
City	State Zip Code	Transaction ID: C730918			
	MA 02420-2115	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Sturdy Meml Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼	-			
Primary General Other (specify) ▼	600.00				
Full Name (Last, First, Middle Initial) Bruce S S Auerbach		Date of Receipt			
Mailing Address 8 Saddle Club Rd		M M / D D / Y			
City	State Zip Code	Transaction ID: C744431			
Lexington	MA 02420-2115	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Sturdy Meml Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date				
Primary General Other (specify) ▼	600.00				
Full Name (Last, First, Middle Initial) Neal Finley Finley Aulick, II		Date of Receipt			
Mailing Address 11 Aaronwoods C	t	M M / D D / Y			
City	State Zip Code	Transaction ID: C731656			
Wheeling	WV 26003-9358	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer EMP of Ohio Co PLLC	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
 Primary General Other (specify) ▼ 	500.00				
SUBTOTAL of Receipts This Page (option	nal)	700.00			
	mber only)				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/316 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1			
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to				
National Emergency Medicine Pol	itical Action Committee				
Full Name (Last, First, Middle Initial) Mark N N Bair		Date of Receipt			
Mailing Address 6048 Dry Creek C	ir	0 4 / 2 7 / Y Y Y Y 0 4			
City	State Zip Code	Transaction ID: C714497			
Highland	UT 84003-3017	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Mark N Bair MD PC	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Mark Banas		Date of Receipt			
Mailing Address 2823 Aspen Rd		05 / D D / Y Y Y Y 05 / 01 / 2009			
City	State Zip Code	Transaction ID: C715682			
Rhinelander	WI 54501-8563	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer St Marys Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt		Date of Receipt			
Mailing Address 68 Greenlawn Ave)	M M / D D / Y Y Y Y 01 29 2009			
City	State Zip Code	Transaction ID: C614139			
Newton	MA 02459-1714	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Tufts Med Ctr	Occupation Emergency Physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	600.00				
SUBTOTAL of Receipts This Page (option	nal)	850.00			
	mber only)				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/316 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using t	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to a				
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee				
Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt		Date of Receipt			
Mailing Address 68 Greenlawn Ave		0 2 2 5 Y Y Y Y 0 2 0 9			
City	State Zip Code	Transaction ID: C682069			
Newton	MA 02459-1714	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Tufts Med Ctr	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼	1			
Other (specify)	600.00				
Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt		Date of Receipt			
Mailing Address 68 Greenlawn Ave		03 / 0 0 / Y Y Y Y 03 / 30 / 2009			
City	State Zip Code	Transaction ID: C703584			
Newton	MA 02459-1714	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Tufts Med Ctr	Occupation Emergency Physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	600.00				
Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt		Date of Receipt			
Mailing Address 68 Greenlawn Ave		04 / 29 / Y Y Y Y 04 / 29			
City	State Zip Code	Transaction ID: C714833			
Newton	MA 02459-1714	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Tufts Med Ctr	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary General Other (specify) ▼	600.00				
SUBTOTAL of Receipts This Page (optional))	300.00			
TOTAL This Period (last page this line numb					

	SCHEDULE A (FEC Form 3X)	Use separate schedule	
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Pag	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by an name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt		Date of Receipt
	Mailing Address 68 Greenlawn Ave		M M / D D / Y Y Y Y 05 28 2009
	City	State Zip Code	Transaction ID: C730908
	Newton	MA 02459-1714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Tufts Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	600.0	0
– В.	Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt		Date of Receipt
	Mailing Address 68 Greenlawn Ave		M M / D D Y Y Y Y </td
	City	State Zip Code	Transaction ID: C744391
	Newton	MA 02459-1714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Tufts Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	600.0	00
– C.	Full Name (Last, First, Middle Initial) Beverly H Bauman		Date of Receipt
	Mailing Address po box 530818		M · M / D · D / Y · Y · Y · Y 0 6 0 1 2 0 0 9
	City	State Zip Code	Transaction ID: C731395
	Harlingen	TX 78553-0818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Valley Emergency Physicia- ns	Occupation physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	300.0	0
Γ	SUBTOTAL of Receipts This Page (optional)	I	500.00
	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 316 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Gregory J J Bauwens			Date of Receipt
	Mailing Address 4420 N Pennsylvania	St		05 / D D / Y Y Y Y 01 2009
	City	State	Zip Code	Transaction ID: C715688
	Indianapolis	IN	46205-1728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St Vincent Hosp ED	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Gregory D D Bell			Date of Receipt
	Mailing Address 299 Patriot Rd	0 6 / D D / Y Y Y Y 0 6 1 8 2 0 0 9		
	City	State	Zip Code	Transaction ID: C740436
	Southbury	СТ	06488-1279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Bradley Mem Hosp	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	
C.	Full Name (Last, First, Middle Initial) Gregory D D Bell			Date of Receipt
	Mailing Address 299 Patriot Rd			0 6 / D D / Y Y Y Y 0 6 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: C745986
	Southbury	СТ	06488-1279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Bradley Mem Hosp	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0.0	300.00	
	SUBTOTAL of Receipts This Page (optional)	•		1300.00
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports an or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee				
Full Name (Last, First, Middle Initial) Y Marc Bellis	Y Marc Bellis				
Mailing Address 12716 NE 103rd PI		M M / D D / Y			
City	State Zip Code	Transaction ID: C686216			
Kirkland	WA 98033-5228	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Overlake Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	250.00				
Full Name (Last, First, Middle Initial) Gregrey E E Bennett		Date of Receipt			
Mailing Address 3239 74th SE		M · M / D · D / Y · Y · Y · Y Y 0 3 0 6 2 0 0 9 2			
City	State Zip Code	Transaction ID: C686209			
Mercer Island	WA 98040	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Puget Sound Phys PLLC	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary GeneralOther (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Thomas E E Benzoni		Date of Receipt			
Mailing Address 4343 Far Hills Rd		04 / 15 / Y Y Y Y 2009			
City	State Zip Code	Transaction ID: C709799			
Sioux City	IA 51104-1030	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Northwest Iowa Emerg Phys	Occupation Emergency Physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify)	500.00				
SUBTOTAL of Receipts This Page (optiona	I])	750.00			
TOTAL This Period (last page this line num	·				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 19/316 (check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Thomas E E Benzoni		Date of Receipt
	Mailing Address 4343 Far Hills Rd		M M / D D / Y Y Y Y 06 15 2009
	City	State Zip Code	Transaction ID: C737495
	Sioux City	IA 51104-1030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Northwest Iowa Emerg Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
- B.	Full Name (Last, First, Middle Initial) Joseph Bergen		Date of Receipt
	Mailing Address 133 Old Rd to 9 Acre C	M M / D D / Y Y Y Y 01 29 2009	
	City	State Zip Code	Transaction ID: C614142
	Concord	MA 01742-4159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Emerson Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
– C.	Full Name (Last, First, Middle Initial) Andrew I I Bern		Date of Receipt
	Mailing Address 9846 NW 18th St		M M / D D / Y Y Y Y 01 29 2009
	City	State Zip Code	Transaction ID: C614134
	Coral Springs	FL 33071-5826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Inphynet Team Hith	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	499.98	
ſ	SUBTOTAL of Receipts This Page (optional)		583.33
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separates for each categ		FOR LINE NUMBER: PAGE 20 / 316 (check only one)		
I		Detailed Sumr		X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)					
	National Emergency Medicine Political	National Emergency Medicine Political Action Committee				
Α.	Full Name (Last, First, Middle Initial) Andrew I I Bern			Date of Receipt		
	Mailing Address 9846 NW 18th St			M M / D D / Y Y Y Y 02 / 25 2009		
	City	State Zip Code		Transaction ID: C682070		
	Coral Springs	FL 33071-5826		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		83.33		
	Name of Employer Inphynet Team Hlth	Occupation Emergency Physician				
	Receipt For:	Aggregate Year-to-Date V				
	Primary General		499.98			
	Other (specify)		+33.30			
- В.	Full Name (Last, First, Middle Initial) Andrew I I Bern			Date of Receipt		
	Mailing Address 9846 NW 18th St			M M / D D / Y Y Y Y 03 30 2009		
	City	State Zip Code		Transaction ID: C703579		
	Coral Springs	FL 33071-5826		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	B	83.33		
	Name of Employer Inphynet Team Hlth	Occupation Emergency Physician				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General		499.98			
	Other (specify)	0 0 0 0 0	+55.50			
- с.	Full Name (Last, First, Middle Initial) Andrew I I Bern			Date of Receipt		
	Mailing Address 9846 NW 18th St			M M / D D / Y Y Y Y 04 29 2009		
	City	State Zip Code		Transaction ID: C714847		
	Coral Springs	FL 33071-5826		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	e e e e e e e e e e e e e e e e e e e	83.33		
	Name of Employer Inphynet Team Hith	Occupation Emergency Physician				
	Receipt For:	Aggregate Year-to-Date V				
	Primary General Other (specify) ▼		499.98			
Γ	SUBTOTAL of Receipts This Page (optional)		>	249.99		
F	TOTAL This Period (last page this line number					

ation copied from such Reports and S mercial purposes, other than using the OF COMMITTEE (In Full) nal Emergency Medicine Politica me (Last, First, Middle Initial) 11 Bern Address 9846 NW 18th St Springs number of contributing political committee. of Employer et Team Hith t For: rimary General ther (specify) ▼ me (Last, First, Middle Initial) 11 Bern Address 9846 NW 18th St Springs number of contributing political committee.	State FL Occupation Emergent	Iress of any political com Imittee Zip Code 33071-5826	Date of Date of Transac Amoun .98 Date of Date of Date of C Transac	f Receipt f Receipt f D D / Y Y Y Y 2 0 0 9 ction ID: C730923 nt of Each Receipt this Period 83.33 f Receipt
al Emergency Medicine Politica me (Last, First, Middle Initial) 11 Bern Address 9846 NW 18th St Springs number of contributing political committee. of Employer et Team Hlth t For: rimary General tther (specify) ▼ me (Last, First, Middle Initial) 11 Bern Address 9846 NW 18th St Springs number of contributing	State FL Occupation Emergend Aggregate	Zip Code 33071-5826 Cy Physician Year-to-Date ▼ 499 Zip Code	.98 Date of M M M O 5 Transac	<pre>/ P P / Y Y Y Y Y 2 0 0 9 ction ID: C730923 nt of Each Receipt this Period</pre>
II Bern Address 9846 NW 18th St Springs number of contributing political committee. of Employer et Team Hith For: rimary General tther (specify) ▼ me (Last, First, Middle Initial) II Bern Address 9846 NW 18th St Springs number of contributing	FL Occupation Emergend Aggregate	33071-5826 cy Physician Year-to-Date ▼ 499 Zip Code	.98 Date of M M M O 5 Transac	<pre>/ P P / Y Y Y Y Y 2 0 0 9 ction ID: C730923 nt of Each Receipt this Period</pre>
Springs number of contributing political committee. of Employer et Team Hith For: rimary General tther (specify) me (Last, First, Middle Initial) 11 Bern Address 9846 NW 18th St Springs number of contributing	FL Occupation Emergend Aggregate	33071-5826 cy Physician Year-to-Date ▼ 499 Zip Code	.98 Date of Transac	2 8 2 0 0 9 ction ID: C730923 at of Each Receipt this Period 83.33 f Receipt / D D / Y Y Y Y 2 9 2 0 0 9 ction ID: C744392
number of contributing political committee. of Employer et Team Hith t For: rimary General tther (specify) ▼ me (Last, First, Middle Initial) I I Bern Address 9846 NW 18th St Springs number of contributing	FL Occupation Emergend Aggregate	33071-5826 cy Physician Year-to-Date ▼ 499 Zip Code	.98 Date of 0 6 Transac	t of Each Receipt this Period 83.33 f Receipt / D D / Y Y Y Y 2 0 0 9 ction ID: C744392
number of contributing political committee. of Employer et Team Hith t For: rimary General tther (specify) ▼ me (Last, First, Middle Initial) I I Bern Address 9846 NW 18th St Springs number of contributing	C Occupation Emergend Aggregate State FL	cy Physician Year-to-Date ▼ 499 Zip Code	.98 Date of 0 6 Transac	6 Receipt / D D / Y Y Y Y 2 9 / 2 0 0 9 ction ID: C744392
political committee. of Employer et Team Hith For: rimary General ther (specify) ♥ me (Last, First, Middle Initial) II Bern Address 9846 NW 18th St Springs number of contributing	Coccupation Emergend Aggregate State FL	cy Physician Year-to-Date ▼ 499 Zip Code	Date of 0 6 Transac	f Receipt / D D / Y Y Y Y Y 2 9 2 0 0 9 ction ID: C744392
For: rimary General ther (specify) ▼ me (Last, First, Middle Initial) I Bern Address 9846 NW 18th St Springs number of contributing	Emergend Aggregate State FL	cy Physician Year-to-Date ▼ 499 Zip Code	Date of 0 6 Transac	/ D D / Y Y Y Y 29 2009 ction ID: C744392
rimary General ther (specify) ▼ me (Last, First, Middle Initial) 11 Bern Address 9846 NW 18th St Springs number of contributing	State	499 Zip Code	Date of 0 6 Transac	/ D D / Y Y Y Y 29 2009 ction ID: C744392
ther (specify) ▼ me (Last, First, Middle Initial) I I Bern Address 9846 NW 18th St Springs	FL	Zip Code	Date of 0 6 Transac	/ D D / Y Y Y Y 29 2009 ction ID: C744392
Address 9846 NW 18th St Springs number of contributing	FL	·	0 6 Transad	/ D D / Y Y Y Y 29 2009 ction ID: C744392
Springs number of contributing	FL	·	0 6 Transa	2 9 2 0 0 9 ction ID: C744392
number of contributing	FL	·		
number of contributing		33071-5826	Amoun	nt of Each Receipt this Period
	С			
				83.33
of Employer et Team Hlth	Occupation Emergen	n cy Physician		
: For: rimary General other (specify) ▼	Aggregate	Year-to-Date ▼ 499	.98	
me (Last, First, Middle Initial)	0 0	0 0 0 0 0		
T T Berry			Date of	f Receipt
Address 3015 Keystone Dr		7.0.	м м 0 б	09 2009
Cirordoou		•		ction ID: C735743
	<u>NIO</u>	63/01-1/26	Amoun	nt of Each Receipt this Period
political committee.	C			250.00
of Employer Hosp	Emergen	cy Physician		
rimary General ther (specify) ▼	Aggregate	1 1 1 1 1 1	.00	
	<u> </u>			416.66
F	f Employer Hosp For: imary General	number of contributing political committee. f Employer Hosp For: imary General ther (specify) ▼ C C C C C C C C C C C C C C C C C C	Birardeau MO 63701-1726 number of contributing political committee. C f Employer Hosp Occupation Emergency Physician For: imary General	Girardeau MO 63701-1726 Amour number of contributing political committee. C Amour f Employer Hosp Occupation Emergency Physician Image: Comparison of the second of the secon

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/316 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) John C C Bertolini		Date of Receipt
	Mailing Address 378 Grist Mill Dr		M M / D D / Y
	City	State Zip Code	Transaction ID: C740423
	Basking Ridge	NJ 07920-2445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Emer Med Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V]
	Primary General Other (specify) ▼	1000.00	
- B.	Full Name (Last, First, Middle Initial) Michael Bessette		Date of Receipt
	Mailing Address 651 W Mt Pleasant Av	06 / D D / Y Y Y Y 06 / 01 / 2009	
	City	State Zip Code	Transaction ID: C731447
	Livingston	NJ 07039-1600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer EMA	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1000.00	
- С.	Full Name (Last, First, Middle Initial) Akash Bhagat		Date of Receipt
	Mailing Address 7627 Club Lake Dr		M M / D D / Y
	City	State Zip Code	Transaction ID: C740000
	Houston	TX 77095-2623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer TX Tech Hith Sci Ctr, ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	3000.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/316 (check only one)			
Any information copied from such Reports a or for commercial purposes, other than usin	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	itical Action Committee				
Full Name (Last, First, Middle Initial) A. John D D Bibb		Date of Receipt			
Mailing Address 16449 Akron St		0 4 / D D / Y Y Y Y 2 4 2 0 0 9			
City	State Zip Code	Transaction ID: C713832			
Pacific Plsds FEC ID number of contributing federal political committee.	CA 90272-2304	Amount of Each Receipt this Period 1000.00			
Name of Employer Cedars Sinai Medical Cent- er	Occupation Emergency Physician	_			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00				
Full Name (Last, First, Middle Initial) Dale Scott Scott Birenbaum Mailing Address 3298 Kentshire Bly	vd	Date of Receipt			
City	State Zip Code	0 4 2 4 2 0 0 9 Transaction ID: C713831			
	FL 34761-4621	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer FL Emer Phys	Occupation Emergency Physician	_			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Michael D D Bishop		Date of Receipt			
Mailing Address 1155 W 3rd St		0 4 / D D / Y Y Y Y 0 2 0 0 9			
City	State Zip Code	Transaction ID: C706194			
Bloomington FEC ID number of contributing federal political committee.	IN 47404-5016	Amount of Each Receipt this Period			
Name of Employer Unity Phys Grp PC	Occupation Emergency Physician	-			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (option	ial)	2500.00			
TOTAL This Period (last page this line nur	nber only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Gregory J Bjerke			Date of Receipt
	Mailing Address 2973 Peterson Pkwy			M M / D D / Y Y Y Y 04 20 2009
	City	State	Zip Code	Transaction ID: C711521
	Fargo	ND	58102-1752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MeritCare Medical Center	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1000.00]
- В.	Full Name (Last, First, Middle Initial) Gregory J Bjerke	I		Date of Receipt
	Mailing Address 2973 Peterson Pkwy			M M / D D / Y
	City	State	Zip Code	Transaction ID: C743526
	Fargo	ND	58102-1752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MeritCare Medical Center	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1000.00	
- с.	Full Name (Last, First, Middle Initial) David Blank			Date of Receipt
	Mailing Address 4551 Sylvan Rd			M · M / D · D / Y · Y · Y · Y Y
	City	State	Zip Code	Transaction ID: C745975
	Indianapolis	IN	46228-2846	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emerg Phys of Indianapolis	1	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)		250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 316 (check only one) 11c 12 X 11a 11b 11c 12 12 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) Frederick C C Blum		Date of Receipt
Mailing Address 1470 Point Marion	Rd	M M / D D Y
City	State Zip Code	Transaction ID: C614132
Morgantown FEC ID number of contributing federal political committee.	WV 26508-1454	Amount of Each Receipt this Period 83.33
Name of Employer RCB-HSC	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Frederick C C Blum Mailing Address 1470 Point Marion	Rd	Date of Receipt
City	State Zip Code	0 2 2 7 2 0 0 9 Transaction ID: C682481
Morgantown	WV 26508-1454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer RCB-HSC	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Frederick C C Blum		Date of Receipt
Mailing Address 1470 Point Marion	Rd	M M / D D / Y Y Y Y 03 30 2009
City	State Zip Code	Transaction ID: C703585
Morgantown FEC ID number of contributing federal political committee.	WV 26508-1454	Amount of Each Receipt this Period 83.33
Name of Employer RCB-HSC	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (option	nal)	249.99
TOTAL This Period (last page this line nur	mber only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/316 (check only one) X X 11a 11b 11c	
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person ig the name and address of any political committee to s	13 14 15 16 1 ⁻¹	
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee		
Full Name (Last, First, Middle Initial) Frederick C C Blum			
Mailing Address 1470 Point Marior	Mailing Address 1470 Point Marion Rd		
City	State Zip Code	Transaction ID: C714842	
Morgantown	WV 26508-1454	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer RCB-HSC	Occupation Emergency Physician		
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General Other (specify) ▼	499.98		
Full Name (Last, First, Middle Initial) Frederick C C Blum		Date of Receipt	
Mailing Address 1470 Point Marior	Mailing Address 1470 Point Marion Rd		
City	State Zip Code	Transaction ID: C730920	
Morgantown	WV 26508-1454	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer RCB-HSC	Occupation Emergency Physician		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	499.98		
Full Name (Last, First, Middle Initial) Frederick C C Blum		Date of Receipt	
Mailing Address 1470 Point Marior	n Rd	M M / D D / Y Y Y Y 06 29 2009	
City	State Zip Code	Transaction ID: C744426	
Morgantown	WV 26508-1454	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer RCB-HSC	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98		
SUBTOTAL of Receipts This Page (option	nal)	249.99	
	mber only)		

~				FOR LINE NUMBER: PAGE 27/316
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
דו			for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Gummary Fage	13 14 15 16 17
	ny information copied from such Reports and S r for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	I Action Corr	nmittee	
<u>,</u> А.	Full Name (Last, First, Middle Initial) Brooks F F Bock	Date of Receipt		
	Mailing Address 1700 Lions Ridge Loop			0 4 / D D / Y Y Y Y 0 4 / 17 / 2 0 0 9
	City	State	Zip Code	Transaction ID: C711413
	Vail	CO	81657-5757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Brooks F Bock	Occupation	n	-
		Emergen	cy Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		1000.00	1
	Other (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) James Edward Edward Boehl			Date of Receipt
5.	Mailing Address 4550 194th Ave SE			M M / D D / Y Y Y Y 0 3 0 6 2 0 0 9
	City	State	Zip Code	Transaction ID: C686220
	Issaquah	WA	98027-9307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	7
	Overlake Hosp Med Ctr	Emergen	cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
).	Full Name (Last, First, Middle Initial) Ioliene Beth Beth Boenau			Date of Receipt
	Mailing Address 21 Vandenburg Ln			M M / D D / Y Y Y Y 01 29 2009
	City	State	Zip Code	Transaction ID: C614156
	Latham	NY	12110-1186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Samaritan Hospital	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.02]
	SUBTOTAL of Receipts This Page (optional)	1		1291.67
Ľ	DODICIAL OF RECEIPTS THIS Page (optional)		••••••	-
ſ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28/316 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	⊥ ay not be sold or used by any pers Idress of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political			
۷ A .	Full Name (Last, First, Middle Initial) Ioliene Beth Beth Boenau			Date of Receipt
	Mailing Address 21 Vandenburg Ln	M M / D D / Y Y Y Y 02 25 2009		
	City	State	Zip Code	Transaction ID: C682061
	Latham FEC ID number of contributing federal political committee.	C	12110-1186	Amount of Each Receipt this Period 41.67
	Name of Employer Samaritan Hospital	Occupatio	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, I	e Year-to-Date ▼ 250.02	
- В.	Full Name (Last, First, Middle Initial) Ioliene Beth Beth Boenau Mailing Address 21 Vandenburg Ln			Date of Receipt
	City State Zip Code			0 3 3 0 2 0 0 9 Transaction ID: C703575
	Latham	NY	12110-1186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Samaritan Hospital	, I – – – – – – – – – – – – – – – – – –	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
– C.	Full Name (Last, First, Middle Initial) Ioliene Beth Beth Boenau			Date of Receipt
	Mailing Address 21 Vandenburg Ln			M M / D D / Y Y Y Y 04 29 2009
	City	State	Zip Code	Transaction ID: C714846
	Latham FEC ID number of contributing federal political committee.	NY C	12110-1186	Amount of Each Receipt this Period 41.67
	Name of Employer Samaritan Hospital	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.02	
ſ	SUBTOTAL of Receipts This Page (optional)			125.01
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page			
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s			
	National Emergency Medicine Political	Action Committee			
Α.	Full Name (Last, First, Middle Initial) Ioliene Beth Beth Boenau		Date of Receipt		
	Mailing Address 21 Vandenburg Ln	05 28 2009			
	City	State Zip Code	Transaction ID: C730919		
	Latham	NY 12110-1186	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	41.67		
	Name of Employer Samaritan Hospital	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date V			
	Other (specify) ▼	250.02	2		
- В.	Full Name (Last, First, Middle Initial) Ioliene Beth Beth Boenau		Date of Receipt		
	Mailing Address 21 Vandenburg Ln		06 / 29 / Y Y Y Y 2009		
	City	State Zip Code	Transaction ID: C744385		
	Latham FEC ID number of contributing federal political committee.	NY 12110-1186	Amount of Each Receipt this Period 41.67		
	Name of Employer Samaritan Hospital	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date V			
	Primary General Other (specify) ▼	250.02	2		
- с.	Full Name (Last, First, Middle Initial) Amanda Bogie		Date of Receipt		
	Mailing Address 940 NE 13th St Rm 2B 940 NE 13th St Rm 2B	M M / D D / Y Y Y Y 04 15 / 2009			
	City	State Zip Code	Transaction ID: C709856		
	Oklahoma City	OK 73104-5008	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer OUHSC	Occupation Emergency Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00			
ſ	SUBTOTAL of Receipts This Page (optional)		333.34		
	TOTAL This Period (last page this line number of	only)	•		

5	CHEDULE A (FEC Form 3X)	les constats schodule(s)	FOR LINE NUMBER: PAGE 30 / 316
		Use separate schedule(s) for each category of the	(check only one)
-		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Michael A A Bohrn	Date of Receipt	
	Mailing Address 70 Timberline Dr		0 1 / 2 9 / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	City	State Zip Code	Transaction ID: C614124
	Wyomissing	PA 19610-1970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer York Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	250.00	1
	Other (specify)		
В.	Full Name (Last, First, Middle Initial) Michael A A Bohrn		Date of Receipt
	Mailing Address 70 Timberline Dr		02 25 2009
	City	State Zip Code	Transaction ID: C682067
	Wyomissing	PA 19610-1970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer York Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.00]
– C.	Full Name (Last, First, Middle Initial) Michael A A Bohrn		Date of Receipt
0.	Mailing Address 70 Timberline Dr		0 3 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: C703582
	Wyomissing	PA 19610-1970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer York Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify)	250.00]
Γ	SUBTOTAL of Receipts This Page (optional)		150.00
F	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 316 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	Action Committee	
	National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Michael A A Bohrn	Date of Receipt	
	Mailing Address 70 Timberline Dr	M M / D D / Y Y Y Y 04 29 2009	
	City	State Zip Code	Transaction ID: C714837
	Wyomissing	PA 19610-1970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer York Hosp ED	Occupation	
	Receipt For:	Emergency Physician Aggregate Year-to-Date	-
	Primary General		
	Other (specify)	250.00	
- В.	Full Name (Last, First, Middle Initial) Michael A A Bohrn		Date of Receipt
υ.	Mailing Address 70 Timberline Dr		
	City	State Zip Code	Transaction ID: C730916
	Wyomissing	PA 19610-1970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer York Hosp ED	Occupation	7
	Receipt For:	Emergency Physician Aggregate Year-to-Date	-
	Primary General		
	Other (specify)	250.00	
- C.	Full Name (Last, First, Middle Initial) Glenn Alden Alden Bollard		Date of Receipt
	Mailing Address 11210 Hunters Ridge I Apt 4	Blvd Apt 4	M M / D D / Y Y Y Y 06 26 2009
	City	State Zip Code	Transaction ID: C743833
	Meadville	PA 16335-6382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		750.00
	Name of Employer Dr. Glenn Alden Bollard	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	750.00	
ſ	SUBTOTAL of Receipts This Page (optional)		850.00
ŀ			
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 32 / 316 (check only one)
1		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A c	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Politica	al Action Committee	
×.	Full Name (Last, First, Middle Initial) Gary Bonfante		Date of Receipt
	Mailing Address 4543 Laurel Dr		04 / 15 / Y Y Y Y 04 / 15
	City	State Zip Code	Transaction ID: C709796
	Walnutport	PA 18088-9628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Lehigh Valley Phys Grp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General	500.00	
	Other (specify)		
	Full Name (Last, First, Middle Initial) Antonio Xavier Xavier Bonfiglio	·	Date of Receipt
	Mailing Address 902 S Shady Hollow	M M / D D / Y Y Y Y 06 26 2009	
	City	State Zip Code	Transaction ID: C743888
	Bloomfield Hills	MI 48304-3773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer St John Oakland Emer Dept	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
. –	Full Name (Last, First, Middle Initial) Robert T T Bonham		Date of Receipt
	Mailing Address 2101 Nuuanu Ave Ap Apt 2005	M M / D D / Y Y Y Y 06 30 2009	
	City	State Zip Code	Transaction ID: C745976
	Honolulu	HI 96817-1769	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Univ of Hawaii KCC EMS	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional).		1750.00
	SOBIOTAL OF NECEIPIS THIS Fage (optional).	•	
	TOTAL This Period (last page this line numbe	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33/316 (check only one) 11c 12 X 11a 11b 11c 12 10 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Ashley E E Booth		Date of Receipt
	Mailing Address 655 W 8th St		0 1 / 2 9 / Y Y Y Y 0 1 2 9 / 2 0 0 9
	City	State Zip Code	Transaction ID: C614154
	Jacksonville	FL 32209-6511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Shands Jacksonville Educ	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
- В.	Full Name (Last, First, Middle Initial) Ashley E E Booth	1	Date of Receipt
	Mailing Address 655 W 8th St		04 / 29 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: C714841
	Jacksonville	FL 32209-6511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Shands Jacksonville Educ	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
- C.	Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg	1	Date of Receipt
	Mailing Address 145 Oyster Point Row		0 1 / D D / Y Y Y Y 0 1 2 9 / 2 0 0 9
	City	State Zip Code	Transaction ID: C614130
	Charleston	SC 29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Med Univ of SC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	600.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	600.00
F	TOTAL This Period (last page this line number	-	

	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 316 (check only one) X X 11a 11b 11c 12 13 14 15 16 11
A c	ny information copied from such Reports and r for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
. Z	Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg		Date of Receipt
	Mailing Address 145 Oyster Point Ro	W	M M / D D / Y Y Y Y 02 25 2009
	City	State Zip Code	Transaction ID: C682057
	Charleston	SC 29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Med Univ of SC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	600.00	
_	Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg		Date of Receipt
	Mailing Address 145 Oyster Point Ro	W	M M / D D / Y
	City	State Zip Code	Transaction ID: C703591
	Charleston	SC 29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Med Univ of SC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	600.00	
_	Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg		Date of Receipt
	Mailing Address 145 Oyster Point Ro	W	M M / D D / Y Y Y Y 04 29 2009
	City	State Zip Code	Transaction ID: C714838
	Charleston	SC 29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Med Univ of SC	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Γ	SUBTOTAL of Receipts This Page (optional		300.00

c	CHEDIII E A (EEC Earm 2V)	[FOR LINE NUMBER: PAGE 35/316
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
1	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso lress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Com	imittee	
<i>А</i> .	Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg			Date of Receipt
	Mailing Address 145 Oyster Point Row	1		M M / D D / Y
	City	State	Zip Code	Transaction ID: C730907
	Charleston	SC	29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Med Univ of SC	Occupation Emergen	n cy Physician	_
	Receipt For:		Year-to-Date ▼	
	Primary General		600.00	1
_	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg			Date of Receipt
Б.	Mailing Address 145 Oyster Point Row	1		0 6 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: C744430
	Charleston	SC	29412-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Med Univ of SC	Occupation Emergen	n cy Physician	_
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)	0 0	600.00]
– c.	Full Name (Last, First, Middle Initial) Samuel Francis Francis Bosco			Date of Receipt
0.	Mailing Address 6 Foxglove Ct			0 6 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: C731649
	Wynantskill	NY	12198-7801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St Peters Hosp	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)		·····	1200.00
	TOTAL This Period (last page this line number	r only)	·····	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36/316 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than usir	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Committee			
Full Name (Last, First, Middle Initial) Bradford J J Bowls	Bradford J J Bowls			
Mailing Address 121 NW Ivanhoe	Mailing Address 121 NW Ivanhoe Blvd			
City	State Zip Code	Transaction ID: C713838		
Orlando	FL 32804-5958	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer FL Emer Phys	Occupation Emergency Physician			
Receipt For:	Aggregate Year-to-Date V			
Primary General Other (specify) ▼	1000.00			
Full Name (Last, First, Middle Initial) Paul C C Bracey		Date of Receipt		
Mailing Address 969 Lakeland Dr	Mailing Address 969 Lakeland Dr			
City	State Zip Code	Transaction ID: C719580		
Jackson FEC ID number of contributing federal political committee.	MS 39216-4606	Amount of Each Receipt this Period		
Name of Employer Dominics Jackson Mem Hosp	Occupation Emergency Physician	-		
Receipt For: Primary General	Aggregate Year-to-Date 🔻			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) John C C Bradford		Date of Receipt		
Mailing Address 400 Wabash Ave		M M / D D / Y Y Y Y 06 09 2009		
City	State Zip Code	Transaction ID: C735721		
Akron	OH 44307-2433	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Akron Gen Med Ctr	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (option	nal)	2250.00		
	mber only)			
ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 37/316	
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ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee		
Z A.	Full Name (Last, First, Middle Initial) Richard Neville Neville Bradley		Date of Receipt	
	Mailing Address 6411Fannin St		M M / D D / Y Y Y Y 01 29 2009	
	City	State Zip Code	Transaction ID: C614162	
	Houston	TX 77030-1501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		250.00	
	Name of Employer The UT Health Science Cen- ter	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date ▼	_	
	Primary General Other (specify) ▼	600.00		
– B.	Full Name (Last, First, Middle Initial) Richard Neville Neville Bradley	I	Date of Receipt	
	Mailing Address 6411Fannin St		0 4 / D D / Y Y Y Y Y 2 9 2 0 0 9	
	City	State Zip Code	Transaction ID: C714840	
	Houston	TX 77030-1501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer The UT Health Science Cen- ter	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	600.00		
– C.	Full Name (Last, First, Middle Initial) Richard Neville Neville Bradley		Date of Receipt	
	Mailing Address 6411Fannin St		M M / D D / Y Y Y Y Y 06 29 2009	
	City	State Zip Code	Transaction ID: C744353	
	Houston	TX 77030-1501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	100.00	
	Name of Employer The UT Health Science Cen- ter	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date ▼	_	
	Primary General Other (specify) ▼	600.00		
Γ	SUBTOTAL of Receipts This Page (optional).	۱ 	600.00	
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 316 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
∠ A.	Full Name (Last, First, Middle Initial) Michael J J Bresler			Date of Receipt
	Mailing Address 1025 Wilmington Way			0 4 / D D / Y Y Y Y 2 0 0 9
	City	State	Zip Code	Transaction ID: C711416
	Emerald Hills FEC ID number of contributing federal political committee.	CA	94062-4069	Amount of Each Receipt this Period
	Name of Employer Mills Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00	
В.	Full Name (Last, First, Middle Initial) David Bronstein Mailing Address 6837 W Mercer Way	I		Date of Receipt
	City	State	Zip Code	
	Mercer Island	WA	210 Code 98040-4861	Transaction ID: C686203 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Puget Sound Phys PLLC	, I – – – – – – – – – – – – – – – – – –	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
– C.	Full Name (Last, First, Middle Initial) David Bronstein	I		Date of Receipt
	Mailing Address 6837 W Mercer Way			M M / D D / Y Y Y Y 03 06 2009
	City	State	Zip Code	Transaction ID: C686222
	Mercer Island FEC ID number of contributing	C	98040-4861	Amount of Each Receipt this Period
	federal political committee. Name of Employer Puget Sound Phys PLLC	Occupatio	n in the second se	
		Emerger	ncy Physician	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			500.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39/316
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	I Action Cor	nmittee	
A.	Full Name (Last, First, Middle Initial) James Tracy Tracy Brown	Date of Receipt		
	Mailing Address 12528 Sr 78			M M / D D / Y
	City	State	Zip Code	Transaction ID: C724843
	Havana		62644-6866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OSF St Francis Med Ctr	Occupatio Emerger	on ncy Physician	
	Receipt For:	1 I	e Year-to-Date V	1
	Primary General		250.00	1
	Other (specify)	0 0		1
– В.	Full Name (Last, First, Middle Initial) Mark W W Brown			Date of Receipt
	Mailing Address 5916 Filaree Hts			M M / D D / Y Y Y Y 06 23 2009
	City	State	Zip Code	Transaction ID: C742095
	Malibu	CA	90265-3721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Antelope Valley Emer Med	Occupatio		
		1 · · · · ·	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		1000.00	
- c.	Full Name (Last, First, Middle Initial) Sara Ann Ann Brown	1		Date of Receipt
	Mailing Address 16131 Fackler Rd			M M / D D / Y Y Y Y 05 05 2009
	City	State	Zip Code	Transaction ID: C719568
	Monroeville	IN	46773-9541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pro Emer Phys Inc	Occupatio Emerger	n ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		1500.00
┝			•	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 316 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Con	nmittee	
∡ A.	Full Name (Last, First, Middle Initial) Steven John John Brunetti			Date of Receipt
	Mailing Address 416 W Church St			04 / 21 / Y Y Y 2009
	City	State	Zip Code	Transaction ID: C712340
	Archbald	PA	18403-1580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Emerg Serv PC	Occupatio		
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	ncy Physician e Year-to-Date 🔻	
	Primary General Other (specify)		500.00]
- В.	Full Name (Last, First, Middle Initial) George Richard Richard Bruno			Date of Receipt
	Mailing Address 1684 Ala Moana Blvd / Ph 1650	•		04 ^{//} 27 [/] 2009
	City Honolulu	State HI	Zip Code	Transaction ID: C714490
	FEC ID number of contributing federal political committee.	C	96815-1484	Amount of Each Receipt this Period
	Name of Employer Hawaii Emer Phys Assoc	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
– c.	Full Name (Last, First, Middle Initial) Marlene Buckler			Date of Receipt
	Mailing Address 7941 Pine Glen Ct			M M / D D / Y Y Y Y 04 23 2009
	City	State	Zip Code	Transaction ID: C713471
	Sarasota	FL	34238-2910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dr. Mariene Buckler	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	•		2000.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 41/316 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Timothy A A Burrell			Date of Receipt
	Mailing Address 1155 W Third St			04 06 Y Y Y Y Y 04 06 2009
	City	State	Zip Code	Transaction ID: C706187
	Bloomington	IN	47404-5016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Unity Phys Grp	Occupatio Emergen	n ncy Physician	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
-	Full Name (Last, First, Middle Initial) Keith Claude Claude Butler			Date of Receipt
	Mailing Address 2458 E Melrose St			M M / D D / Y Y Y Y 06 23 2009
	City	State	Zip Code	Transaction ID: C742136
	Mesa	AZ	85213-1560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Affilion	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	1000.00]
. –	Full Name (Last, First, Middle Initial) Joseph J Calabro			Date of Receipt
	Mailing Address 15 Hance Road			0 4 0 1 Y Y Y Y 0 9 0 9
	City	State	Zip Code	Transaction ID: C705061
	Fair Haven	NJ	07704-3206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Physicians practice enhan- cement	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) Image: Control of the second	0 0	1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)			2250.00
F			•	
	TOTAL This Period (last page this line number	er only)		

ę	SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 42/316 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane name and ad	ay not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Cor	mmittee	
۷ ۹.	Full Name (Last, First, Middle Initial) Thomas James James Calvert			Date of Receipt
	Mailing Address 204 Glenbrook Cir SE	E		0 6 / ^{D D} / <u>Y Y Y Y</u> 0 6 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: C739996
	Huntsville	AL	35801-1867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Huntsville Hosp	Occupatio Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date V	
	Other (specify)	0 0	500.00	
- 3.	Full Name (Last, First, Middle Initial) Lisa Campanella			Date of Receipt
	Mailing Address 102 George Russell \	Way		M M / D D / Y Y Y Y 04 27 2009
	City	State	Zip Code	Transaction ID: C714502
	Clifton	NJ	07013-2681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emer Med Assoc	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
- ;.	Full Name (Last, First, Middle Initial) Gregory Cannon			Date of Receipt
	Mailing Address 129 Loch Pointe Dr			M M / D D / Y Y Y Y 05 05 2009
	City	State	Zip Code	Transaction ID: C719616
	Cary	NC	27518-8418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wake Emerg Phys	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0.0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1000.00
╞	TOTAL This Period (last page this line number			
L	TOTAL This Period (last page this line humbe	er only)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 43/316
			Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	I Action Cor	nmittee	
A.	Full Name (Last, First, Middle Initial) Michael L L Carius			Date of Receipt
	Mailing Address 34 Maple St			03 / D D / Y Y Y Y 03 31 2009
	City	State	Zip Code	Transaction ID: C704684
	Norwalk	CT	06850-3815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Norwalk Hosp Emerg Phys	Occupatio	on ncy Physician	
	Receipt For:	1 · · · · · ·	e Year-to-Date V	
	Primary General	Aggregat		1
	Other (specify)	0 0	1000.00	
- В.	Full Name (Last, First, Middle Initial) Philip S S Carney, Jr			Date of Receipt
	Mailing Address 317 Oak Knoll Dr			0 6 0 1 Y Y Y Y 0 6 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: C731437
	Rockville	MD	20850-4735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Philip S Carney, Jr	Occupatio		_
		1 · · · · ·	ncy Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	250.00	
- c.	Full Name (Last, First, Middle Initial) Paul D D Casey	1		Date of Receipt
	Mailing Address 101 Cherry St Unit 410 Unit 410	0		M M / D D / Y Y Y Y Y 06 17 2009
	City	State	Zip Code	Transaction ID: C739973
	Green Bay	WI	54301-4247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Bellin Mem Hosp	Occupatio Emerger	on ncy Physician	
	Receipt For:	1 · · · · · ·	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	1000.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I		2250.00
┝			••••••	
	TOTAL This Period (last page this line number	only)		

Ş	SCHEDULE A (FEC Form 3X)	Use separate schedule	
	TEMIZED RECEIPTS	for each category of the	
		Detailed Summary Pag	J^{e} I
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by an name and address of any political comm	y person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Paul D D Cash		Date of Receipt
	Mailing Address 111 Seabreeze Ln		
	City	State Zip Code	Transaction ID: C719610
	Suffolk	VA 23435-1738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Williamsburg EM Phys	Occupation	
		Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.0	00
- 3.	Full Name (Last, First, Middle Initial) Carlos H H Castellon		Date of Receipt
	Mailing Address 152 NW Otter Ct		0 1 2 9 2 0 0 9
	City	State Zip Code	Transaction ID: C614120
	Lake City	FL 32055-7252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Innovative Med Svcs	Occupation	
		Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	600.0	00
- C.	Full Name (Last, First, Middle Initial) Carlos H H Castellon		Date of Receipt
	Mailing Address 152 NW Otter Ct		02 25 2009
	City	State Zip Code	Transaction ID: C682058
	Lake City	FL 32055-7252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Innovative Med Svcs	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.0	00
Γ	SUBTOTAL of Receipts This Page (optional)	L	450.00
┝	SUBTOTAL OF RECEIPTS THIS Fage (optional)		
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45/316 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the			on for the purpose of soliciting contributions
h	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	I Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Carlos H H Castellon			Date of Receipt
	Mailing Address 152 NW Otter Ct			03 / 31 / Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: C704702
	Lake City	FL	32055-7252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Innovative Med Svcs	Occupatio		
		- I	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		600.00	
- В.	Full Name (Last, First, Middle Initial) Carlos H H Castellon	1		Date of Receipt
	Mailing Address 152 NW Otter Ct			M M / D D / Y Y Y Y Y 0 4 29 2009
	City	State	Zip Code	Transaction ID: C714835
	Lake City	FL	32055-7252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Innovative Med Svcs	Occupatio		
		1 · · · · ·	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	600.00	
- C.	Full Name (Last, First, Middle Initial) Carlos H H Castellon	1		Date of Receipt
	Mailing Address 152 NW Otter Ct			M M / D D / Y Y Y Y Y 05 28 2009
	City	State	Zip Code	Transaction ID: C730922
	Lake City	FL	32055-7252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Innovative Med Svcs	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	600.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1	•	300.00
┝				
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46/316 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Con	nmittee	
ا ۸.	Full Name (Last, First, Middle Initial) Carlos H H Castellon			Date of Receipt
	Mailing Address 152 NW Otter Ct			M M / D D / Y Y Y Y 06 29 2009
	City	State	Zip Code	Transaction ID: C744425
	Lake City	FL	32055-7252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Innovative Med Svcs	Occupatio Emerger	n ncy Physician	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		600.00]
- B.	Full Name (Last, First, Middle Initial) Marcel A A Cesar			Date of Receipt
	Mailing Address PO Box 180253			M M / D D / Y
	City	State	Zip Code	Transaction ID: C735919
	Delafield	WI	53018-0253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Emerg Med Spec		ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	300.00	
- C.	Full Name (Last, First, Middle Initial) Kahang Lee Lee Chan			Date of Receipt
	Mailing Address 3839 Brantley PI Cir			M M / D D / Y
	City	State	Zip Code	Transaction ID: C713824
	Apopka	FL	32703-6855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Kahang Lee Chan	Occupatio Emerger	^{on} ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00	1
Г		0 0	0 0 0 0 0 0 0 0	
	SUBTOTAL of Receipts This Page (optional)			1400.00
	TOTAL This Period (last page this line number	r only)	D	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 316 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any person ng the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) Rohit S S Chandurkar		Date of Receipt
Mailing Address 5455 N Marginal F Apt 332	Rd # 332	M M / D D / Y Y Y Y 06 22 2009
City	State Zip Code	Transaction ID: C741858
<u>Cleveland</u> FEC ID number of contributing federal political committee.	OH 44114-3944	Amount of Each Receipt this Period 220.00
Name of Employer GEMS Inc.	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	1
Full Name (Last, First, Middle Initial) Fang Chin Chin Chiang Mailing Address 473 Bluff Rd		Date of Receipt
City	State Zip Code	
Ft Lee	NJ 07024-1550	Transaction ID: C739989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Holy Name Hosp	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Steven Chin		Date of Receipt
Mailing Address 19711 Quiet Bay	Ln	M M / D D / Y Y Y Y 04 28 2009
City	State Zip Code	Transaction ID: C714448
Huntingtn Bch FEC ID number of contributing federal political committee.	CA 92648-2615	Amount of Each Receipt this Period
Name of Employer Presbyterian Intercomm Ho- sp ED	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1470.00
TOTAL This Period (last page this line nu	mber only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1'
	r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
×.	Full Name (Last, First, Middle Initial) Neil L L Christen		Date of Receipt
	Mailing Address 4805 Laurel Trace		M M / D D / Y
	City	State Zip Code	Transaction ID: C742092
	Anniston FEC ID number of contributing federal political committee.	AL 36207-9300	Amount of Each Receipt this Period
	Name of Employer NE Alabama Rég Med Ctr	Occupation Emergency Physician	_
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00	
-	Full Name (Last, First, Middle Initial) Leonardo Cisneros Mailing Address 5206 Overview Ct		Date of Receipt
			04 24 2009
	City Orlando	State Zip Code FL 32819-3853	Transaction ID: C713839 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer FL Hosp Kissimmee	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Chad L L Clark		Date of Receipt
	Mailing Address 3948 Shady Ridge Dr		M M / D D / Y Y Y Y 06 09 2009
	City	State Zip Code	Transaction ID: C735733
	Corona FEC ID number of contributing federal political committee.	CA 92881-8818	Amount of Each Receipt this Period
	Name of Employer Riverside Emerg Phys	Occupation Emergency Physician	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .		1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49/316 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us	s and Statements may not be sold or used by any persor sing the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Nathaniel W W Clark		Date of Receipt
Mailing Address 1216 E Newton	St	06 / ^y y y y y 06 09 2009
City	State Zip Code	Transaction ID: C735748
Seattle FEC ID number of contributing federal political committee.	WA 98102-4104	Amount of Each Receipt this Period
Name of Employer Dr. Nathaniel W Clark	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R Carter Clements Mailing Address 5558 Taft Ave		Date of Receipt
	0 2 / D D / Y Y Y Y 2 5 2 0 0 9	
City Oakland	State Zip Code CA 94618-1519	Transaction ID: C682068
FEC ID number of contributing federal political committee.	CA 94610-1519	Amount of Each Receipt this Period 250.00
Name of Employer OakCare Med Grp Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R Carter Clements		Date of Receipt
Mailing Address 5558 Taft Ave		05 28 2009
City	State Zip Code	Transaction ID: C730917
Oakland FEC ID number of contributing federal political committee.	CA 94618-1519	Amount of Each Receipt this Period
Name of Employer OakCare Med Grp Inc	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti	ional)	1000.00
TOTAL This Period (last page this line r	number only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 316 (check only one) X X 11a 11b 11c
[Any information copied from such Reports and S or for commercial purposes, other than using the	statements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) Joseph E Clinton			Date of Receipt
	Mailing Address 6020 Pine Grove Rd			0 6 / 2 5 / Y Y Y Y
	City	State	Zip Code	Transaction ID: C743563
	Edina FEC ID number of contributing federal political committee.	MN C	55436	Amount of Each Receipt this Period
	Name of Employer Hennepin Faculty Associat- es	Occupatio Physicia		-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
- B.	Full Name (Last, First, Middle Initial) James Michael Michael Cogbill, Jr Mailing Address 2817 Witters St			Date of Receipt
	-			06 16 2009
	City Saginaw	State MI	Zip Code 48602-3584	Transaction ID: C739736 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Timberline Emer Phys	, I – – – – –	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 1000.00]
- C.	Full Name (Last, First, Middle Initial) William W W Colgate			Date of Receipt
	Mailing Address 4411 Bee Rdg Rd # 62	27		0 6 / Y Y Y Y 0 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: C731431
	Sarasota FEC ID number of contributing federal political committee.	FL C	34233-2514	Amount of Each Receipt this Period 400.00
	Name of Employer Dr. William W Colgate	Occupatio		
	Receipt For: Primary General Other (specify) ▼	1 · · · · · · ·	ncy Physician e Year-to-Date ▼ 400.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1650.00
ľ	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC For	rm 3X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 316 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Re or for commercial purposes, other that	eports and Statements may not be sold or used by any pers an using the name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicir	ne Political Action Committee	
Full Name (Last, First, Middle Init R. Robert Patrick Patrick Collins	ial)	Date of Receipt
Mailing Address 135 Ventana	ı Ct	0 6 1 0 2 0 0 9
City	State Zip Code	Transaction ID: C735907
Aptos	CA 95003-3327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cmnty Hosp of Monterey Pen ED	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Init Ronald V V Cordova	ial)	Date of Receipt
Mailing Address 2700 Dolbee	er St	M M / D D / Y Y Y Y Y Y Y <th< td=""></th<>
City	State Zip Code	Transaction ID: C740016
Eureka	CA 95501-4736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer North Coast Emer Phys	Occupation Emergency Physician	
	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Init Peter W W Corrigan	ial)	Date of Receipt
Mailing Address 1723 Alta Oa	aks Dr	M M / D D / Y Y Y Y Y 04 20 2009
City	State Zip Code	Transaction ID: C712198
Arcadia	CA 91006-1702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Huntington Memorial Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
SUBTOTAL of Receipts This Page	(optional)	950.00
	line number only)	· · · · · · · · · · · · · · · · · · ·

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 52/316 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	LAction Committee	
Z	National Emergency Medicine Politica		
۱.	Full Name (Last, First, Middle Initial) Peter W W Corrigan		Date of Receipt
	Mailing Address 1723 Alta Oaks Dr		05 / D D / Y Y Y Y 05 / 07 2009
	City	State Zip Code	Transaction ID: C720392
	Arcadia	CA 91006-1702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Huntington Memorial Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00]
_	Full Name (Last, First, Middle Initial) Kathleen Cowling	1	Date of Receipt
•	Mailing Address 3400 Midland Rd		03 / 06 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: C686202
	Saginaw	MI 48603-9634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Covenant Hithcre Emer Phys Grp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1000.00]
. –	Full Name (Last, First, Middle Initial) Robert J J Cox	<u> </u>	Date of Receipt
	Mailing Address 817 Thomaston St		M M / D D / Y Y Y Y 02 12 2009
	City	State Zip Code	Transaction ID: C651570
	Barnesville	GA 30204-1729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer NE Tower Ste 2100	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	l	1350.00
┢			
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 53/316
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
r				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Robert J J Cox			Date of Receipt
	Mailing Address 817 Thomaston St			M M / D D / Y Y Y Y 04 29 2009
	City	State	Zip Code	Transaction ID: C714845
	<u>Barnesville</u>	GA	30204-1729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NE Tower Ste 2100	Occupatio		
	Receipt For:	, I —	ncy Physician e Year-to-Date 🔻	_
	Primary General	Aggregat	· · · · · · · · ·	1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Cari Croghan			Date of Receipt
	Mailing Address 5350 Twin Creeks Dr			03 18 2009
	City	State	Zip Code	Transaction ID: C689860
	Reno	NV	89523-2208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Northern NV Emerg Phys	Occupation Emerger	on ncy Physician	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		600.00]
C.	Full Name (Last, First, Middle Initial) Cari Croghan	<u> </u>		Date of Receipt
0.	Mailing Address 5350 Twin Creeks Dr			M M / D D / Y Y Y Y 0 4 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: C710963
	Reno	NV	89523-2208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Northern NV Emerg Phys	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 		600.00]
	SUBTOTAL of Receipts This Page (optional)	I	`	850.00
	TOTAL This Period (last page this line number			
		(ing)	·····	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 316 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the		son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) James Michael Michael Cusick		Date of Receipt
	Mailing Address 10309 E Lake Dr		M M / D D / Y Y Y Y 0 4 17 2009
	City	State Zip Code	Transaction ID: C711424
	Englewood	CO 80111-5499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Natl Med Dir AMR	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	—
	Primary General Other (specify) ▼	1000.00	
- В.	Full Name (Last, First, Middle Initial) Pamela V V Cutler		Date of Receipt
	Mailing Address 6405 Avenida La Cuch	illa NW	M M / D D / Y Y Y Y 02 / 23 / 2009
	City	State Zip Code	Transaction ID: C678443
	Los Ranchos	NM 87107-5601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Schumacher Group	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	349.99	
- C.	Full Name (Last, First, Middle Initial) Pamela V V Cutler		Date of Receipt
	Mailing Address 6405 Avenida La Cuch	illa NW	0 4 / D D / Y Y Y Y 2 4 2 0 0 9
	City	State Zip Code	Transaction ID: C713866
	Los Ranchos	NM 87107-5601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Schumacher Group	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	349.99	
	SUBTOTAL of Receipts This Page (optional)		1183.33
Ī	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55/316 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	not be sold or used by any pers	0 for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political			
⊻ A.	, Full Name (Last, First, Middle Initial) Pamela V V Cutler			Date of Receipt
	Mailing Address 6405 Avenida La Cuch	nilla NW		05 / 28 / Y Y Y 2009
	City	State	Zip Code	Transaction ID: C730910
	Los Ranchos	NM	87107-5601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Schumacher Group	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	349.99]
– B.	Full Name (Last, First, Middle Initial) Pamela V V Cutler	1		Date of Receipt
	Mailing Address 6405 Avenida La Cuchilla NW			06 / 29 / Y Y Y Y 02009
	City	State	Zip Code	Transaction ID: C744388
	Los Ranchos	NM	87107-5601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Schumacher Group	Occupation Emergen	ı cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify)		349.99	
– C.	Full Name (Last, First, Middle Initial) David Dansky			Date of Receipt
	Mailing Address PO Box S-3474			0 6 / D D / Y Y Y Y 0 6 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: C732472
	Carmel	CA	93921-0589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CHOMP	1	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 350.00]
Γ	SUBTOTAL of Receipts This Page (optional)			416.66
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) David Dansky		Date of Receipt
	Mailing Address PO Box S-3474		0 6 / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	City	State Zip Code	Transaction ID: C746006
	Carmel	CA 93921-0589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer CHOMP	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	350.00	
 В.	Full Name (Last, First, Middle Initial) Eric Decena		Date of Receipt
	Mailing Address 5 Roderick Ct		M M / D D / Y Y Y Y 05 / 22 / 2009
	City	State Zip Code	Transaction ID: C725582
	<u>E Northport</u>	NY 11731-5207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Good Samaritan Hosp Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify) ▼	500.00]
 C.	Full Name (Last, First, Middle Initial) Wendy DeMartino		Date of Receipt
	Mailing Address 7 Charterpoint Rd		M M / D D / Y
	City	State Zip Code	Transaction ID: C614148
	Watervliet	NY 12189-1691	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Albany Med Ctr	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 510.00]
s	UBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	685.00
т	OTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 316 (check only one)
17	FEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Politica	al Action Committee	
م. ۲.	Full Name (Last, First, Middle Initial) Wendy DeMartino		Date of Receipt
	Mailing Address 7 Charterpoint Rd		0 2 / 2 5 / Y Y Y Y 0 2 0 0 9
	City	State Zip Code	Transaction ID: C682056
	Watervliet	NY 12189-1691	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Albany Med Ctr	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General		
	Other (specify)	510.00	
	Full Name (Last, First, Middle Initial) Wendy DeMartino		Date of Receipt
	Mailing Address 7 Charterpoint Rd		M M / D D / Y Y Y Y 03 30 2009
	City	State Zip Code	Transaction ID: C703578
	Watervliet	NY 12189-1691	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer	Occupation	1
	Albany Med Ctr	Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	510.00	
	Full Name (Last, First, Middle Initial) Wendy DeMartino		Date of Receipt
	Mailing Address 7 Charterpoint Rd		04 29 2009
	City	State Zip Code	Transaction ID: C714831
	Watervliet	NY 12189-1691	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Albany Med Ctr	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify)	510.00	
Γ	SUBTOTAL of Receipts This Page (optional)		255.00

ommercial purposes, other than using the n IE OF COMMITTEE (In Full) ional Emergency Medicine Political / Name (Last, First, Middle Initial) dy DeMartino ng Address 7 Charterpoint Rd tervliet ID number of contributing ral political committee. te of Employer ny Med Ctr eipt For: Primary General Other (specify) ▼	Use separate schedule(s) for each category of the Detailed Summary Page attements may not be sold or used by any personame and address of any political committee to separate and address of add	FOR LINE NUMBER: PAGE 58 / 316 (check only one) X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee. 16 17 Date of Receipt 0 5 / 2.8 2.00.9 Transaction ID: C730915 Amount of Each Receipt this Period 85.00
rmation copied from such Reports and Sta ommercial purposes, other than using the n IE OF COMMITTEE (In Full) ional Emergency Medicine Political / Name (Last, First, Middle Initial) dy DeMartino ng Address 7 Charterpoint Rd tervliet ID number of contributing ral political committee. te of Employer ny Med Ctr eipt For: Primary General Other (specify) ▼	Detailed Summary Page atements may not be sold or used by any person hame and address of any political committee to service Action Committee State Zip Code NY 12189-1691 C Occupation Emergency Physician Aggregate Year-to-Date	X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee. 16 17 Date of Receipt 0 5 2 8 2 0 0 9 Transaction ID: C730915 Amount of Each Receipt this Period
ommercial purposes, other than using the n IE OF COMMITTEE (In Full) ional Emergency Medicine Political / Name (Last, First, Middle Initial) dy DeMartino ng Address 7 Charterpoint Rd tervliet ID number of contributing ral political committee. te of Employer ny Med Ctr eipt For: Primary General Other (specify) ▼	atements may not be sold or used by any person name and address of any political committee to so Action Committee State Zip Code NY 12189-1691 C Occupation Emergency Physician Aggregate Year-to-Date ▼	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee. 13 14 15 16 17 Date of Receipt 0 0 1 28 2009 2009 Transaction ID: C730915 Amount of Each Receipt this Period 10 10 10 10
ommercial purposes, other than using the n IE OF COMMITTEE (In Full) ional Emergency Medicine Political / Name (Last, First, Middle Initial) dy DeMartino ng Address 7 Charterpoint Rd tervliet ID number of contributing ral political committee. te of Employer ny Med Ctr eipt For: Primary General Other (specify) ▼	Action Committee State Zip Code NY 12189-1691 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt 0 5 / 2 8 / 2 0 0 9 Transaction ID: C730915 Amount of Each Receipt this Period
ional Emergency Medicine Political / Name (Last, First, Middle Initial) dy DeMartino ng Address 7 Charterpoint Rd tervliet ID number of contributing ral political committee. The of Employer ny Med Ctr Primary General Other (specify) ▼ Name (Last, First, Middle Initial) dy DeMartino	State Zip Code NY 12189-1691 C Occupation Emergency Physician Aggregate Year-to-Date	M M / D D Y
Name (Last, First, Middle Initial) dy DeMartino ng Address 7 Charterpoint Rd tervliet ID number of contributing ral political committee. re of Employer my Med Ctr eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) dy DeMartino	State Zip Code NY 12189-1691 C Occupation Emergency Physician Aggregate Year-to-Date	M M / D D Y
dy DeMartino ng Address 7 Charterpoint Rd tervliet ID number of contributing ral political committee. re of Employer my Med Ctr eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) dy DeMartino	NY 12189-1691 C Occupation Emergency Physician Aggregate Year-to-Date	M M / D D Y
tervliet ID number of contributing ral political committee. e of Employer iny Med Ctr eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) dy DeMartino	NY 12189-1691 C Occupation Emergency Physician Aggregate Year-to-Date	0 5 2 8 2 0 0 9 Transaction ID: C730915 Amount of Each Receipt this Period
ID number of contributing ral political committee.	NY 12189-1691 C Occupation Emergency Physician Aggregate Year-to-Date	Amount of Each Receipt this Period
ID number of contributing ral political committee.	C Occupation Emergency Physician Aggregate Year-to-Date	
ral political committee. le of Employer my Med Ctr eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) dy DeMartino	Occupation Emergency Physician Aggregate Year-to-Date	85.00
eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) dy DeMartino	Emergency Physician Aggregate Year-to-Date	
Primary General Other (specify) ▼ Name (Last, First, Middle Initial) dy DeMartino	Aggregate Year-to-Date	
Primary General Other (specify) ▼ Name (Last, First, Middle Initial) dy DeMartino		
Name (Last, First, Middle Initial) dy DeMartino	510.00	
dy DeMartino		
		Date of Receipt
ng Address 7 Charterpoint Rd		M M / D D / Y Y Y Y 06 29 2009
	State Zip Code	Transaction ID: C744390
tervliet	NY 12189-1691	Amount of Each Receipt this Period
ID number of contributing ral political committee.	C	85.00
e of Employer	Occupation	-
iny Med Ctr	Emergency Physician	_
eipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	510.00	
Name (Last, First, Middle Initial) d C C Dennis		Date of Receipt
ng Address 5 Shadow Creek Ln		04 16 2009
	State Zip Code	Transaction ID: C710995
nda	CA 94563-3538	Amount of Each Receipt this Period
ID number of contributing ral political committee.	C	125.00
ne of Employer Ino Gateway Med Grp	Occupation Emergency Physician	
eipt For:	Aggregate Year-to-Date ▼	1
Primary General	225.00	
Other (specify) T		295.00
	Other (specify) ▼ Name (Last, First, Middle Initial) d C C Dennis ng Address 5 Shadow Creek Ln nda ID number of contributing ral political committee. e of Employer no Gateway Med Grp eipt For:	Other (specify) 510.00 Name (Last, First, Middle Initial) 510.00 d C C Dennis gaddress ng Address 5 Shadow Creek Ln nda State ID number of contributing ral political committee. C e of Employer no Gateway Med Grp Occupation Emergency Physician sipt For: Aggregate Year-to-Date Primary General

				FOR LINE NUMBER: PAGE 59/316
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	I Action Con	nmittee	
⊻ A.	Full Name (Last, First, Middle Initial) David C C Dennis			Date of Receipt
	Mailing Address 5 Shadow Creek Ln			M M / D D / Y Y Y Y 0 6 30 2009
	City	State	Zip Code	Transaction ID: C746071
	Orinda	CA	94563-3538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupatio	n	-
	Name of Employer Solano Gateway Med Grp		ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		225.00	11
	Other (specify) v			
, -	Full Name (Last, First, Middle Initial) Fred Dennis			Date of Receipt
3.	Mailing Address 22287 Mullholland Dr	Ste 187		
				01 29 2009
	City	State	Zip Code	Transaction ID: C614112
	Calabasas	CA	91302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	
	Dr. Fred Denniś	Emerger	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
-	Full Name (Last, First, Middle Initial)			
).	Fred Dennis Mailing Address 22287 Mullholland Dr S	Ste 187		Date of Receipt
				04 29 2009
	City Calabasas	State CA	Zip Code	Transaction ID: C714828
			91302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Fred Dennis	Occupatio Emerger	n ncy Physician	
	Receipt For:	1	e Year-to-Date V	
	Primary General	Jugordan		1
	Other (specify)		500.00	
Γ				600.00
ļ	SUBTOTAL of Receipts This Page (optional)		•••••••••••••••••••••••••••••••••••••••	-
	TOTAL This Period (last page this line number	only)		
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 316 (check only one) X X 11a 11b 11c 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Paul DePonte		Date of Receipt
Mailing Address 107 Baytree Ct		M M / D D Y
City	State Zip Code	Transaction ID: C713840
Winter Spgs	FL 32708-5122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. Paul DePonte	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mounang P P Desai		Date of Receipt
Mailing Address 6003 Isla Vista		M M / D D / Y Y Y Y 02 25 2009
City	State Zip Code	Transaction ID: C682062
Houston	TX 77041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dr. Mounang P Desai	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Craig T T DeWaal		Date of Receipt
Mailing Address 5528 Hero Dr		M M / D D / Y
City	State Zip Code	Transaction ID: C746064
Austin	TX 78735-6244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ESP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipte This Page (aption)	al)	1750.00
SUBTOTAL OF NECEIPIS THIS Fage (optional	μ	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 61 / 316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	pn for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Committe	ee	
Α.	Full Name (Last, First, Middle Initial) Solisis Deynes-Lopez	Date of Receipt		
	Mailing Address 4801 Cypress Point	0 6 1 7 Y Y Y Y 0 9 0 9		
	City		Zip Code	Transaction ID: C740001
	Frisco	TX 7	75034-6825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Trinity Med Ctr	Occupation Emergency Pl	nysician	
	Receipt For:	Aggregate Year-	to-Date 🔻	
	Primary General Other (specify)		500.00	
- В.	Full Name (Last, First, Middle Initial) Jeffrey D D Dixon			Date of Receipt
	Mailing Address 1389 E 27th St	M M / D D / Y Y Y Y 01 29 2009		
	City		Zip Code	Transaction ID: C614113
	<u>Tulsa</u>	OK 7	74114-4107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GCEP Inc	Occupation Emergency Pl	nysician	
	Receipt For: Primary General	Aggregate Year-	to-Date 🔻	
	Other (specify)		500.00	
- C.	Full Name (Last, First, Middle Initial) Jeffrey D D Dixon	1		Date of Receipt
	Mailing Address 1389 E 27th St			M M / D D / Y Y Y Y 04 29 2009
	City		Zip Code	Transaction ID: C714839
	Tulsa	OK 7	74114-4107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GCEP Inc	Occupation Emergency Pl	•	
	Receipt For: Primary General	Aggregate Year-	to-Date 🔻	
	Other (specify)		500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		·····	1000.00
ŀ	TOTAL This Period (last page this line number	only)		

ç	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 62/316
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	al Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) Robert A A Donovan	Date of Receipt		
	Mailing Address 6859 Zerillo Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: C714444
	Riverbank	CA	95367-2119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Doctors Med Ctr	Occupatio	n ncy Physician	_
	Receipt For:	- I	e Year-to-Date V	_
	Primary General	, iggi ogaio		1
	Other (specify)	0 0	250.00	
– В.	Full Name (Last, First, Middle Initial) Armand H H Dorian			Date of Receipt
	Mailing Address 12030 Beaufait Ave		M M / D D / Y Y Y Y 06 25 2009	
	City	State	Zip Code	Transaction ID: C743696
	Northridge	CA	91326-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Verdugo Hills Hosp	Occupatio		
			ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	300.00	
– c.	Full Name (Last, First, Middle Initial) Marc M M Dreier	1		Date of Receipt
	Mailing Address 295 Richards Rd			M M / D D / Y Y Y Y 0 4 28 2009
	City	State	Zip Code	Transaction ID: C714415
	Ridgewood	NJ	07450-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer The Valley Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		3050.00
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	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63/316 (check only one) X 11a 11b 11c 12					
Any information copied from such Reports ar	nd Statements may not be sold or used by any person	n for the purpose of soliciting contributions					
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	r for commercial purposes, other than using the name and address of any political committee to s						
National Emergency Medicine Polit	tical Action Committee						
Full Name (Last, First, Middle Initial) Timothy R R Drury	Timothy R R Drury						
Mailing Address 1290 Shannock Rd	I	05 / D / Y Y Y Y 05 / 05 / 2009					
City	State Zip Code	Transaction ID: C719619					
Charlestown	RI 02813-3745	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	365.00					
Name of Employer South Cnty Hosp	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date V	1					
Primary General Other (specify) ▼	465.00						
Full Name (Last, First, Middle Initial) Timothy R R Drury	I	Date of Receipt					
Mailing Address 1290 Shannock Rd	I	M M / D D / Y Y Y Y 06 03 2009					
City	State Zip Code	Transaction ID: C732476					
Charlestown	RI 02813-3745	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer South Cnty Hosp	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	465.00						
Full Name (Last, First, Middle Initial) Reva Dubin	1	Date of Receipt					
Mailing Address 547 Park Rd		M M / D D / Y Y Y Y 04 15 2009					
City	State Zip Code	Transaction ID: C709875					
Mays Landing	NJ 08330-1917	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Atlantic City Regl Med Ctr ED	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date ▼						
 Primary General Other (specify) ▼ 	500.00						
SUBTOTAL of Receipts This Page (option:	al)	715.00					
	nber only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	
[Any information copied from such Reports and S	atements may not be sold or used by a	age 13 14 15 16 17 any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political		mittee to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		
Α.	Reva Dubin Mailing Address 547 Park Rd	Date of Receipt	
	City	State Zip Code	0 4 2 0 2 0 0 9 Transaction ID: C712180
	Mays Landing	NJ 08330-1917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Atlantic City Regl Med Ctr	Occupation Emergency Physician	
	ED Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.	.00
B.	Full Name (Last, First, Middle Initial) Robert Brian Brian Dunne		Date of Receipt
	Mailing Address 51800 9 Mile Rd	M M / D D / Y	
	City	State Zip Code	Transaction ID: C744378
	Northville	MI 48167-9773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer St Joseph Mercy Hosp EM	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	1000.	
с.	Full Name (Last, First, Middle Initial) James S S Eadie		Date of Receipt
	Mailing Address 201 N Lowell Ln Apt 226		05 / D D / Y Y Y Y 07 2009
	City	State Zip Code	Transaction ID: C720402
	Austin	TX 78733-4223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Wilford Hall Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1000.	.00
	SUBTOTAL of Receipts This Page (optional)		2250.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 65/316 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	I Action Com	nmittee	
۹.	Full Name (Last, First, Middle Initial) Jay W W Edelberg	Date of Receipt		
	Mailing Address 19315 Bellerive Ct	M M / D P Y		
	City	State	Zip Code	Transaction ID: C744380
	Baton Rouge	LA	70809-6738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dr. Jay W Edelberg	Occupation	n ncy Physician	
	Receipt For:	1 I	e Year-to-Date V	-
	Primary General		500.00	1
_	Other (specify)			1
3.	Full Name (Last, First, Middle Initial) Mary Ann Ann Edens			Date of Receipt
	Mailing Address 2060 Brockton Close	M M / D D / Y Y Y Y 04 15 2009		
	City	State	Zip Code	Transaction ID: C709825
	Marietta	GA	30068-4927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Emory Univ/Grady Meml Hosp	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		500.00]
;.	Full Name (Last, First, Middle Initial) Daniel J J Edwards	I		Date of Receipt
-	Mailing Address 15 Degraw Rd			04 23 2009
	City	State	Zip Code	Transaction ID: C713455
	Riverdale	NJ	07457-1001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EMA	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify)	0 0	1000.00]
Γ	SUBTOTAL of Doppinto This Dopp (antional)	<u> </u>		2000.00
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	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 66 / 316 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political			
⊻ A.	Full Name (Last, First, Middle Initial) Irv E E Edwards	Date of Receipt		
	Mailing Address 111 N Sepulveda Ste 2 Ste 210		01 / Y Y Y Y 29 2009	
	City	State	Zip Code	Transaction ID: C614126
	Manhattan Beach	CA	90266-6849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Chino Valley Med Ctr	Occupatio Emerger	on ncy Physician	
	Receipt For:	, , , , , , , , , , , , , , , , , , ,	e Year-to-Date V	
	Primary General Other (specify) ▼		3000.00]
- В.	Full Name (Last, First, Middle Initial) Irv E E Edwards			Date of Receipt
	Mailing Address 111 N Sepulveda Ste 2 Ste 210			M M / D D Y
	City Manhattan Basah	State	Zip Code	Transaction ID: C714834
	Manhattan Beach FEC ID number of contributing federal political committee.	CA	90266-6849	Amount of Each Receipt this Period
	Name of Employer Chino Valley Med Ctr	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	3000.00]
с	Full Name (Last, First, Middle Initial) L Dean Egbert			Date of Receipt
	Mailing Address 121 W Lakeview Way			M M / D D / Y
	City	State	Zip Code	Transaction ID: C710955
	Woodland Hills	UT	84653-2031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mountain View Hosp	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)		I	3500.00
F	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Forr ITEMIZED RECEIPTS	n 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perso using the name and address of any political committee to	n for the purpose of soliciting contributions				
National Emergency Medicine	Political Action Committee					
Full Name (Last, First, Middle Initial Richard S S Elman	Full Name (Last, First, Middle Initial) Richard S S Elman					
Mailing Address 6191 Senate C	Dir	06 / D D / Y Y Y Y 029 2009				
City	State Zip Code	Transaction ID: C744377				
East Amherst FEC ID number of contributing federal political committee.	NY 14051-1979	Amount of Each Receipt this Period 250.00				
Name of Employer Buffalo Mercy Hosp ED	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial David M M Englander		Date of Receipt				
Mailing Address 311 S Broadw Apt B		05 / 05 / Y Y Y Y 2009				
City Redondo Bch	State Zip Code CA 90277-3758	Transaction ID: C719554 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Dr. David M Englander	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial Stephen K K Epstein)	Date of Receipt				
Mailing Address 1 Deaconess I	Rd W/CC-2	M M / D D / Y Y Y Y 0 4 2 3 2 0 0 9				
City	State Zip Code	Transaction ID: C713480				
Boston FEC ID number of contributing federal political committee.	MA 02215-5321	Amount of Each Receipt this Period				
Name of Employer Harvard Med Faculty Phys	Occupation Emergency Physician	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (c	ptional)	750.00				
TOTAL This Period (last page this lin	e 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 68 / 316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 31 Forest Dr		0 1 / D D / Y Y Y Y 2 0 0 9
City	State Zip Code	Transaction ID: C614168
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial) Clifford Erickson	<u> </u>	Date of Receipt
Mailing Address 31 Forest Dr		02 / 25 / Y Y Y Y 02 / 25 / 2009
City	State Zip Code	Transaction ID: C682060
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial) Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		03 / 0 0 / Y Y Y Y 030 / 2009
City	State Zip Code	Transaction ID: C703576
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	510.00	
SUBTOTAL of Receipts This Page (optional)	255.00
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	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using	for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		04 / D D / Y Y Y Y 29 / 2009
City	State Zip Code	Transaction ID: C714832
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial) Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		M M / D D / Y Y Y Y 05 28 2009
City	State Zip Code	Transaction ID: C730904
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) Image: Constraint of the second	510.00	
Full Name (Last, First, Middle Initial) Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		M M / D D / Y Y Y Y 06 29 2009
City	State Zip Code	Transaction ID: C744403
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	510.00	
SUBTOTAL of Receipts This Page (optiona	I	255.00
TOTAL This Period (last page this line num	·	

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ITEMIZED	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	1a 11b 11c 12
					3 14 15 16 17
Any information	n copied from such Reports and S cial purposes, other than using the	on for the o solicit co	purpose of soliciting contributions ntributions from such committee.		
	COMMITTEE (In Full)				
	Emergency Medicine Political	I Action Con	nmittee		
Full Name (Peter M M F	(Last, First, Middle Initial) ahrney	Dat	te of Receipt		
-	dress 3419 Riverview Dr	м	M / D D / Y Y Y Y		
City		State	Zip Code	0	6 1 7 2 0 0 9 nsaction ID: C739986
<u>Colonial E</u>	Beach	VA	22443-4830		ount of Each Receipt this Period
	mber of contributing				
	tical committee.	C			250.00
Name of Er Dr. Peter M	mployer	Occupatio	n		
	-	Emerger	ncy Physician		
Receipt For		Aggregate	e Year-to-Date 🔻		
Prima Other	ary General		250.00		
Other	(specily)	0.0	0 0 0 0 0 0 0	-	
	(Last, First, Middle Initial)				in of Decement
	in Lynn Farley dress 41 Forsythia Ln		te of Receipt		
	1035 411 OrSythia Lit		0		
City		State	Zip Code	Trai	nsaction ID: C706231
<u>Bear</u>		DE	19701-6301	Am	ount of Each Receipt this Period
	nber of contributing tical committee.	C			100.00
Name of Er	nployer Care Hlth Syst	Occupatio			
	-	, I V	ncy Physician		
Receipt For Prima		Aggregate	e Year-to-Date 🔻	-	
	r (specify) ▼		1100.00		
				_	
	(Last, First, Middle Initial) In Lynn Farley			Dat	e of Receipt
	dress 41 Forsythia Ln				M / D D / Y Y Y Y
					4 23 2009
City		State DE	Zip Code		nsaction ID: C713451
Bear			19701-6301	Am	ount of Each Receipt this Period
federal polit	mber of contributing tical committee.	C			1000.00
Name of Er Christiana	nployer Care Hlth Syst	Occupatio			
Receipt For		1	ncy Physician e Year-to-Date 🔻		
Prima		Aggregate			
Other	(specify) v		1100.00		
SUBTOTAL	of Receipts This Page (optional)				1350.00
	,			-	· · · · · · · · · · ·
TOTAL This	Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 71/316
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) James A A Feldman	Date of Receipt		
	Mailing Address 8 Sage Ln			04 D D / Y Y Y Y 23 2009
	City	State	Zip Code	Transaction ID: C713445
	Framingham	MA	01701-3880	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Boston Med Ctr ED	Occupation		
	Receipt For:		ncy Physician e Year-to-Date ▼	_
	Primary General	Ayyreyate		1
	Other (specify)	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) William Basil Felegi	•		Date of Receipt
	Mailing Address 731 Red Lion Way	M M / D D / Y Y Y Y 01 22 2009		
	City	State	Zip Code	Transaction ID: C608366
	Bridgewater	NJ	08807-1668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EMA	Occupatio		-
	Receipt For:	1 1	e Director	_
	Primary General	Ayyreyate		1
	Other (specify)	0 0	1000.00	
- C.	Full Name (Last, First, Middle Initial) Diana L L Fite			Date of Receipt
-	Mailing Address PO Box 2029			M M / D D / Y Y Y Y 01 26 2009
	City	State	Zip Code	Transaction ID: C609388
	Waller	TX	77484-2029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	700.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1		1350.00
┝	CONTRACTOR OF TREESING THIS Faye (uptional)			
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3	3X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 72/316			
ITEMIZED RECEIPTS	for each category of the	(check only one)			
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any person ng the name and address of any political committee to s	for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)					
National Emergency Medicine Po	litical Action Committee				
Full Name (Last, First, Middle Initial) A. Diana L L Fite					
Mailing Address PO Box 2029		0 1 / 2 9 / Y Y Y Y 0 1 2 9 / 2 0 0 9			
City	State Zip Code	Transaction ID: C614114			
Waller	TX 77484-2029	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General	700.00				
Other (specify)					
Full Name (Last, First, Middle Initial) Diana L L Fite		Date of Receipt			
Mailing Address PO Box 2029		0 2 / 2 5 / Y Y Y Y 0 2 0 0 9			
City	State Zip Code	Transaction ID: C682071			
Waller	TX 77484-2029	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		100.00			
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary General Other (specify) ▼	700.00				
Full Name (Last, First, Middle Initial) Diana L L Fite	I	Date of Receipt			
Mailing Address PO Box 2029					
City	State Zip Code	Transaction ID: C703577			
Waller	TX 77484-2029	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼]			
Other (specify)	700.00				
SUBTOTAL of Receipts This Page (option	nal)	300.00			
	F				
TOTAL This Period (last page this line nu	Imber only)				
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17		
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	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee			
A.	Full Name (Last, First, Middle Initial) Diana L L Fite	Date of Receipt			
	Mailing Address PO Box 2029		M M / D D / Y Y Y Y 04 29 2009		
	City	State Zip Code	Transaction ID: C714829		
	Waller	TX 77484-2029	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	100.00		
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date ▼	7		
	Other (specify) ▼	700.00]		
- B.	Full Name (Last, First, Middle Initial) Diana L L Fite	1	Date of Receipt		
	Mailing Address PO Box 2029	05 / 28 / Y Y Y Y 2009			
	City	State Zip Code	Transaction ID: C730902		
	Waller	TX 77484-2029	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.				
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General Other (specify) ▼	700.00			
- C.	Full Name (Last, First, Middle Initial) Diana L L Fite	1	Date of Receipt		
	Mailing Address PO Box 2029		M M / D D / Y Y Y Y Y 06 29 2009		
	City	State Zip Code	Transaction ID: C744395		
	Waller	TX 77484-2029	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		100.00		
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician			
	Receipt For: Primary General	Aggregate Year-to-Date ▼			
	Other (specify) ▼	700.00			
	SUBTOTAL of Receipts This Page (optional)	······	300.00		
	TOTAL This Period (last page this line number				

Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee Date of Receipt Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 PEC ID number of contributing C Transaction ID: C609389 Ame of Employer Occupation Primary City State Zip Code Name of Employer Occupation Primary City State Zip Code Mailing Address 6021 90th St Transaction ID: C614167 Amen of Employer Occupation Primary State Zip Code Mailing Address 6021 90th St C Transaction ID: C614167 Augregate Year-to-Date V State Zip Code Mailing Address 6021 90th St State Zip Code Pr	316
A. Full Name (Last, First, Middle Initial) Juan Francisco Finz Date of Receipt Mailing Address 6021 90th St 01 2.6 2.00 City State Zip Code Tx 79424.0814 Transaction ID: C609389 A. Mailing Address 6021 90th St 01 2.6 2.00 City State Zip Code Tx 79424.0814 Transaction ID: C609389 Ame of Employee Cocupation Emergency Physician Receipt For: Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 583.31 Date of Receipt B. Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Date of Receipt Mailing Address 6021 90th St C Tx 79424-0814 FEC ID number of contributing federal political committee. C Transaction ID: C614167 Autorn of Employee Cocupation Emergency Physician Aggregate Year-to-Date ▼ Manount of Each Receipt Ibis Perio Primary General Other (specify) ▼ Sa3.31 Date of Receipt Sa3.31 C. Juan Franciscor Fraicisco Fitz	s
A. Juan Francisco Francisco Fitz Date of Receipt Mailing Address 6021 90th St TX 79424-0814 FEC ID number of contributing federal political committee. C TX 79424-0814 Name of Employeer Occupation Emergency Physician Receipt For: 83.3 Primary General Other (specify) ▼ 583.31 Date of Receipt Mailing Address 6021 90th St TX 79424-0814 Transaction ID: C609389 Receipt For: Occupation Emergency Physician Emergency Physician Date of Receipt Mailing Address 6021 90th St TX 79424-0814 Transaction ID: C614167 Mailing Address 6021 90th St C TX 79424-0814 Transaction ID: C614167 Mailing Address 6021 90th St C TX 79424-0814 Transaction ID: C614167 Amount of Each Receipt Hor: Diff of 2.9 2.0 Y 2.0 Y 2.0 Y 2.0 Y Primary General Occupation Emergency Physician Transaction ID: C614167 Amount of Each Receipt Hor: Mailing Address 6021 90th St Y 2.0 Y 2.0 Y	
City State Zip Code Transaction ID: C609389 Lubbock TX 79424-0814 Amount of Each Receipt this Perior FEC ID number of contributing tederal political committee. C	
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FEC ID number of contributing federal political committee. C 83. Name of Employer Covenant Med Grp Occupation Emergency Physician 83. Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt B. Juan Francisco Francisco Fitz Date of Receipt Mailing Address 6021 90th St 0° City State Zip Code Lubbock TX 79424-0814 Feelipt For: Lubbock Occupation Emergency Physician Aggregate Year-to-Date ▼ Receipt For: Primary General Occupation Emergency Physician Date of Receipt Name of Employer Covenant Med Grp Occupation Emergency Physician Aggregate Year-to-Date ▼ Transaction ID: C614167 Augregate Year-to-Date Image Sa3.31 Date of Receipt this Perio Sa3.31 C. Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Date of Receipt Image Sa3.31 Date of Receipt Mailing Address 6021 90th St Image Sa3.31 Date of Receipt City State Zip Code Image Sa3.31 Image Sa3.31 City State Zip Code Image Sa3.31 Image Sa3.31	
federal political committee. C 00.0000000000000000000000000000000000	I
Covenant Med Grp Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Dther (specify) ▼ 583.31 B. Juan Francisco Fitz Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 FEC: ID number of contributing federal political committee. C Tasaction ID: C614167 Name of Employer Occupation Emergency Physician Receipt For: Occupation Emergency Physician Receipt For: Occupation Sa3.31 City State Zip Code Mailing Address 6021 90th St C City State Zip Code Mailing Address 6021 90th St C City State Zip Code Mailing Address 6021 90th St C City State Zip Code Lubbock TX 79424-0814 FEC: ID number of contributing federal political committee. C Mailing Address 6021 90th St C City State Zip Code <t< td=""><td>3</td></t<>	3
Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ B. Full Name (Last, First, Middle Initial) Juan Francisco Fitz Date of Receipt Mailing Address 6021 90th St Date of Receipt City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing tederal political committee. C Name of Employer Occupation Corepation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code TX Primary General Other (specify) ▼ State State Zip Code Lubbock TX Primary General Other (specify) ▼ State Full Name (Last, First, Middle Initial) Juan Francisco Fitz Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C	
Primary General Other (specify) ▼ 583.31 B. Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Date of Receipt Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C 83. Name of Employer Occupation 83.31 City General Other (specify) ▼ Primary General Occupation Cocupation Emergency Physician 83.31 Receipt For: Primary General Other (specify) ▼ Juan Francisco Francisco Fitz Date of Receipt 20.02 Mailing Address 6021 90th St TX 79424-0814 Full Name (Last, First, Middle Initial) Juan Francisco Fitz Date of Receipt Mailing Address 6021 90th St TX 79424-0814 FEC ID number of contributing C TX 79424-0814 FEC ID number of contributing C TX 79424-0814 FEC ID number of contributing C <th></th>	
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City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Perior Name of Employer Covenant Med Grp Occupation Emergency Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Other (specify) ▼ State Zip Code Transaction ID: C614167 Mailing Address 6021 90th St C Transaction ID: C682064 Lubbock TX 79424-0814 Transaction ID: C682064 Mailing Address 6021 90th St C Transaction ID: C682064 Lubbock TX 79424-0814 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. C Transaction ID: C682064 Name of Employer Occupation 83.3	
Lubbock TX 79424-0814 Amount of Each Receipt this Perio FEC ID number of contributing federal political committee. C Amount of Each Receipt this Perio Name of Employer Occupation 83.3 Covenant Med Grp Emergency Physician 83.3 Receipt For: Aggregate Year-to-Date ▼ Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Juan Francisco Francisco Fritz Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C Name of Employer Occupation City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C Name of Employer Occupation	
FEC ID number of contributing federal political committee. C 83. Name of Employer Covenant Med Grp Occupation Emergency Physician 83. Receipt For: Aggregate Year-to-Date ▼ 583.31 Other (specify) ▼ State 583.31 Juan Francisco Francisco Fitz Date of Receipt Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Concernent Med Grp Occupation	
federal political committee. C Name of Employer Covenant Med Grp Occupation Emergency Physician Receipt For: Aggregate Year-to-Date Primary General Other (specify) State Juan Francisco Francisco Fitz Date of Receipt Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation	1
Covenant Méd Grp Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 583.31 Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation	3
Primary General Other (specify) ▼ 583.31 Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C Name of Employer Occupation	
Other (specify) ▼ 583.31 Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St Date of Receipt City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C 83.3 Name of Employer Occupation Occupation	
Juan Francisco Francisco Fitz Date of Receipt Mailing Address 6021 90th St City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C Name of Employer Occupation	
City State Zip Code Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C Name of Employer Covenant Med Crp Occupation	
Lubbock TX 79424-0814 FEC ID number of contributing federal political committee. C 83.4 Name of Employer Covergent Mod Grip Occupation	
FEC ID number of contributing federal political committee. C 83.1 Name of Employer Covergent Med Gree Occupation	
federal political committee. 000000000000000000000000000000000000	1
Covenant Med Crn	3
Emergency Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 583.31	
SUBTOTAL of Receipts This Page (optional)	9
TOTAL This Period (last page this line number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75/316 (check only one) 110 X 11a 11b 11c 12 13 14 15 16 17
/	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persor a name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz	Date of Receipt	
	Mailing Address 6021 90th St		M M / D D / Y Y Y Y 03 / 30 / 2009
	City	State Zip Code	Transaction ID: C703574
	Lubbock	TX 79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Covenant Med Grp	Occupation Emergency Physician]
	Receipt For:	Aggregate Year-to-Date ▼	
	PrimaryGeneralOther (specify)	583.31	
— В.	Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz	1	Date of Receipt
	Mailing Address 6021 90th St		0 4 / D D / Y Y Y Y 2 9 / 2 0 0 9
	City	State Zip Code	Transaction ID: C714836
	Lubbock	TX 79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	583.31	
– c.	Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz	1	Date of Receipt
	Mailing Address 6021 90th St		M M / D D / Y Y Y Y 05 28 2009
	City	State Zip Code	Transaction ID: C730912
	Lubbock	TX 79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	583.31	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	249.99
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 316 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political		
A.	Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz		Date of Receipt
	Mailing Address 6021 90th St		M M / D D / Y Y Y Y 06 29 2009
	City	State Zip Code	Transaction ID: C744414
	Lubbock	TX 79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	583.31	
- B.	Full Name (Last, First, Middle Initial) Deborah D D Fletcher		Date of Receipt
	Mailing Address 209 Captain HM Shrev	M M / D D / Y Y Y Y 06 23 2009	
	City	State Zip Code	Transaction ID: C742083
	Shreveport	LA 71115-2987	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Emer Care Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	300.00	
- C.	Full Name (Last, First, Middle Initial) Deborah D D Fletcher	1	Date of Receipt
	Mailing Address 209 Captain HM Shrev	e Blvd	M M / D D / Y Y Y Y 06 23 2009
	City	State Zip Code	Transaction ID: C742130
	Shreveport	LA 71115-2987	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Emer Care Assoc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
ſ	SUBTOTAL of Receipts This Page (optional)	······	383.33
-	TOTAL This Period (last page this line number	only)	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Kelly Foley Mailing Address Date of Receipt Mailing Address Precipit For: Name of Employer Entry of the second political committee. Name of Contributing City State Zip Code Name of Employer Emergency Physician Receipt For: Other (specify) ▼ General Other (specify) ▼ City State Zip Code Name of Employer Emergency Physician Receipt For: Mailing Address 1133 Pond Cypress Dr City Virginia Bch VA 23455-6859 FEC ID number of contributing federal political committee. City Virginia Bch VA 235-685		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 316 (check only one) (check 112 X 11a 11b 11c 12 13 14 15 16 17
National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Mailing Address 1133 Pond Cypress Dr City State Zip Code Yirginia Bch VA 23455 6859 FEC ID number of contributing federal political committee C Intervention Pare et Employee Terre Prive of Totewater Emergency Physician Mailing Address 1133 Pond Cypress Dr Intervention C Intervention Intervention Intervention Part Prive General Occupation Emergency Physician Receipt For: Primary General Occupation Intervention Mailing Address 1133 Pond Cypress Dr Intervention Intervention City State Zip Code Yirginia Bch YA 23455 6859 Foll Name (Last, First, Middle Initial) Kelly Foley Aggregate Year-to-Date Amount of Each Receipt Intervention Mailing Address 1133 Pond Cypress Dr Occupation Transaction ID: Co82072 Name of Employee Rem Prive of Tolewater C Intervention Aggregate Year-to-Date Mount of Each Receipt Intervention Receipt For: Primary		Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
kelly Feley Date of Receipt Mailing Address 1133 Pond Cypress Dr City State Zip Code Yrirainia Boh VA 23455-6559 FEC ID number of contributing federal political committee. C Anount of Each Receipt this Period Name of Employer Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ 600.00 Other (specify) ▼ State Zip Code Viriania Boh VA 23455-6559 FCD ID number of contributing federal political committee. C 100.00 Full Name (Last, First, Middle Initial) Kelly Feley Date of Receipt Mailing Address 1133 Pond Cypress Dr C 100.00 City State Zip Code Transaction ID: C682072 Name of Employer Decoupation Emergency Physician Aggregate Year-to-Date ▼ Receipt For: Aggregate Year-to-Date ▼ 0.00 100.00 Name of Employer Aggregate Year-to-Date ▼ 100.00 100.00 Full Name (Last, First, Middle Initial) Kelly Feley Aggregate Year-to-Date ▼ 100.00 Maing Address<			I Action Commit	ttee	
City State Zip Code Virginia Bch VA 23455-6859 FEC D number of contributing C iton Interpretent of the end	∠ A.				Date of Receipt
Virginia Bch VA 23455-6859 FEC: D: number of contributing federal political committee. C 100.00 Name of Employer Emer Phys of Tidewater Occupation Emergency Physician 100.00 Receipt For: Name (Last, First, Middle Initia) Kelly Foley Aggregate Year-to-Date ▼ Date of Receipt Maiing Address 1133 Pond Cypress Dr Image: Compatibility (Caster Compatibility) Date of Receipt Receipt For: Primary C Image: Compatibility (Caster Compatibility) Date of Receipt Name of Employer Emer Phys of Tidewater C Image: Caster Compatibility (Caster Compatibility) Date of Receipt Name of Employer Emer Phys of Tidewater C Image: Caster Compatibility (Caster Compatibility) Date of Receipt Name of Employer Emer Phys of Tidewater Occupation Emergency Physician Date of Receipt Image: Caster Compatibility) Kelly Foley Aggregate Year-to-Date V Image: Caster Compatibility) Image: Caster Compatibility) Image: Caster Compatibility) Kelly Foley Maiing Address 1133 Pond Cypress Dr Image: Caster Compatibility) Image: Caster Compatibility) Image: Caster Compatibility) Kelly Foley Maiing Address 1133 Pond Cypress Dr C Image: Caster Compatibi		Mailing Address 1133 Pond Cypress D			
FEC ID number of contributing tederal political committee. 0 0 0 Name of Employer Emer Physician Aggregate Year-to-Date ▼ 0 0 Full Name (Last, First, Middle Initia) Kelly Folzy Aggregate Year-to-Date ▼ 0 0 City State Zip Code 100.00 0 Virginia Bch VA 23455-6859 7 0 0 FEC ID number of contributing tederal political committee. C 100.00 0 0 Name of Employer Emer Phys Of Indowater C 0 0 0 0 0 Name of Employer Emer Phys Of Indowater C 0		City		Zip Code	Transaction ID: C614146
federal political committee. Image of Employer Emer Physic II dowater Coccupation Emergency Physician Receipt For:		Virginia Bch	VA	23455-6859	Amount of Each Receipt this Period
Preceipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 600.00 Kelly Foley Bate of Receipt Mailing Address 1133 Pond Cypress Dr 0 City State Zip Code Virginia Bch VA 23455-6859 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Name of Employer C Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Receipt For: Occupation Aggregate Year-to-Date ▼ Amount of Each Receipt Mailing Address 1133 Pond Cypress Dr 0 100.00 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1133 Pond Cypress Dr 0 0 City State Zip Code Transaction ID: C703581 Amount of Each Receipt this Period 0 0 0 FEC ID number of contributing federal political committee. C 100.00 0 Mailing Address 1133 Pond Cypress Dr 0 0 0 0 City State Zip Code Transaction ID: C703581 Mount of Each			C		100.00
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Primary General Other (specify) ▼ 600.00 Full Name (Last, First, Middle Initial) Address Kelly Foley Mailing Address Mailing Address 1133 Pond Cypress Dr City State Virginia Bch VA VA 23455-6859 FEC ID number of contributing federal political committee. C Name of Employer Emer Phys of Tidewater Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00		Emer Phys of Tidewater	Emergency I		
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Kelly Foley Mailing Address 1133 Pond Cypress Dr Date of Receipt City State Zip Code Virginia Bch VA 23455-6859 FEC ID number of contributing federal political committee. C 100.00 Name of Employer Emer Phys of Tidewater Occupation Emergency Physician 100.00 Receipt For: Aggregate Year-to-Date ▼ 600.00 SUBTOTAL of Receipts This Page (optional) 300.00				600.00	
City State Zip Code Virginia Bch VA 23455-6859 FEC ID number of contributing federal political committee. C Name of Employer Emer Phys of Tidewater Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00	- C.				Date of Receipt
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federal political committee. Image: Committee. Image: Committee. Image: Committee. Name of Employer Occupation Emergency Physician Emergency Prisician Aggregate Year-to-Date ▼ Image: Committee. Primary General 600.00 Other (specify) ▼ Image: Committee. Image: Committee. SUBTOTAL of Receipts This Page (optional) Image: Committee. Image: Committee.		· · ·	VA	23455-6859	Amount of Each Receipt this Period
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Primary General Other (specify) ▼ 600.00 SUBTOTAL of Receipts This Page (optional) 300.00		-	Emergency I	•	
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17	
k	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Con	nmittee		
A.	Full Name (Last, First, Middle Initial) Kelly Foley			Date of Receipt	
	Mailing Address 1133 Pond Cypress Dr	r		0 4 2 9 2 0 0 9	
	City	State Zip Code			
	Virginia Bch	VA	23455-6859	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Emer Phys of Tidewater	Occupatio Emerger	n ncy Physician		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify)	0 0	600.00		
- В.	Full Name (Last, First, Middle Initial) Kelly Foley			Date of Receipt	
	Mailing Address 1133 Pond Cypress Dr	05 / D D / Y Y Y Y 05 28 2009			
	City	Transaction ID: C730914			
	Virginia Bch	VA	23455-6859	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Emer Phys of Tidewater	Occupatio Emerger	on ncy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 600.00		
-	Full Name (Last, First, Middle Initial)				
C.	Kelly Foley Mailing Address 1133 Pond Cypress Dr	r		Date of Receipt	
	City	State	Zip Code	Transaction ID: C744389	
	Virginia Bch	VA	23455-6859	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Emer Phys of Tidewater	1	ncy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00		
	SUBTOTAL of Receipts This Page (optional)			300.00	
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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1						
Any information copied from such Reports and or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee							
Full Name (Last, First, Middle Initial) Marsha D D Ford		Date of Receipt						
Mailing Address PO Box 32861		M M / D D / Y						
City	State Zip Code	Transaction ID: C614131						
Charlotte	NC 28232-2861	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	42.00						
Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician							
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General Other (specify) ▼	252.00							
Full Name (Last, First, Middle Initial) Marsha D D Ford		Date of Receipt						
Mailing Address PO Box 32861		M M / D D / Y Y Y Y 02 25 2009						
City	State Zip Code	Transaction ID: C682063						
Charlotte	NC 28232-2861	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	42.00						
Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician							
Receipt For:	Aggregate Year-to-Date 🔻							
Primary General Other (specify) ▼	252.00							
Full Name (Last, First, Middle Initial) Marsha D D Ford		Date of Receipt						
Mailing Address PO Box 32861		M M / D D / Y						
City	State Zip Code	Transaction ID: C703590						
Charlotte	NC 28232-2861	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	42.00						
Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician							
Receipt For:	Aggregate Year-to-Date 🔻							
Primary General Other (specify) ▼	252.00							
SUBTOTAL of Receipts This Page (optional)	126.00						
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I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 80 / 316 (check only one) X X 11a 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Committee	
A.	Full Name (Last, First, Middle Initial) Marsha D D Ford	Date of Receipt	
	Mailing Address PO Box 32861		04 / 29 / Y Y Y 2009
	City	State Zip Code	Transaction ID: C714830
	Charlotte	NC 28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	252.00]
– В.	Full Name (Last, First, Middle Initial) Marsha D D Ford		Date of Receipt
	Mailing Address PO Box 32861	M M / D D / Y Y Y Y Y 05 28 2009	
	City	State Zip Code	Transaction ID: C730906
	<u>Charlotte</u>	NC 28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00
	Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	252.00	
– C.	Full Name (Last, First, Middle Initial) Marsha D D Ford		Date of Receipt
	Mailing Address PO Box 32861		M M / D D / Y Y Y Y Y 06 29 2009
	City	State Zip Code	Transaction ID: C744405
	<u>Charlotte</u>	NC 28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00
	Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	252.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·····	126.00
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81/316 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17				
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person for t r for commercial purposes, other than using the name and address of any political committee to solicit						
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Commi	ittee					
∠ A.	Full Name (Last, First, Middle Initial) James Matthew Matthew Fox	Date of Receipt						
	Mailing Address 2 Cherry Hurst Ln			04 15 2009				
	City	State	Zip Code	Transaction ID: C709803				
	Grosse Pointe Farm	MI	48236-3796	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Emerg Med Spec PC	Occupation Emergency	Physician					
	Receipt For:	Aggregate Ye	ar-to-Date 🔻					
	Primary General Other (specify) ▼		500.00					
– В.	Full Name (Last, First, Middle Initial) Howard Franklin			Date of Receipt				
	Mailing Address 4939 Anniston Cir	0 6 / D D / Y Y Y Y 0 6 2 3 2 0 0 9						
	City	State	Zip Code	Transaction ID: C742084				
	Tampa	FL	33647-2310	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Univ Comm Hosp	Occupation Emergency	•					
	Receipt For: Primary General	Aggregate Ye	ar-to-Date 🔻					
	Other (specify)	0 0 0	1000.00					
– C.	Full Name (Last, First, Middle Initial) Eric Thomas Thomas Friedland			Date of Receipt				
	Mailing Address 1617 E Highland Dr			03 / D D / Y Y Y Y 06 2009				
	City	State	Zip Code	Transaction ID: C686213				
	Seattle	WA	98112-3323	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer Puget Sound Phys PLLC	Occupation Emergency	· · ·					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date V 250.00]				
Γ	SUBTOTAL of Receipts This Page (optional)	1	`	1750.00				
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	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 82/316
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			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Political	I Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Vidor E E Friedman	Date of Receipt		
	Mailing Address 13061 Water Pt Blvd	0 4 2 4 2 0 0 9		
	City	State	Zip Code	Transaction ID: C713821
	Windermere	FL	34786-5818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FL Emer Phys	Occupatio		
	Receipt For:	, , , , , , , , , , , , , , , , , , ,	ncy Physician	
	Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	1000.00	
– В.	Full Name (Last, First, Middle Initial) Vicki Kay Kay Friend			Date of Receipt
D.	Mailing Address 5753 Aloma Woods Bl	M M / D D / Y Y Y Y 04 24 2009		
	City	State	Zip Code	Transaction ID: C713816
	Oviedo	FL	32765-9437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer FL Hosp of E Orlando	Occupatio		
		1 · · · · · ·	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	1000.00	
– c.	Full Name (Last, First, Middle Initial) Wayne S S Friestad	1		Date of Receipt
	Mailing Address 1528 Langham Terr			M M / D D / Y Y Y Y 04 24 2009
	City	State	Zip Code	Transaction ID: C713820
	Lake Mary	FL	32746-1971	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FL Emer Phys	Occupatio Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I	•	3000.00
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SCH	IEDULE A (FEC Form 3X)		(-) FOR LINE NUMBER: PAGE 83/316					
		Use separate schedule for each category of the						
		Detailed Summary Pag	e X 11a 11b 11c 12 13 14 15 16 17					
Any in or for	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	ME OF COMMITTEE (In Full)							
	ational Emergency Medicine Political	Action Committee						
	ll Name (Last, First, Middle Initial) nneth Frumkin	Date of Receipt						
	iling Address 423 Tiki Way		05 / 05 / Y Y Y Y 0 5 / 0 5 / 2 0 0 9					
Cit		State Zip Code	Transaction ID: C719545					
	nesapeake	VA 23322-2272	Amount of Each Receipt this Period					
	C ID number of contributing leral political committee.	C	250.00					
Na Ch	me of Employer lesapeake Gen Hosp ED	Occupation Emergency Physician						
Re	ceipt For:	Aggregate Year-to-Date V						
	Primary General Other (specify) ▼	250.0	0					
	II Name (Last, First, Middle Initial) gela F F Gardner		Date of Receipt					
	ailing Address 1914 Fair Field Dr	0 2 2 5 2 0 0 9						
Cit	у	State Zip Code	Transaction ID: C682066					
<u>G</u>	rapevine	TX 76051-7100	Amount of Each Receipt this Period					
	C ID number of contributing leral political committee.	C	250.00					
Na UT	me of Employer TMB Univ of TX	Occupation Emergency Physician						
Re	ceipt For:	Aggregate Year-to-Date V						
	Primary General Other (specify) ▼	625.0	0					
	II Name (Last, First, Middle Initial) gela F F Gardner		Date of Receipt					
Ma	iling Address 1914 Fair Field Dr		M M / D D / Y Y Y Y 04 24 2009					
Cit	у	State Zip Code	Transaction ID: C713865					
<u>G</u>	rapevine	TX 76051-7100	Amount of Each Receipt this Period					
	C ID number of contributing leral political committee.	C	125.00					
Na UT	me of Employer TMB Univ of TX	Occupation Emergency Physician						
Re	ceipt For:	Aggregate Year-to-Date ▼						
_	Primary General Other (specify) ▼	625.0	0					
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84/316 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Angela F F Gardner			Date of Receipt
	Mailing Address 1914 Fair Field Dr			05 / 28 / Y Y Y 2009
	City	State	Zip Code	Transaction ID: C730911
	Grapevine	TX	76051-7100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer UTMB Univ of TX	Occupatio Emerger	ⁿ ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		625.00	
- В.	Full Name (Last, First, Middle Initial) Angela F F Gardner			Date of Receipt
	Mailing Address 1914 Fair Field Dr	0 6 / D D / Y Y Y Y 0 2 9 / 2 0 0 9		
	City	State	Zip Code	Transaction ID: C744407
	Grapevine	TX	76051-7100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer UTMB Univ of TX	, I – – – – –	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	625.00	
- C.	Full Name (Last, First, Middle Initial) Brent F F Gardner	1		Date of Receipt
	Mailing Address 640 E Club Cir			04 / D D / Y Y Y Y 04 15 2009
	City	State	Zip Code	Transaction ID: C709822
	Longwood	FL	32779-2256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer FL Emer Phys	1	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date	1
	Other (specify) ▼		1250.00	
	SUBTOTAL of Receipts This Page (optional)			500.00
	TOTAL This Period (last page this line number	only)		

c	CHEDULE A (FEC Form 3X))		FOR LINE NUMBER: PAGE 85/316
ITEMIZED RECEIPTS		/	Use separate schedule(s) for each category of the	(check only one)
I	I EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
ہم د	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
k	NAME OF COMMITTEE (In Full)		,,	
	National Emergency Medicine Politic	al Action Cor	nmittee	
×.	Full Name (Last, First, Middle Initial) Brent F F Gardner			Date of Receipt
	Mailing Address 640 E Club Cir			M M / D D / Y
	City	State	Zip Code	Transaction ID: C713825
	Longwood	FL	32779-2256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FL Emer Phys	Occupatio Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary General		1250.00	
	Other (specify)	0 0		
s. –	Full Name (Last, First, Middle Initial) James E E Garrett			Date of Receipt
	Mailing Address 105 Sea Buoy Ct			M M / D D / Y Y Y Y Y 04 06 2009
	City	State	Zip Code	Transaction ID: C706206
	Emerald Isle	NC	28594-2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Onslow Memorial Hosp	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
	Full Name (Last, First, Middle Initial) Marianne Gausche-Hill			Date of Receipt
-	Mailing Address 1931 Power St			M M / D D / Y Y Y Y 04 16 2009
	City	State	Zip Code	Transaction ID: C710947
	<u>Hermosa Bch</u>	CA	90254-2915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harbor UCLA Med Ctr ED	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	250.00]
Γ	SUBTOTAL of Receipts This Page (optional)			1500.00
\vdash				
	TOTAL This Period (last page this line number	er only)	l	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86/316 (check only one) 11c 12
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any person ing the name and address of any political committee to s	13 14 15 16 17 a for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	plitical Action Committee	
Full Name (Last, First, Middle Initial) A. Michael Joseph Joseph Gerardi		Date of Receipt
Mailing Address 29 Heritage Ct		M M / D D / Y Y Y Y Y 01 29 2009
City	State Zip Code	Transaction ID: C614137
Randolph	NJ 07869-3534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Michael Joseph Joseph Gerardi		Date of Receipt
Mailing Address 29 Heritage Ct		0 4 / D D / Y Y Y Y 0 2 9 2 0 0 9
City	State Zip Code	Transaction ID: C714809
Randolph	NJ 07869-3534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) James P P Gillen		Date of Receipt
Mailing Address 12221 Lexington Apt 204	Park Dr #204	0 6 1 7 2 0 0 9
City	State Zip Code	Transaction ID: C739977
Tampa	FL 33626-2724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tampa Gen Hosp - Emerg De- pt	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	Donal)	750.00
	umber only)	

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 87/316
	• •	Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perso re name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politic	al Action Committee	
, ∠ A.	Full Name (Last, First, Middle Initial) Michael James James Gillogley		Date of Receipt
	Mailing Address 6225 Northpoint Way	,	05 / D D / Y Y Y Y 05 14 2009
	City	State Zip Code	Transaction ID: C722112
	Sacramento	CA 95831-1063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Mercy Genl Hosp ER	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	500.00	
– B.	Full Name (Last, First, Middle Initial) David Andrew Andrew Goldman	<u> </u>	Date of Receipt
	Mailing Address 428 Raccoon St		M M / D D / Y Y Y Y 04 24 2009
	City	State Zip Code	Transaction ID: C713814
	Lake Mary	FL 32746-3802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00	
– C.	Full Name (Last, First, Middle Initial) William E E Gotthold		Date of Receipt
	Mailing Address 409 Lower Sunnyslop	be Rd	M M / D D / Y Y Y Y 06 23 2009
	City	State Zip Code	Transaction ID: C742085
	Wenatchee	WA 98801-9619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Wenatchee Valley Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	 Primary General Other (specify) ▼ 	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)		2000.00
┢		-	
L	TOTAL This Period (last page this line number	er only)	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 88/316
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	ay not be sold or used by any perso ddress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politica	al Action Cor	mmittee	
Α.	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber			Date of Receipt
	Mailing Address 7809 Trieste PI			03 / D D / Y Y Y Y 031 2009
	City	State	Zip Code	Transaction ID: C704703
	Delray Bch	FL	33446-4403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Coral Springs Med Ctr	Occupatio	on ncy Physician	
	Receipt For:		te Year-to-Date V	
	Primary General	Aggregat		1
	Other (specify)	0.0	400.00	
- В.	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber			Date of Receipt
	Mailing Address 7809 Trieste Pl			M M / D D / Y Y Y Y Y 0 4 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: C714808
	Delray Bch	FL	33446-4403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Coral Springs Med Ctr	Occupatio	on ncy Physician	
	Receipt For:		te Year-to-Date V	
	Primary General	, iggi ogut		1
	Other (specify)	0 0	400.00	
- C.	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber			Date of Receipt
	Mailing Address 7809 Trieste Pl			M M / D D / Y Y Y Y 05 28 2009
	City	State	Zip Code	Transaction ID: C730903
	Delray Bch	FL	33446-4403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Coral Springs Med Ctr	Occupatio Emerge	^{on} ncy Physician	_
	Receipt For:		te Year-to-Date V	
	Primary General Other (specify) ▼	0 0	400.00]
ſ	SUBTOTAL of Receipts This Page (optional)			300.00
┝	SUBTUTAL OF NECEIPLS THIS FAYE (UPLICITAL)			
	TOTAL This Period (last page this line number	er only)		

Ċ	SCHEDULE A (FEC Form 3X)	1	FOR LINE NUMBER: PAGE 89/316
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber		Date of Receipt
	Mailing Address 7809 Trieste Pl		06 [°] /29 [°] /2009 [°]
	City	State Zip Code	Transaction ID: C744386
	Delray Bch	FL 33446-4403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Coral Springs Med Ctr	Occupation	
	Receipt For:	Emergency Physician Aggregate Year-to-Date	-
	Primary General		
_	Other (specify) ▼	400.00	
в.	Full Name (Last, First, Middle Initial) Ken John John Gramyk		Date of Receipt
	Mailing Address PO Box 729		0 4 2 3 2 0 0 9
	City	State Zip Code	Transaction ID: C713472
	Sagle	ID 83860-0729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lake Pend Oreille Emer Med	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) Michael A A Granovsky		Date of Receipt
	Mailing Address 8295 Alvord St		M M / D D / Y Y Y Y 06 09 2009
	City	State Zip Code	Transaction ID: C735727
	McLean	VA 22102-1739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Greater Washington Emer	Occupation	
	Phys Control Physe	Emergency Physician Aggregate Year-to-Date	-
	Primary General		
	Other (specify)	500.00	
Γ	SUBTOTAL of Receipts This Page (optional).	L	850.00
┝	CODITION OF THE OF THEORY AND THE TRACE (OPTIONAL).	P	
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 316 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Lynda Gail Gail Gray			Date of Receipt
	Mailing Address 2896 W Kensington Lr	n		06 09 2009
	City	State	Zip Code	Transaction ID: C735782
	Fresno	CA	93711-1159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kaiser Permanente Hosp	Occupatio Emergen	ⁿ icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	350.00	
- В.	Full Name (Last, First, Middle Initial) Lynda Gail Gail Gray			Date of Receipt
	Mailing Address 2896 W Kensington Lr	n		M M / D D / Y Y Y Y 06 17 2009
	City	State	Zip Code	Transaction ID: C739976
	Fresno	CA	93711-1159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kaiser Permanente Hosp		cy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0.0	350.00	
- с.	Full Name (Last, First, Middle Initial) Andrea L L Green	1		Date of Receipt
	Mailing Address 22428 Springflower Dr	r		M M / D D / Y Y Y Y 03 30 2009
	City	State	Zip Code	Transaction ID: C703588
	Golden	CO	80401-8033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Dr. Andrea L Green	- · · · · · ·	cy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	600.00	
	SUBTOTAL of Receipts This Page (optional)		······	650.00
Ī	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 91 / 316 (check only one)
ľ	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pers Idress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	L Action Cor	mmittoo	
Z	National Emergency Medicine Politica			
	Full Name (Last, First, Middle Initial) Andrea L L Green			Date of Receipt
	Mailing Address 22428 Springflower Dr			M M / D D / Y Y Y Y 06 29 2009
	City	State	Zip Code	Transaction ID: C744416
	<u>Golden</u>	CO	80401-8033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Dr. Andrea L Green	Occupation Emerge	on ncy Physician	
	Receipt For:	1 I	e Year-to-Date V	-
	Primary General Other (specify) ▼		600.00	
-	Full Name (Last, First, Middle Initial) Robert D D Greenberg	I		Date of Receipt
	Mailing Address 2401 S 31st St			M M / D D / Y Y Y Y 01 29 2009
	City	State	Zip Code	Transaction ID: C614152
	Temple	TX	76508-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dept of Emer Med	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Robert D D Greenberg	1		Date of Receipt
	Mailing Address 2401 S 31st St			M M / D D / Y Y Y Y 0 4 29 2009
	City	State	Zip Code	Transaction ID: C714813
	Temple	TX	76508-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dept of Emer Med	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregat	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		800.00
┢				
L	TOTAL This Period (last page this line number	only)		

ć	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 92/316
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	Ay not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	I Action Cor	mmittee	
	Full Name (Last, First, Middle Initial) Leslie H H Greenwood			Date of Receipt
	Mailing Address 2868 Carriage Ln			05 / 18 / Y Y Y Y 09 0 9
	City	State	Zip Code	Transaction ID: C724075
	Ogden	UT	84403-5487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer EPIC LLC	Occupatio Emerger	on ncy Physician	
	Receipt For:	1 I	e Year-to-Date V	
	Primary General		250.00	
_	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial) Gerald W W Griebel			Date of Receipt
	Mailing Address PO Box 278			M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y
	City	State	Zip Code	Transaction ID: C714465
	Rico	CO	81332-0278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SW Meml Hosp	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
-	Full Name (Last, First, Middle Initial) Brad Gruehn			Date of Receipt
	Mailing Address 207 Heather Glen Rd			0 1 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: C614144
	Sterling	VA	20165-5824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Mr. Brad Gruehn	Occupatio Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		550.00
┢				
L	TOTAL This Period (last page this line number	oniy)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93/316 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Brad Gruehn		Date of Receipt
	Mailing Address 207 Heather Glen Rd		M M / D D / Y Y Y Y 02 25 2009
	City	State Zip Code	Transaction ID: C682065
	Sterling	VA 20165-5824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Mr. Brad Gruehn	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	300.00	
— В.	Full Name (Last, First, Middle Initial) Brad Gruehn	I	Date of Receipt
	Mailing Address 207 Heather Glen Rd		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y
	City	State Zip Code	Transaction ID: C703587
	Sterling	VA 20165-5824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Mr. Brad Gruehn	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) \notice	300.00	
 c.	Full Name (Last, First, Middle Initial) Brad Gruehn		Date of Receipt
	Mailing Address 207 Heather Glen Rd		M M / D D / Y Y Y Y 0 4 29 2009
	City	State Zip Code	Transaction ID: C714810
	Sterling	VA 20165-5824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Mr. Brad Gruehn	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	150.00
	TOTAL This Period (last page this line number		

c	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 94/316
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
1			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
, C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Political	I Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Brad Gruehn			Date of Receipt
	Mailing Address 207 Heather Glen Rd			05 / 28 / Y Y Y 2009
	City	State	Zip Code	Transaction ID: C730901
	Sterling	VA	20165-5824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Mr. Brad Gruehn	Occupation Emergen	n Icy Physician	
	Receipt For:	1 · · · · · ·	Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	300.00]
— В.	Full Name (Last, First, Middle Initial) Brad Gruehn			Date of Receipt
υ.	Mailing Address 207 Heather Glen Rd			06 29 2009
	City	State	Zip Code	Transaction ID: C744409
	Sterling	VA	20165-5824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Mr. Brad Gruehn	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	300.00	
— С.	Full Name (Last, First, Middle Initial) Benjamin T T Hafkenschiel			Date of Receipt
	Mailing Address 1100 Westridge Dr			0 6 / D D / Y Y Y Y 0 6 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: C731428
	Portola Valley	CA	94028-7341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Dr. Benjamin T Hafkenschi- el	Occupation Emergen	ⁿ icy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify)		300.00	
Γ	SUBTOTAL of Receipts This Page (optional)			300.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 316 (check only one) X X 11a 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) Benjamin T T Hafkenschiel		Date of Receipt
Mailing Address 1100 Westridge D	r	0 6 3 0 2 0 0 9
City	State Zip Code	Transaction ID: C746014
Portola Valley	CA 94028-7341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Benjamin T Hafkenschi-	Occupation Emergency Physician	
el Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Thomas W W Hale	1	Date of Receipt
Mailing Address 8375 Los Osos Ro	1	M M / D D / Y
City	State Zip Code	Transaction ID: C719541
Atascadero	CA 93422-4728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Central Coast Emerg Phys	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Christian C C Halloran	1	Date of Receipt
Mailing Address 22199 Douglas Ro	1	M M / D D / Y Y Y Y 06 27 2009
City	State Zip Code	Transaction ID: C743920
Shaker Heights	OH 44122-2036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer 4M Emergency Systems	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (option	nal)	1350.00
	nber only)	

				FOR LINE NUMBER: PAGE 96/316
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED	RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 1
Any information of or for commercia	copied from such Reports and Sta I purposes, other than using the n	atements may name and add	not be sold or used by any persol ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	DMMITTEE (In Full)		,	
	nergency Medicine Political	Action Corr	mittee	
Full Name (La A. J Brian Hanco	ast, First, Middle Initial) ck			Date of Receipt
Mailing Addre				
				01 29 2009
City		State	Zip Code	Transaction ID: C614110
<u>Saginaw</u>		MI	48603-9306	Amount of Each Receipt this Period
FEC ID numb federal politic	er of contributing al committee	С		250.00
	oloyer Colg of Hmn	Occupation		
<u>Medn</u> Receipt For:	-		cy Physician	
Primary	General	Aggregate	Year-to-Date	-
	specify) 🔻		500.00	
				-
Full Name (La B. J Brian Hanco	ast, First, Middle Initial)			Date of Receipt
	uss 4827 Pebworth Pl			
				04 29 2009
City		State	Zip Code	Transaction ID: C714807
<u>Saginaw</u>		MI	48603-9306	Amount of Each Receipt this Period
FEC ID numb federal politic	er of contributing al committee.	C		250.00
Name of Emp	loyer Colg of Hmn	Occupation		
Medn			cy Physician	
Receipt For: Primary	General	Aggregate	Year-to-Date 🔻	_
-	specify)		500.00	
		0.0	<u> </u>	-
Full Name (La Bill Harshbarg	ast, First, Middle Initial)			Date of Receipt
Mailing Addre		n Cir		
				04 15 2009
City		State	Zip Code	Transaction ID: C709882
Pewaukee		WI	53072	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		250.00
Name of Emp ERMED, S.C	loyer	Occupation		
		-	cy Physician	
Receipt For: Primary	General	Aggregate	Year-to-Date 🔻	_
	specify) 🔻		250.00	
````		L U 0	<u> </u>	-
SUBTOTAL of	Receipts This Page (optional)			750.00
			·····	

			FOR LINE NUMBER: PAGE 97/316
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
_		Detailed Gummary Fage	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	I Action Committee	
A.	Full Name (Last, First, Middle Initial) Anthony William William Hartmann		Date of Receipt
	Mailing Address 2 Wincot Court	05 / D D / Y Y Y Y 07 / 2009	
	City	State Zip Code	Transaction ID: C720406
	Hillsborough	NJ 08844-2213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Emergency Medical Associa-	Occupation	
	Emergency Medical Associa- tes of New Je	Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1100.00	
_	Other (specify) ▼		
<b>–</b>	Full Name (Last, First, Middle Initial)		Data of Descript
В.	Anthony William William Hartmann Mailing Address 2 Wincot Court		Date of Receipt
			06 15 2009
	City	State Zip Code	Transaction ID: C736848
	Hillsborough	NJ 08844-2213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Emergency Medical Associa-	Occupation	
	tes of New Je	Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1100.00	
- C.	Full Name (Last, First, Middle Initial) Stephen Carl Carl Hartsell		Date of Receipt
•	Mailing Address 75 N Medical Dr #115	0	0 4 / D D / Y Y Y Y 0 4 2 3 2 0 0 9
	City	State Zip Code	Transaction ID: C713474
	Salt Lake City	UT 84132-0005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Univ of Utah ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
-			
	SUBTOTAL of Receipts This Page (optional)		▶ 1600.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 98 / 316         (check only one)       11a         X       11a       11b         13       14       15       16       17			
Any information copied from such R or for commercial purposes, other th NAME OF COMMITTEE (In Ful	Reports and Statements may not be sold or used by any personan using the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	ine Political Action Committee				
Full Name (Last, First, Middle Ini Allison Leigh Leigh Harvey	Full Name (Last, First, Middle Initial) Allison Leigh Leigh Harvey				
Mailing Address Five Medica 5 Richland I	al Park Dr EM Dept Med Pk	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y			
City	State Zip Code	Transaction ID: C735786			
Columbia	SC 29203-6863	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		500.00			
Name of Employer Palmetto Hith Richland	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary     General       Other (specify) ▼	500.00	]			
Full Name (Last, First, Middle Ini Carlton E E Heine	itial)	Date of Receipt			
Mailing Address 515 Whitec	ap Rd	M M / D D / Y Y Y Y 0 4 2 8 2 0 0 9			
City	State Zip Code	Transaction ID: C714424			
Bellingham	WA 98229-8911	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		1000.00			
Name of Employer Skagit Valley Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date V				
Primary     General       Other (specify) ▼	1000.00	]			
Full Name (Last, First, Middle Ini Marilyn Joan Joan Heine	itial)	Date of Receipt			
Mailing Address 900 Twining	g Rd	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y			
City	State Zip Code	Transaction ID: C686974			
Dresher	PA 19025-1726	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Mercy Suburban Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary     General       Other (specify) ▼	250.00	]			
SUBTOTAL of Receipts This Page	e (optional)	1750.00			
SUBTUTAL OF RECEIPTS THIS Page					
TOTAL This Period (last page this	line number only)				

SCHEDULE A (FEC Fo	rm 3X) Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 99/316 (check only one)					
	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         11					
Any information copied from such R or for commercial purposes, other th	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 Medici	ne Political Action Committee						
Full Name (Last, First, Middle Init Josh Heller	Full Name (Last, First, Middle Initial) Josh Heller Mailing Address 26 Cherry Lane Drive						
Mailing Address 26 Cherry L							
City	State Zip Code	Transaction ID: C743908					
Englewood	CO 80113	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer CarePoint	Occupation Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	500.00						
Other (specify)							
Full Name (Last, First, Middle Init Joshua Heller	tial)	Date of Receipt					
Mailing Address 26 Cherry L	ane Dr	M M / D D / Y Y Y Y 03 20 2009					
City	State Zip Code	Transaction ID: C690976					
Englewood	CO 80113-4231	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer CarePoint	Occupation Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary     General       Other (specify) ▼	500.00						
Full Name (Last, First, Middle Init Van E E Helms	tial)	Date of Receipt					
Van E E Helms Mailing Address PO Box 226	70	0 4 1 5 2 0 0 9					
City	State Zip Code	Transaction ID: C709878					
Knoxville	TN 37933-0670	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Ft Sanders Parkwest Hosp ED	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date ▼						
PrimaryGeneralOther (specify)T	250.00						
SUBTOTAL of Receipte This Page	e (optional)	1250.00					
SUBTUTAL OF NECEIPIS THIS Page							
TOTAL This Period (last page this	line number only)						

SCHEDULE A (FEC Form	38)	FOR LINE NUMBER: PAGE 100/316					
•	Use separate schedule(s) for each category of the	(check only one)					
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Repo or for commercial purposes, other than	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)							
National Emergency Medicine	Political Action Committee						
Full Name (Last, First, Middle Initial) Charles W W Henrichs, III							
Mailing Address 800 N Justice S							
City	State Zip Code	Transaction ID: C712556					
Hendersonville	NC 28791-3410	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Hendersonville Emer Consu-	Occupation	7					
Itant Receipt For:	Emergency Physician	-					
Primary General	Aggregate Year-to-Date						
Other (specify)	250.00						
Full Name (Last, First, Middle Initial) Douglas M M Hill		Date of Receipt					
Mailing Address 9191 Grant St	Mailing Address 9191 Grant St						
City	State Zip Code	Transaction ID: C676300					
Thornton	CO 80229-4361	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer N Suburban Med Ctr	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary     General       Other (specify) ▼	1000.00						
Full Name (Last, First, Middle Initial) Hugh F F Hill, III		Date of Receipt					
Mailing Address 6915 Radnor R	Rd	M M / D D / Y Y Y Y 01 29 2009					
City	State Zip Code	Transaction ID: C614096					
Bethesda	MD 20817-6328	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer John Hopkins Bayview Dept	Occupation Emergency Physician						
EM Receipt For:	Aggregate Year-to-Date V	-					
Primary General Other (specify) ▼	1000.00						
SURTOTAL of Receipte This Page (or	btional)	2250.00					
SUDIVIAL OF NECEIPIS THIS Page (op							
TOTAL This Period (last page this line	e number only)						

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 101 / 316           (check only one)         11a           X         11a           11b         11c           12           13         14				
or for commercial purposes, other	Any information copied from such Reports and Statements may not be sold or used by any person for the pu or for commercial purposes, other than using the name and address of any political committee to solicit contri						
NAME OF COMMITTEE (In Fu	,	nmittee					
A. Jon Mark Mark Hirshon	Full Name (Last, First, Middle Initial) Jon Mark Mark Hirshon Mailing Address 1062 River Bay Rd						
Mailing Address 1062 Rive							
City	State	Zip Code	Transaction ID: C614158				
Annapolis	MD	21409-4830	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Univ of MD ED	Occupatio Emerger	ⁿ ncy Physician					
Receipt For:		e Year-to-Date 🔻					
Primary       General         Other (specify) ▼		500.00					
Full Name (Last, First, Middle I Jon Mark Mark Hirshon	nitial)		Date of Receipt				
Mailing Address 1062 River	r Bay Rd	04 / 29 / Y Y Y Y 02009					
City	State	Zip Code	Transaction ID: C714811				
Annapolis	MD	21409-4830	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Univ of MD ED		ncy Physician					
Receipt For: Primary Genera		e Year-to-Date 🔻	_				
Other (specify) ▼		500.00					
Full Name (Last, First, Middle I Larry Hobbs	nitial)		Date of Receipt				
Mailing Address 12717 Bre	wster Dr		M M / D D / Y Y Y Y Y 01 29 2009				
City	State	Zip Code	Transaction ID: C614121				
<u>Ft Myers</u>	FL	33908-1809	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		83.33				
Name of Employer SW Florida Reg Med Ctr		ncy Physician					
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date 499.98					
SUBTOTAL of Receipts This Pag	ge (optional)		583.33				
TOTAL This Period (last page thi	is line number only)						

60	HEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 102/316				
	MIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)				
116		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any or fo	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
N N	IAME OF COMMITTEE (In Full)						
<u> </u>	lational Emergency Medicine Political	Action Committee					
ι. <u>ι</u>	ull Name (Last, First, Middle Initial) arry Hobbs	Date of Receipt					
N	lailing Address 12717 Brewster Dr	02 25 2009					
	ity	State Zip Code	Transaction ID: C682034				
<u>F</u>	t Myers	FL 33908-1809	Amount of Each Receipt this Period				
	EC ID number of contributing ederal political committee.	C	83.33				
N	lame of Employer W Florida Reg Med Ctr	Occupation Emergency Physician					
R	leceipt For:	Aggregate Year-to-Date V	—				
	Primary General	499.98					
	Other (specify) <b>v</b>	433.90					
	ull Name (Last, First, Middle Initial) arry Hobbs		Date of Receipt				
N	lailing Address 12717 Brewster Dr	M M / D D / Y Y Y Y 03 30 2009					
C	ity	State Zip Code	Transaction ID: C703589				
<u></u>	t Myers	FL 33908-1809	Amount of Each Receipt this Period				
	EC ID number of contributing ederal political committee.	C	83.33				
NS	ame of Employer W Florida Reg Med Ctr	Occupation Emergency Physician					
R	leceipt For:	Aggregate Year-to-Date					
	Primary General Other (specify) ▼	499.98					
	ull Name (Last, First, Middle Initial) arry Hobbs		Date of Receipt				
	lailing Address 12717 Brewster Dr		M M / D D / Y Y Y Y 04 29 2009				
	ity	State Zip Code	Transaction ID: C714814				
E	t Myers	FL 33908-1809	Amount of Each Receipt this Period				
	EC ID number of contributing ederal political committee.	C	83.33				
NS	lame of Employer W Florida Reg Med Ctr	Occupation Emergency Physician					
R	eceipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	499.98					
SUF	I BTOTAL of Receipts This Page (optional)		249.99				
тот	<b>TAL</b> This Period (last page this line number of	only)					

Ary intornation capied from such Reports and Statements may not be odd or used by any person for the purpose of scloring contributions from such committee.         NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         I any full same (Last, First, Midde Initia)         Larry Holds         Larry Holds         Mailing Address         1 any full same (Last, First, Midde Initia)         Larry Holds         Pill Name (Last, First, Midde Initia)         Larry Holds         Pill Name (Last, First, Midde Initia)         Larry Holds         Pill Name (Last, First, Midde Initia)         Name of Engloyer         Pinnary         Other (specify) ◆         Pinnary         Point Are (specify) ◆         FeC ID number of contributing formation         City       State         Zip Code         Pinnary         Date of Receipt         Mailing Address         Mailing Address         10 Other (specify) ◆         Fe ID Number of contributing formation         City       State         Zip Code         Pinnary         General         <		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER:       PAGE 103 / 316         (check only one)       (check 112         X       11a       11b       11c       12         X       11a       14       15       16       17
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Maing Address       12717 Brewster Dr         Ority       State         City       State         PECI D number of contributing       C         Pinnary       General         Ority       State         Pinnary       General         Ority       State         Pinnary       General         Ority       State         Point       Agorgane Vera to Date         Maing Address       12717 Brewster Dr         Ority       C         Particle (specify)       Agorgane Vera to Date         Maing Address       12717 Brewster Dr         Ority       State         Pull Name (Last, First, Middle Initial)         Agorgane Vera to Date         Maing Address       12717 Brewster Dr         Ority       State         Pull Name (Last, First, Middle Initial)         Agorgane Vera to Date       Agorgane Vera to Date         Pinnary       General         Other (specify)       Agorgane Vera to Date         Pinnary       General         Other (specify)       State         Pinnary		or for commercial purposes, other than using the	for the purpose of soliciting contributions		
Lary Hobbs       Date of Receipt         Mailing Address       12717 Brewster Dr         City       State       Zip Code         FL Wars       FL       3300-1809         FEC: Do number of contributing       C       Anount of Each Receipt Inis Period         Name of Employer       Aggregate Year-to-Date ▼       Bate of Receipt         View Fordia Reg Med Cr       Emergency Physician       Aggregate Year-to-Date ▼         Mailing Address       12717 Brewster Dr       Date of Receipt         City       State       Zip Code       Transaction ID: C744396         Mailing Address       12717 Brewster Dr       Date of Receipt         City       State       Zip Code       Transaction ID: C744396         Mailing Address       12 0 0 9       Transaction ID: C744396         Amount of Each Receipt Inis Period       Emergency Physician         Name of Employer       Aggregate Year-to-Date ▼       Image: Period         Pitmary       General       Occupation       Emergency Physician         Name of Employer       Aggregate Year-to-Date ▼       Image: Period       Image: Period         City       State       Zip Code       Transaction ID: C724396       Amount of Each Receipt Inis Period         City       State			Action Committee		
City       State       Zip Code       Transaction ID: C730913         FEC ID number of contributing       C       Amount of Each Receipt this Period         Receipt For:       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       Occupation         Full Name (Last, First, Middle Initial)       Larry Hobbs       Date of Receipt this Period         Mailing Address       12717 Brewster Dr       City       State       Zip Code         FL Myers       FL       33908-1809       Amount of Each Receipt this Period         Mailing Address       12717 Brewster Dr       City       State       Zip Code         FL Myers       FL       33908-1809       FL       Maount of Each Receipt this Period         Receipt For:       Occupation       Emergency Physician       Receipt Mis Period       83.33         Name of Employer       Occupation       Emergency Physician       Receipt Mis Period       83.33         Name of Employer       Aggregate Year-to-Date ▼       Image of Physician       Receipt Mis Period       83.33         Receipt For:       Occupation       Emergency Physician       Receipt Mis Period       Image of Physician       Receipt Mis Period         Receipt For:       Onther (specify) ▼       State       Zip	∠ A.	Larry Hobbs	Date of Receipt		
FL       33908-1809         FEL ID number of contributing federal political committee.       C         Name of Employer Primary       General Other (specify) ▼       Occupation Emergency Physician         Receipt For:    unry Hobbs       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       12717 Brewster Dr       Date of Receipt         City       State       Zip Code         FL       33908-1809       FT massetion ID: C744396         Amount of Each Receipt IIIs Period       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0       Ø = 0		Mailing Address 12717 Brewster Dr			
FEC ID number of contributing rederal political committee.       C       83.33         Name of Employer SW Florids Reg Med Ctr       Cocupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       12717 Brewster Dr       City       State       Zip Code         City       State       Zip Code       Transaction ID: C744396         Mailing Address       12717 Brewster Dr       City       State       Zip Code         City       State       Zip Code       Transaction ID: C744396         Primary       General       C       Receipt For:       Aggregate Year-to-Date ▼         Name of Employer       Aggregate Year-to-Date ▼       Bas.33       Amount of Each Receipt His Period         Sw Florida Reg Med Ctr       Emergency Physician       Aggregate Year-to-Date ▼       Date of Receipt         Name of Employer       Aggregate Year-to-Date ▼       Date of Receipt       State       Zip Code         Sw Florida Reg Med Ctr       Emergency Physician       Aggregate Year-to-Date ▼       Date of Receipt       State       Zip Code         Mailing Address       130 Laurel Hill Dr       State       Zip Code       State       Zip Code       State       Zip Code					
federal political committee.       0         Name of Employer SW Florida Reg Med Cr       Cocupation Emergency Physician Aggregate Vear-to-Date ▼         Primary       General         Other (specify)       499.98         Full Name (Last, First, Middle Initial) Lary Hobbs       Date of Receipt         Mailing Address       12717 Brewster Dr         Othy       State       Zip Code         FLU Name (Last, First, Middle Initial)       FL       3300-1809         Text Primary       General       C       Transaction ID: C744396         Amme of Employer       FL       3300-1809       Amount of Each Receipt IS or 2.20.9         Transaction ID: C744396       Transaction ID: C744396       Amount of Each Receipt IS or 2.20.9         Name of Employer       C       Bas.33         Name of Employer       Occupation Emergency Physician       Aggregate Vear-to-Date ▼         SW Florida Reg Med Ctr       Emergency Physician       Aggregate Vear-to-Date ▼         Mailing Address       130 Laurel Hill Dr       C       Aggregate Vear-to-Date ▼         City       State       Zip Code       Transaction ID: C725952         Smyrina       Th       37167-4907       Transaction ID: C725952         Amount of Each Receipt For:       Occupation       To000.00		· · ·	FL 33908-1809		Amount of Each Receipt this Period
Preceipt For:       Aggregate Year-to-Date ▼					83.33
Primary       General         Other (specify) ▼       499.98         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       12717 Brewster Dr         City       State       Zip Code         FL Mvers       FL       33908-1609         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name (Last, First, Middle Initial)       Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       Date of Receipt         View (Specify) ▼       General       05       20 / 20 0.9         City       State       Zip Code       Transaction ID: C724396         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Wailing Address:       130 Laurel Hill Dr       Date of Receipt         City       State       Zip Code       Transaction ID: C725952         Smyrna       TN       37167-4907       Fee CiD number of contributing federal political committee.       Immergency Physician         Primary       General       Occupation       Emergency Physician       Immergency Physician         Receipt For:       Primary       General       Occupation       Immergency Physician		Name of Employer SW Florida Reg Med Ctr			
Other (specify) ▼       499.98         Full Name (Last, First, Middle Initial)       Date of Receipt         Larry Hobbs       Mailing Address 12717 Brewster Dr       0         City       State       Zip Code         FL Mvers       FL       33908-1809         FEC ID number of contributing federal policial committee.       C       Amount of Each Receipt this Period         Receipt For:       Occupation       Beregency Physician         Receipt For:       Aggregate Year-to-Date          Other (specify) ▼       499.98       Date of Receipt         C       Aggregate Year-to-Date          Full Name (Last, First, Middle Initial)       Mailing Address       130 Laurel Hill Dr         City       State       Zip Code       Transaction ID: C725952         Smyrna       TN       37167-4907       Transaction ID: C725952         Amount of Each Receipt this Period       C       1000.00       1000.00         Fee Primary       General       Occupation       Transaction ID: C725952       Amount of Each Receipt this Period         FEC ID number of contributing federal policial committing       C       Amount of Each Receipt this Period       1000.00         FEC ID number of contributing federal policial committic       C       Amount of Each R			Aggregate Year-to-Date ▼		]
Lary Hobbs       Mailing Address       12717 Brewster Dr       Date of Receipt         City       State       Zip Code       Transaction ID: C744396         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Aggregate Year-to-Date         Value (Last, First, Middle Initial)       Aggregate Year-to-Date       Date of Receipt         Kenneth L L Holbert       Maiing Address       130 Laurel Hill Dr         City       State       Zip Code         State       Zip Code       Transaction ID: C725952         Smyrna       TN       37167-4907         FEC ID number of contributing federal political committee.       C         Primary       General       Occupation Emergency Physician         Maiing Address       130 Laurel Hill Dr       Moint of Each Receipt this Period         City       State       Zip Code         Smyrna       TN       37167-4907         FEC ID number of contributing federal political committee.       C         Primary       General       Occupation Emergency Physician         Receipt For:       Primary       General       1000.00         SUBTOTAL of Receipts This Pa				499.98	
City       State       Zip Code       Transaction ID: C744396         Ft Myers       FL       33908-1809       Amount of Each Receipt this Period         FEC: ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation       83.33         Receipt For:       Occupation       8499.98         Primary       General       Other (specify) ◆       Date of Receipt         Mailing Address       130 Laurel Hill Dr       7167-4907       Transaction ID: C725952         Smyrna       TN       37167-4907       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation       Transaction ID: C725952         Amount of Each Receipt this Period       1000.00       1000.00         FEC ID number of contributing federal political committee.       Occupation       Transaction ID: C725952         Amount of Each Receipt this Period       1000.00       1000.00       1000.00         SUBETOTAL of Receipts This Page (optional)       Aggregate Year-to-Date V       1166.66	– 3.		I		Date of Receipt
Ft Myers       FL       33908-1809         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer SWE fooda Reg Med Ctr       Occupation Emergency Physician       83.33         Receipt For: Other (specify) ▼       Oecupation Emergency Physician       Image: Contributing deneral       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial) Kenneth LL Holbert       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       130 Laurel Hill Dr       Date of Receipt         City       State       Zip Code         Smyrna       TN       37167-4907         FEC ID number of contributing federal political committee.       C       Imount of Each Receipt this Period         Mame of Employer Harton Reg Med Ctr       C       Imount of Each Receipt this Period         Receipt For: Other (specify) ▼       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       1000.00       1000.00         SUBTOTAL of Receipts This Page (optional)       11166.66		Mailing Address 12717 Brewster Dr			
FEC ID number of contributing federal political committee.       C       83.33         Name of Employer SW Florida Reg Med Ctr       Emergency Physician         Receipt For:       Occupation       Aggregate Year-to-Date ▼         Primary       General       499.98         Chirt (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       130 Laurel Hill Dr       0.5         City       State       Zip Code         Smyrna       TN       37167-4907         FC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Occupation         Receipt For:       Aggregate Year-to-Date ▼       1000.00         Name of Employer       Main A ggregate Year-to-Date ▼       1000.00         SUBTOTAL of Receipts This Page (optional)       11166.66       11166.66		•			
federal political committee.       0         Name of Employer SW Florida Reg Med Ctr       C         Receipt For:  Other (specify) ♥       Aggregate Year-to-Date ♥         Full Name (Last, First, Middle Initial) kenneth L L Holbert       Date of Receipt         Mailing Address       130 Laurel Hill Dr         City       State       Zip Code         Smyrna       TN       37167-4907         FEC ID number of contributing federal political committee.       Occupation 			FL 33908-1809		Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Eull Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         Mailing Address       130 Laurel Hill Dr         City       State       Zip Code         Smyrna       TN       37167-4907         FEC ID number of contributing federal political committee.       C         Name of Employer Harton Reg Med Ctr       Occupation Emergency Physician         Receipt For:       Occupation Emergency Physician         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Image of Employer Harton Reg Med Ctr       Aggregate Year-to-Date ▼         Primary       General       1000.00         SUBTOTAL of Receipts This Page (optional)       1166.66			C	1	83.33
Primary       General         Other (specify) ▼       499.98         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       130 Laurel Hill Dr         City       State       Zip Code         Smyrna       TN       37167-4907         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Harton Reg Med Ctr       Occupation         Primary       General         Other (specify) ▼       1000.00		Name of Employer SW Florida Reg Med Ctr			
□       Other (specify) ▼       499.98         Full Name (Last, First, Middle Initial)       Annual State       Annual State         Kenneth L L Holbert       Mailing Address 130 Laurel Hill Dr       Date of Receipt         City       State       Zip Code         Simyrna       TN       37167-4907         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt this Period         Name of Employer Harton Reg Med Ctr       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       1000.00         Vher (specify) ▼       1000.00       1166.66			Aggregate Year-to-Date 🔻		
Kenneth L L Holbert       Date of Receipt         Mailing Address       130 Laurel Hill Dr         City       State       Zip Code         Smyrna       TN       37167-4907         FEC ID number of contributing federal political committee.       C       1000.00         Name of Employer Harton Reg Med Ctr       Occupation Emergency Physician       1000.00         Receipt For:       Aggregate Year-to-Date ▼       1000.00         Other (specify) ▼       1000.00       11166.66				499.98	
City       State       Zip Code         Smyrna       TN       37167-4907         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Harton Reg Med Ctr       Occupation Emergency Physician       1000.00         Receipt For:       Aggregate Year-to-Date ▼       1000.00         Other (specify) ▼       1000.00       1166.66	- ).		1		Date of Receipt
Smyrna       TN       37167-4907       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       1000.00         Name of Employer Harton Reg Med Ctr       Occupation Emergency Physician       1000.00         Receipt For:       Aggregate Year-to-Date ▼       1000.00         Primary       General Other (specify) ▼       1000.00         SUBTOTAL of Receipts This Page (optional)       ▶		Mailing Address 130 Laurel Hill Dr			
FEC ID number of contributing federal political committee.       Image: Committee in the image: Committee in					
federal political committee.       Image: Committee.       Image: Committee.       Image: Committee.         Name of Employer Harton Reg Med Ctr       Occupation Emergency Physician       Image: Committee.       Image: Committee.         Receipt For: Primary Other (specify) ▼       Ogregate Year-to-Date       Image: Committee.       Image: Committee.         SUBTOTAL of Receipts This Page (optional)       Image: Committee.       Image: Committee.       Image: Committee.				-	
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       1000.00         SUBTOTAL of Receipts This Page (optional)       1166.66			C		1000.00
Primary       General         Other (specify) ▼       1000.00         SUBTOTAL of Receipts This Page (optional)       1166.66		Name of Employer Harton Reg Med Ctr	-		
Other (specify) ▼       1000.00         SUBTOTAL of Receipts This Page (optional)       1166.66			Aggregate Year-to-Date 🔻		
			1	1000.00	
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TOTAL This Period (last page this line number only)	┢				

				FOR LINE NUMBER: PAGE 104/316
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	13     14     15     16     17       on for the purpose of soliciting contributions       osolicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	I Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) Robert Holland	Date of Receipt		
	Mailing Address 907 Kingsbury Ct	0 6 / D D / Y Y Y Y 0 6 1 7 2 0 0 9		
	City	State	Zip Code	Transaction ID: C740003
	Allen	TX	75013-5357	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dr. Robert Holland	Occupatio		
	Receipt For:	1 · · · · · ·	ncy Physician e Year-to-Date 🔻	
	Primary General	Aggregate	e Year-to-Date V	-
	Other (specify)	0 0	500.00	
- В.	Full Name (Last, First, Middle Initial) Stephen Timothy Timothy Holland			Date of Receipt
	Mailing Address 15 Beach Ave			M M / D D / Y Y Y Y 06 17 2009
	City	State	Zip Code	Transaction ID: C739988
	Watertown	СТ	06795-2001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Marys Hosp	Occupatio		
	Receipt For:	1 · · · · ·	ncy Physician	_
	Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)		250.00	
- C.	Full Name (Last, First, Middle Initial) Roy S S Horras	•		Date of Receipt
	Mailing Address 701 S Elmwood Ave			M M / D D / Y Y Y Y 05 05 2009
	City	State	Zip Code	Transaction ID: C719605
	Oak Park	IL	60304-1414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dept of Emergency Medicine	Occupation Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	1		1250.00
ŀ	TOTAL This Period (last page this line number			
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 105/316 (check only one)
I			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	Statements may	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	I Action Com	imittee	
A.	Full Name (Last, First, Middle Initial) Hans Roberts Roberts House			Date of Receipt
	Mailing Address 200 Hawkins Dr # GHC	M M / D D / Y Y Y Y 04 23 2009		
	City	State	Zip Code	Transaction ID: C713448
	lowa City	IA	52242-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of Iowa Hosp & Clini-	Occupation	n cy Physician	
	<u>cs</u> Receipt For:	1 I	Year-to-Date V	
	Primary General	, iggi oguto		1
	Other (specify)	0.0	250.00	
- В.	Full Name (Last, First, Middle Initial) Michael James James Howard			Date of Receipt
	Mailing Address HC 74 Box 24514	M M / D D / Y Y Y Y 06 09 2009		
	City	State	Zip Code	Transaction ID: C735737
	El Prado	NM	87529-9546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Taos Integrated Med Svc	Occupation Emergen	n cy Physician	
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	Year-to-Date 🔻	
	Primary     General       Other (specify)		250.00	]
– C.	Full Name (Last, First, Middle Initial) Helen Hsu	l		Date of Receipt
	Mailing Address 1008 Old Coach Rd			M M / D D / Y Y Y Y 04 28 2009
	City	State	Zip Code	Transaction ID: C714462
	Chesapeake	VA	23322-6811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Helen Hsu	Occupation Emergen	n cy Physician	
	Receipt For:	1 · · · · · · · ·	Year-to-Date V	
	Primary     General       Other (specify)     ▼		250.00	]
	SUBTOTAL of Receipts This Page (optional)			750.00
F	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 106/316           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports or for commercial purposes, other than usir	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee				
Full Name (Last, First, Middle Initial) Bruce Nicklos Nicklos Hughes		Date of Receipt			
Mailing Address 19338 Whispering	Mailing Address 19338 Whispering Hill Dr				
City	State Zip Code	Transaction ID: C740012			
Bristol	IN 46507-8409	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Elkhart Emer Phys	Occupation Emergency Physician	-			
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	1000.00				
Full Name (Last, First, Middle Initial) Delwin Michael Michael Hunt		Date of Receipt			
Mailing Address 10742 Cougar Ca	nyon	0 4 / D D / Y Y Y Y 0 4 2 0 0 9			
City	State Zip Code	Transaction ID: C709536			
	CO 80124-9525	_ Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		250.00			
Name of Employer Swedish Med Ctr ED	Occupation Emergency Physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Phillip D D Hunt		Date of Receipt			
Mailing Address 7308 Duckabush	Ln	M = M         /         D = D         /         Y         Y = Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         <			
City	State Zip Code	Transaction ID: C740006			
Silverdale	WA 98383-9342	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		250.00			
Name of Employer Dr. Phillip D Hunt	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary     General       Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (option	nal)	1500.00			
	mber only)				

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE           (check only one)         X           X         11a         11b         11c           13         14         15	107 / 316 12 16 17
Any information or for commerci	copied from such Reports and S al purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contrib solicit contributions from such comm	utions nittee.
	OMMITTEE (In Full) mergency Medicine Political	I Action Con	nmittee		
Full Name (L A. Marc P P Hyd	ast, First, Middle Initial) le			Date of Receipt	
Mailing Addr	ess 1200 E 3900 S				0 0 9
City		State	Zip Code	Transaction ID: C740036	
<u>Salt Lake (</u>	City	UT	84124-1300	Amount of Each Receipt this P	eriod
	ber of contributing cal committee.	C		10	00.00
Name of Em St Marks Ho	ployer sp	Occupatio Emerger	n Icy Physician		
Receipt For:		1	e Year-to-Date ▼		
Primar Other (	y General (specify) <b>▼</b>		1000.00	]	
	.ast, First, Middle Initial) Dewitt Hyman, Jr			Date of Receipt	
	ess 541 Fairway Dr			06 17 2	0 0 9
City		State	Zip Code	Transaction ID: C740035	
Florence		SC	29501-5507	Amount of Each Receipt this P	eriod
	ber of contributing cal committee.	C		10	00.00
Name of Em McLeod Reg	ployer j Med Ctr	, I Š	icy Physician		
Receipt For:		Aggregate	e Year-to-Date 🔻	_	
Other (	y General (specify) <b>▼</b>	0 0	1000.00	]	
Full Name (L Raymond Ian	ast, First, Middle Initial) naccone			Date of Receipt	
Mailing Addr	ess 25 Oakwood Rd				0 0 9 Y
City		State	Zip Code	Transaction ID: C706184	
Allendale		NJ	07401-2100	Amount of Each Receipt this P	eriod
federal politic	ber of contributing cal committee.	C		10	00.00
Name of Em EMA NY	ployer	Occupatio Emerger	ⁿ icy Physician		
Receipt For:		Aggregate	e Year-to-Date 🔻		
Other (	y General (specify) <b>▼</b>		1000.00	]	
SUBTOTAL of	Receipts This Page (optional)	I		300	00.00
	Period (last page this line number				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 108/316           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Ronald Iverson		Date of Receipt
	Mailing Address 4935 S Scenic Rt		04 / 20 / Y Y Y Y Y 2009
	City	State Zip Code	Transaction ID: C712188
	Casper	WY 82601-6714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Emer Med Phys PC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	500.00	
— В.	Full Name (Last, First, Middle Initial) Peter J J Jacoby	1	Date of Receipt
	Mailing Address 167 Sprain Brook Rd	M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
	City	State Zip Code	Transaction ID: C713465
	Woodbury	CT 06798-1914	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer St Marys Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	1000.00	
– C.	Full Name (Last, First, Middle Initial) John C C Johnson	1	Date of Receipt
	Mailing Address 1758 Clifty Creek Ct		M M         /         D D         /         Y Y         Y Y         Y Y           06         03         2009
	City	State Zip Code	Transaction ID: C732485
	Valparaiso	IN 46385-6151	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. John C Johnson	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)	350.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1600.00
	TOTAL This Period (last page this line number		
SCHEDULE A (FEC Form ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 109/316           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17	
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Any information copied from such Report or for commercial purposes, other than us	s and Statements may not be sold or used by any perso sing the name and address of any political committee to	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical Action Committee		
Full Name (Last, First, Middle Initial) John C C Johnson		Date of Receipt	
Mailing Address 1758 Clifty Cree	k Ct	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
City	State Zip Code	Transaction ID: C735725	
Valparaiso	IN 46385-6151	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Dr. John C Johnson	Occupation Emergency Physician	7	
Receipt For:	Aggregate Year-to-Date ▼	-	
Primary     General       Other (specify) ▼	350.00		
Full Name (Last, First, Middle Initial) Ramon W W Johnson	1	Date of Receipt	
Mailing Address 210 Santa Rosa Apt 1021	Ct	M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
City	State Zip Code	Transaction ID: C740026	
Laguna Bch FEC ID number of contributing federal political committee.	CA 92651-4425	Amount of Each Receipt this Period	
Name of Employer Mission Hosp	Occupation Emergency Physician		
Receipt For:	Aggregate Year-to-Date ▼	-	
Primary     General       Other (specify) ▼	1000.00		
Full Name (Last, First, Middle Initial) Eric Wayne Wayne Jordan		Date of Receipt	
Mailing Address 6 Tuckahoe		M M / D D / Y Y Y Y 0 4 15 2009	
City	State Zip Code	Transaction ID: C709801	
Hattiesburg	MS 39402-7789	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	365.00	
Name of Employer Dr. Eric Wayne Jordan	Occupation Emergency Physician	]	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	365.00		
SUBTOTAL of Receipts This Page (opti	onal)	1615.00	
	number only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 110/316 (check only one)
			for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	I Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Robert C C Jorden			Date of Receipt
	Mailing Address 85 Masonic St			0 5 / D D / Y Y Y Y 0 5 / 2 0 0 9
	City	State	Zip Code	Transaction ID: C719562
	Rockland	ME	04841-2827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Penobscot Bay Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For:	- I	e Year-to-Date V	_
	Primary General			1
	Other (specify)	0 0	300.00	
в.	Full Name (Last, First, Middle Initial) Robert C C Jorden			Date of Receipt
	Mailing Address 85 Masonic St			M M / D D / Y Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: C725557
	Rockland	ME	04841-2827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Penobscot Bay Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	300.00	]
- с.	Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph	1		Date of Receipt
	Mailing Address 14855 Tyler Mill Ct			M M / D D / Y Y Y Y 0 1 29 2009
	City	State	Zip Code	Transaction ID: C614125
	<u>Haymarket</u>	VA	20169-2628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Jeffrey Alan Joseph	Occupatio Emerger	n ncy Physician	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	600.00	]
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		400.00
	TOTAL This Period (last page this line number			
l		(ing)	·····	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 111/316         (check only one)       X         X       11a         11b       11c         13       14
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any person ig the name and address of any political committee to itical Action Committee	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph Mailing Address 14855 Tyler Mill C	*	Date of Receipt
Mailing Address 14855 Tyler Mill C		
City	State Zip Code	Transaction ID: C682036
<u>Haymarket</u>	VA 20169-2628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Jeffrey Alan Joseph	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph		Date of Receipt
Mailing Address 14855 Tyler Mill C		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C703580
Haymarket	VA 20169-2628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Jeffrey Alan Joseph	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph		Date of Receipt
Mailing Address 14855 Tyler Mill C	t	04 ^{// D D} / Y Y Y Y 2009
City	State Zip Code	Transaction ID: C714812
<u>Haymarket</u>	VA 20169-2628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Jeffrey Alan Joseph	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (option	nal)	300.00
	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 112/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Statements may not be sold or used by any perso e name and address of any political committee to al Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph		Date of Receipt
	Mailing Address 14855 Tyler Mill Ct		05 28 2009
	City	State Zip Code	Transaction ID: C730905
	Haymarket	VA 20169-2628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. Jeffrey Alan Joseph	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	600.00	
- 3.	Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph		Date of Receipt
	Mailing Address 14855 Tyler Mill Ct		0 6 2 9 Y Y Y Y 0 6 2 9 2 0 0 9
	City	State Zip Code	Transaction ID: C744406
	Haymarket	VA 20169-2628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. Jeffrey Alan Joseph	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	600.00	
- ).	Full Name (Last, First, Middle Initial) Nicholas John John Jouriles	·	Date of Receipt
	Mailing Address 398 Bentleyville Rd		M M / D D / Y Y Y Y 06 24 2009
	City	State Zip Code	Transaction ID: C743557
	Chagrin Falls	OH 44022-2433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Akron Gen Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Γ			1200.00
	SUBTOTAL of Receipts This Page (optional) .	•	-
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 113/316         (check only one)       11a         X       11a         12       14         15       16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Costas Andreas Andreas Kaiafas		Date of Receipt
	Mailing Address 910 Cnty Club Rd		M M / D D / Y Y Y Y 0 4 0 9 2 0 0 9
	City	State Zip Code	Transaction ID: C708768
	Bridgewater	NJ 08807-1174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Emergency Medical Associa-	Occupation	7
	tes Receipt For:	Emergency Physician	-1
	Primary General	Aggregate Year-to-Date	
	Other (specify)	500.00	
в.	Full Name (Last, First, Middle Initial) Steven B B Kailes		Date of Receipt
	Mailing Address 1998 Rivergate Dr		0 4 / D D / Y Y Y Y 0 4 2 4 2 0 0 9
	City	State Zip Code	Transaction ID: C713868
	Orange Park	FL 32003-8686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	249.99	
C.	Full Name (Last, First, Middle Initial) Steven B B Kailes	1	Date of Receipt
	Mailing Address 1998 Rivergate Dr		05 / D D / Y Y Y Y 05 / 28 / 2009
	City	State Zip Code	Transaction ID: C730896
	Orange Park	FL 32003-8686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	249.99	
	SUBTOTAL of Receipts This Page (optional)	·	666.66
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 114 / 316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Steven B B Kailes		Date of Receipt
	Mailing Address 1998 Rivergate Dr		06 / 29 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: C744387
	Orange Park	FL 32003-8686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	249.99	
в.	Full Name (Last, First, Middle Initial) Eve K Kaiyala		Date of Receipt
	Mailing Address 1009 5th Ave W	03 / D D / Y Y Y Y 03 / 06 / 2009	
	City	State Zip Code	Transaction ID: C686215
	<u>Seattle</u>	WA 98119-3613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Puget Sound Emerg Phys Grp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
С.	Full Name (Last, First, Middle Initial) Rodney C C Kang	1	Date of Receipt
	Mailing Address 2420 Sandlake Rd		0 4 / 2 4 / Y Y Y Y 0 4
	City	State Zip Code	Transaction ID: C713823
	Longwood	FL 32779-5811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer FL Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional)		1333.33
	TOTAL This Period (last page this line number	only)	•

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 115/316           (check only one)         11a           X         11a           13         14           15         16
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
Mailing Address 300 Oak Ave		M M / D D / Y Y Y Y 01 29 2009
City	State Zip Code	Transaction ID: C614106
San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	83.33
Name of Employer CEP America	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	599.98	
Full Name (Last, First, Middle Initial) <b>3.</b> Jay A Kaplan	<u> </u>	Date of Receipt
Mailing Address 300 Oak Ave		M M / D D / Y Y Y Y 02 / 25 / 2009
City	State Zip Code	Transaction ID: C682051
San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer CEP America	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	599.98	
Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
Mailing Address 300 Oak Ave		03 / 24 / Y Y Y Y 009
City	State Zip Code	Transaction ID: C691419
San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CEP America	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	599.98	
SUBTOTAL of Receipts This Page (optional	al)	266.66
	nber only)	

Mailing Address       300 Oak Ave         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer CEP America       Occupation Emergency Physician       83.33         Receipt For:       Aggregate Year-to-Date ▼       599.98         Full Name (Last, First, Middle Initial)       Full Name (Last, First, Middle Initial)       Full Name (Last, First, Middle Initial)		CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 116/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Jay Atapian         Mailing Address         City         San Anselmo         CA       94960-2703         FEC ID number of contributing federal political committee         Primary       General         Other (specify)         City       State         Zip Code         Primary       General         Occupation         Emergency Physician         Maing Address       Ocal Physician         Maing Address       Ocal Physician         Receipt For:       Primary         General       Occupation         City       State         San Anseimo       CA         General       Occupation         City       State         San Anseimo       CA         General       Occupation         Full Name (Last, First, Middle Initial)       Jay A Kapian         Maing Address       300 Oak Ave         City       St	A O	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
Jay A Kaplan       Date of Receipt         Mailing Address 300 Oak Ave       CA         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing tederal policical committee.       C       Mount of Each Receipt this Period         Receipt For:       Occupation       Emergency Physician       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Jay A Kaplan       Date of Receipt time Period         Maing Address 300 Oak Ave       C       94960-2703         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       C       Receipt for:         Vary Kaplan       C       State       Zip Code         San Anselmo       CA       94960-2703       Amount of Each Receipt time Period         Receipt For:       Onumber of contributing federal political committee.       C       Receipt for:       Ba3.33         Name of Employer       Occupation       Emergency Physician       Receipt time Period       Receipt time Period         Receipt For:       Aggregate Year-to-Date ▼       Sign 99.98       Date of Receipt time Period       Transaction ID: C730893         Name of			al Action Committee	
City     State     Zip Code       San Anselmo     CA     9490-2703       FEC ID number of contributing rederal political committee.     C     Amount of Each Receipt this Period       Name of Employer     Occupation Emergency Physician     Aggregate Year-to-Date     Image: Control of Each Receipt this Period       Full Name (Last, First, Middle Initial)	¥ــــــــــــــــــــــــــــــــــــ			Date of Receipt
San Anselmo       CA       94960-2703       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation Emergency Physician       Aggregate Year-to-Date ▼       Image: Comparison of the comparison of t		Mailing Address 300 Oak Ave		
FEC ID number of contributing federal political committee.       C         Name of Employer CEP America       Occupation Emergency Physician         Receipt For: 				
federal political committee.       C         Name of Employer       Occupation         Cereption       Agregate Vear-to-Date         Other (specify)       Agregate Vear-to-Date         Image of Employer       Agregate Vear-to-Date         Other (specify)       Image of Employer         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing       C       Image of Employer         City       State       Zip Code         Name (Last, First, Middle Initial)       Jay A Kaplan       Aggregate Vear-to-Date         Name of Employer       Occupation       Emergency Physician         Receipt For:       Occupation       Emergency Physician         Receipt For:       Occupation       Emergency Physician         Receipt For:       Occupation       Emergency Physician         Maiing Address 300 Oak Ave       Siste Zip Code       Transaction ID: C730893         San Anselmo       CA       94960-2703         Ftcl. ID number of contributing       C       Image of Encloper         City       State       Zip Code       Transaction ID: C730893         San Anselmo       CA       94960-2703       Fec. ID number of contributing <th></th> <th></th> <th>CA 94960-2703</th> <th>Amount of Each Receipt this Period</th>			CA 94960-2703	Amount of Each Receipt this Period
Imagency Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       599.98         Full Name (Last, First, Middle Initial)       Jay A Kapian         Mailing Address 300 Oak Ave       Date of Receipt         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Name of Employer       Occupation       Emergency Physician         Receipt For:       Other (specify) ▼       State       Zip Code         Mailing Address       300 Oak Ave       Signegate Year-to-Date ▼       Amount of Each Receipt this Period         Receipt For:       Occupation       Emergency Physician       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       300 Oak Ave       Signegate Year-to-Date ▼       Date of Receipt       Signegate Year-to-Date ▼         City       State       Zip Code       Amount of Each Receipt this Period       Signegate Year-to-Date ▼			C	83.33
Receipt For:       Primary       General         Other (specify) ▼       599.98         Full Name (Last, First, Middle Initial)       Jay Akaplan         Mailing Address       300 Oak Ave         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       C       Maining Address         Name of Employer       C       Employer       83.33         Name of Employer       C       S99.98       Primary         City       State       Zip Code       Aggregate Year-to-Date       Transaction ID: C714804         Amount of Each Receipt this Period       C       83.33       Sign Anselmo       Sign Anselmo         FEL ID number of contributing federal political committee.       C       Sign Anselmo       Sign Anselmo         Full Name (Last, First, Middle Initial)       Jay Akaplan       Date of Receipt       Sign Anselmo         Gity       State       Zip Code       Aggregate Year-to-Date       Mount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Mount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Mounut of Each Receipt this Period <tr< td=""><td></td><td>Name of Employer CEP America</td><td></td><td></td></tr<>		Name of Employer CEP America		
□ Other (specify) ▼       599.98         Full Name (Last, First, Middle Initial)       Jay A Kaplan         Mailing Address 300 Oak Ave       Date of Receipt         City       State       Zip Code         Can Anselmo       CA       94960-2703         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       Emergency Physician         Primary       General       Aggregate Year-to-Date ▼         Other (specify) ▼       State       Zip Code         City       State       Zip Code         Mailing Address       300 Oak Ave       Image of Employer         City       General       Occupation         Jay A Kaplan       Aggregate Year-to-Date ▼       Image of Employer         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing tederal political committee.       Image of Employer         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing tederal political committee.       Image of Receipt         Mailing Address       300 Oak Ave       Image of Receipt		Receipt For:		
Jay A Kaplan       Date of Receipt         Mailing Address       300 Oak Ave         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer CeP America       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date       ✓         Primary       General       599.98         Other (specify)       ✓       State       Zip Code         Full Name (Last, First, Middle Initial) Jay A Kaplan       Date of Receipt       Mode         Mailing Address       300 Oak Ave       C       20 0.9         City       State       Zip Code       7 2 0 0.9         San Anselmo       CA       94960-2703       Prinaston ID: C730893         Amount of Each Receipt for:       Aggregate Year-to-Date       Mode         City       State       Zip Code       7 2 0 0 9         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date       Magregate Year-to-Date         Primary       General <t< td=""><td></td><td></td><td>599.98</td><td></td></t<>			599.98	
City     State     Zip Code       San Anselmo     CA     94960-2703       FEC ID number of contributing federal political committee.     C       Name of Employer CEP America     Occupation Emergency Physician       Receipt For: Primary     General Other (specify) ▼       Full Name (Last, First, Middle Initial) Jay A Kaplan     Aggregate Year-to-Date ▼       Mailing Address     300 Oak Ave       City     State     Zip Code       San Anselmo     CA     94960-2703       Full Name (Last, First, Middle Initial)     Jay A Kaplan       Mailing Address     300 Oak Ave       City     State     Zip Code       San Anselmo     CA     94960-2703       FEC ID number of contributing federal political committee.     Date of Receipt       Name of Employer CEP America     C     94960-2703       FEC ID number of contributing federal political committee.     C     83.33       Name of Employer CEP America     Aggregate Year-to-Date ▼     83.33       Name of Employer CEP America     Aggregate Year-to-Date ▼     83.33	. –		1	Date of Receipt
San Anselmo       CA       94960-2703       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Other (specify) ▼       State       Zip Code         San Anselmo       CA       94960-2703         Full Name (Last, First, Middle Initial)       Jay A Kaplan       Date of Receipt         Mailing Address       300 Oak Ave       Transaction ID: C730893         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation       Emergency Physician         Receipt For:       Occupation       Emergency Physician         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       83.33         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       83.33         Other (specify) ▼       Sign Aggregate Year-to-Date		Mailing Address 300 Oak Ave		
FEC ID number of contributing federal political committee.       C       83.33         Name of Employer CEP America       Occupation Emergency Physician       83.33         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Image: Constraint of the specify of the specific of the sp		•	-	
federal political committee.       0         Name of Employer       Occupation         CEP America       C         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       599.98         Full Name (Last, First, Middle Initial)       Jay A Kaplan         Mailing Address 300 Oak Ave       Date of Receipt         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Receipt For:       Occupation         Primary       General         Occupation       Emergency Physician         Receipt For:       Occupation         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General       Signegate Year-to-Date ▼         Other (specify) ▼       Signegate Year-to-Date ▼          Primary       General       Signegate Year-to-Date ▼         Other (specify) ▼       Signegate Year-to-Date ▼          Primary       General       Signegate Year-to-Date ▼          Other (specify) ▼       Signegate Year-to-Date ▼			CA 94960-2703	Amount of Each Receipt this Period
CEP America       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       599.98         Full Name (Last, First, Middle Initial)       Jay A Kaplan         Mailing Address 300 Oak Ave       Date of Receipt         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         CEP America       Aggregate Year-to-Date ▼         Primary       General       Occupation         Primary       General       Aggregate Year-to-Date ▼         Primary       General       Occupation         Emergency Physician       Aggregate Year-to-Date ▼       239.98			C	83.33
Primary       General         Other (specify) ▼       599.98         Full Name (Last, First, Middle Initial)       Jay A Kaplan         Mailing Address       300 Oak Ave         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing tederal political committee.       Occupation         Name of Employer       Occupation         CEP America       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       599.98		Name of Employer CEP America		
Other (specify) ▼       599.98         Full Name (Last, First, Middle Initial)       Jay A Kaplan         Mailing Address 300 Oak Ave       Date of Receipt         City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation         CEP America       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       599.98			Aggregate Year-to-Date ▼	
Jay A Kaplan       Date of Receipt         Mailing Address 300 Oak Ave       0 5 28 2009         City       State Zip Code         San Anselmo       CA 94960-2703         FEC ID number of contributing federal political committee.       C         Name of Employer CEP America       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       599.98			599.98	
City       State       Zip Code         San Anselmo       CA       94960-2703         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation       83.33         Receipt For:       Aggregate Year-to-Date       599.98         Other (specify) ▼       599.98       240.09	. —			Date of Receipt
San Anselmo       CA       94960-2703       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer CEP America       Occupation Emergency Physician       83.33         Receipt For:       Aggregate Year-to-Date ▼       599.98         Other (specify) ▼       599.98       240.00		Mailing Address 300 Oak Ave		
FEC ID number of contributing federal political committee.       C       83.33         Name of Employer CEP America       Occupation Emergency Physician       83.33         Receipt For:       Aggregate Year-to-Date ▼       99.98         Other (specify) ▼       599.98       249.99		,		Transaction ID: C730893
federal political committee.       000000000000000000000000000000000000			CA 94960-2703	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 599.98 240.00			C	83.33
Primary General Other (specify) ▼ 599.98		Name of Employer CEP America		
Other (specify) ▼ 599.98			Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			599.98	
		SUBTOTAL of Receipts This Page (optional)	L	249.99
	F	CODICIAL OF HECCIPIS THIS FAYE (OPLIONAL).	▶	

9	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 117/316
		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave		06 / 29 / Y Y Y Y 006 / 29 / 2009
	City	State Zip Code	Transaction ID: C744415
	San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer CEP America	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary     General       Other (specify) ▼	599.98	]
- В.	Full Name (Last, First, Middle Initial) Marylu Kataja		Date of Receipt
	Mailing Address 5930 Moray Ct		M M / D D / Y Y Y Y 06 09 2009
	City	State Zip Code	Transaction ID: C735723
	Concord	NC 28027-6438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer Cabarrus Emer Med Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	260.00	
- C.	Full Name (Last, First, Middle Initial) John Joseph Joseph Kelly		Date of Receipt
	Mailing Address 8617 Seminole St		04 06 Y Y Y Y Y 04 06
	City	State Zip Code	Transaction ID: C706209
	Philadelphia	PA 19118-3728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Einstein Practice Plan	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	500.00	
ſ	SUBTOTAL of Receipts This Page (optional).	L	843.33
ł	TOTAL This Period (last page this line numbe		
L		• /	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 118/316         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any person ing the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Scott E E Kemmerer		Date of Receipt
Mailing Address 64 Central St		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C743727
Hallowell	ME 04347-1203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ME Gen Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)           Dale E E Kester		Date of Receipt
Mailing Address PO Box 769		0 6 / D D / Y Y Y Y Y 0 6 2 3 / 2 0 0 9
City	State Zip Code	Transaction ID: C742105
Tucumcari	NM 88401-0769	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dr Dan C Trigg Meml Hosp	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) <b>v</b>	500.00	
Full Name (Last, First, Middle Initial) Bradford A A Kilcline		Date of Receipt
Mailing Address 225 7th Ave		03 / D D / Y Y Y Y 06 / 2009
City	State Zip Code	Transaction ID: C686208
Kirkland	WA 98033-5530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Overlake Hosp Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (opti	onal)	1000.00
	umber only)	

S	SCHEDULE A (FEC Form 3X)	Us	e separate schedule(s)	FOR LINE NUMBER: PAGE 119/316 (check only one)
ľ	TEMIZED RECEIPTS		each category of the tailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be a name and address of	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committe		
Ζ	Full Name (Last, First, Middle Initial)			
۱.	Kevin M M King	Date of Receipt		
	Mailing Address 24365 Wilderness Oal	k		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City		ip Code	Transaction ID: C731422
	San Antonio	<u>TX 7</u>	8258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Metropolitan Methodist Ho-	Occupation Emergency Ph	vsician	
	spita Receipt For:	Aggregate Year-		_
	Primary General			1
	Other (specify)	0 0 0 0	250.00	
. –	Full Name (Last, First, Middle Initial) Paul Daniel Daniel Kivela			Date of Receipt
	Mailing Address 1370 Trancas # 336			M M / D D / Y Y Y Y 06 17 2009
	City	State Z	ip Code	Transaction ID: C740033
	Napa	<u>CA 9</u>	4558-2912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2400.00
	Name of Employer Dr. Paul Daniel Kivela	Occupation Emergency Ph	iysician	_
	Receipt For:	Aggregate Year-	to-Date V	
	Primary     General       Other (specify)     ▼		2400.00	]
-	Full Name (Last, First, Middle Initial) Kevin Michael Michael Klauer			Date of Receipt
	Mailing Address 4281 Glenmoor Rd NV	N		M M / D D / Y Y Y Y 01 06 2009
	City		ip Code	Transaction ID: C604608
	Canton	<u>OH 4</u>	4718-2255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2250.00
	Name of Employer EMP Ltd	Occupation Emergency Ph	iysician	
	Receipt For:	Aggregate Year-	•	
	Primary     General       Other (specify)     ▼		2800.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		4900.00
┝	CODICIAL OF NECEIPIS THIS FAGE (OPTIONAL)		•••••	
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 120/316       (check only one)     11a       X     11a       11b     11c       12
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	/ / not be sold or used by any perso dress of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Corr	nmittee	
_ر_ A.	Full Name (Last, First, Middle Initial) Kevin Michael Michael Klauer			Date of Receipt
	Mailing Address 4281 Glenmoor Rd N	W		M M / D D / Y Y Y Y 01 19 2009
	City	State	Zip Code	Transaction ID: C608187
	Canton	OH	44718-2255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer EMP Ltd	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date V	-
	Primary   General     Other (specify)   The second seco		2800.00	]
— В.	Full Name (Last, First, Middle Initial) Kevin Michael Michael Klauer			Date of Receipt
	Mailing Address 4281 Glenmoor Rd N	W		M M / D D / Y Y Y Y 01 29 2009
	City	State	Zip Code	Transaction ID: C614151
	Canton	OH	44718-2255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer EMP Ltd	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)	0 0	2800.00	]
— c.	Full Name (Last, First, Middle Initial) Kevin Michael Michael Klauer			Date of Receipt
	Mailing Address 4281 Glenmoor Rd N	W		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C714805
	Canton	OH	44718-2255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer EMP Ltd	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)	0 0	2800.00	]
	SUBTOTAL of Receipts This Page (optional)	1	<b></b>	550.00
	<b>FOTAL</b> This Period (last page this line number			

				FOR LINE NUMBER: PAGE 121/316
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the			
		name and ad	ioress of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Cor	nmittee	
∠ A.	Full Name (Last, First, Middle Initial) Kevin P P Kooiker			Date of Receipt
	Mailing Address 151 Lake Ave N # 100/ Apt 100A	A		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C739995
	Spicer	MN	56288-8605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rice Meml Hosp	Occupation Emerger	on ncy Physician	_
	Receipt For:	, <b>.</b>	e Year-to-Date 🔻	
	Primary General		250.00	11
_	Other (specify) <b>v</b>	8 8	250.00	
3.	Full Name (Last, First, Middle Initial) Scott Jason Korvek			Date of Receipt
J.	Mailing Address 1212 Lakemont Drive			0 1 2 6 2 0 0 9
	City	State	Zip Code	Transaction ID: C608804
	Plttsburgh	PA	15243-1874	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Allegheny Specialty Pract-	Occupatio	n	
	ices Network	Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)	0 0	600.00	]
-	Full Name (Last, First, Middle Initial) Scott Jason Korvek			Date of Receipt
	Mailing Address 1212 Lakemont Drive			M M / D D / Y Y Y Y 0 2 2 6 2 0 0 9
	City	State	Zip Code	Transaction ID: C682077
	Plttsburgh	PA	15243-1874	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Allegheny Specialty Pract- ices Network	Occupatio Physicia		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary   General     Other (specify)	0 0	600.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	I		450.00
┝				
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 122/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17					
	ny information copied from such Reports and Statements may not be sold or used by any person for r for commercial purposes, other than using the name and address of any political committee to solid						
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee						
Full Name (Last, First, Middle Initial) Scott Jason Korvek		Date of Receipt					
Mailing Address 1212 Lakemon	t Drive	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y					
City	State Zip Code	Transaction ID: C691722					
Plttsburgh FEC ID number of contributing federal political committee.	PA 15243-1874	Amount of Each Receipt this Period					
Name of Employer Allegheny Specialty Pract- ices Network	Occupation Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00						
Full Name (Last, First, Middle Initial) Scott Jason Korvek Mailing Address 1212 Lakemoni	t Drive	Date of Receipt					
City	State Zip Code						
Plttsburgh	PA 15243-1874	Transaction ID: C714069 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		100.00					
Name of Employer Allegheny Specialty Pract- ices Network	Occupation Physician	_					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00						
Full Name (Last, First, Middle Initial) Scott Jason Korvek	I	Date of Receipt					
Mailing Address 1212 Lakemont	t Drive	M M / D D / Y Y Y Y Y 05 26 2009					
City	State Zip Code	Transaction ID: C725648					
Plttsburgh FEC ID number of contributing federal political committee.	PA 15243-1874	Amount of Each Receipt this Period 100.00					
Name of Employer Allegheny Specialty Pract- ices Network	Occupation Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00						
SUBTOTAL of Receipts This Page (op	tional)	300.00					
TOTAL This Period (last page this line	number only)						

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 123 / 316         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) Scott Jason Korvek		Date of Receipt
Mailing Address 1212 Lakemont D	rive	M M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C743749
PIttsburgh FEC ID number of contributing federal political committee.	PA 15243-1874	Amount of Each Receipt this Period
Name of Employer Allegheny Specialty Pract- ices Network	Occupation Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Suvir Philip Philip Kovoor Mailing Address 700 Muirwood Dr I	NE	Date of Receipt
City	State Zip Code	05 13 2009
Warren	OH 44484-4136	Transaction ID: C722133 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UPMC Horizon	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Paul Andrew Andrew Kozak		Date of Receipt
Mailing Address 21925 N Calle Roy	yale	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C740021
Scottsdale FEC ID number of contributing federal political committee.	AZ 85255-5000	Amount of Each Receipt this Period
Name of Employer Mayo Clinic Hosp	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (option	nal)	850.00
TOTAL This Period (last page this line nur	nber only)	

:	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 124/316 (check only one)				
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12				
Γ	Any information conied from such Departs and S		13 14 15 16 17				
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
	NAME OF COMMITTEE (In Full)	Action Committee					
	National Emergency Medicine Political						
Α.	Full Name (Last, First, Middle Initial) Mark S S Kruger		Date of Receipt				
	Mailing Address PO Box 1209		04 24 2009				
	City	State Zip Code	Transaction ID: C713842				
	Sanford	FL 32772-1209	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	1000.00				
	Name of Employer FL Emer Phys	Occupation					
	Receipt For:	Emergency Physician Aggregate Year-to-Date	-				
	Primary General						
	Other (specify)	1000.00					
- В.	Full Name (Last, First, Middle Initial) Steven Kulick		Date of Receipt				
	Mailing Address 13206 N Hawthorne C	t	M M / D D / Y Y Y Y 04 28 2009				
	City	State Zip Code	Transaction ID: C714420				
	Mequon	WI 53097-1902	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	365.00				
	Name of Employer Emerg Med Assoc	Occupation Emergency Physician	-				
	Receipt For:	Aggregate Year-to-Date ▼	-				
	Primary     General       Other (specify) ▼	365.00					
- C.	Full Name (Last, First, Middle Initial) Thomas Kunisaki	1	Date of Receipt				
	Mailing Address 8873 Canterbury Cove	Ct	M M / D D / Y Y Y Y 06 09 2009				
	City	State Zip Code	Transaction ID: C735741				
	Jacksonville	FL 32256-4580	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Shands Hosp ED	Occupation Emergency Physician					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary     General       Other (specify)     ▼	250.00					
ſ	SUBTOTAL of Receipts This Page (optional)	I	1615.00				
ŀ							
	<b>TOTAL</b> This Period (last page this line number	only)					

SCHEDULE A (FEC For		FOR LINE NUMBER: PAGE 125/316 (check only one)					
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 16 \\ \hline 16 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline $					
Any information copied from such Re or for commercial purposes, other that	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s						
NAME OF COMMITTEE (In Full) National Emergency Medicin	e Political Action Committee						
Full Name (Last, First, Middle Initia Douglas F F Kupas	al)	Date of Receipt					
Mailing Address 209 Abbey R	d	M M / D D / Y Y Y Y 06 30 2009					
City	State Zip Code	Transaction ID: C745988					
Danville	PA 17821-8422	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Geisinger Med Ctr ED	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Other (specify)	250.00	]					
Full Name (Last, First, Middle Initia Juliet La Mers	al)	Date of Receipt					
Mailing Address 2655 Mace F	d	M M / D D / Y Y Y Y 05 / 05 / 2009					
City	State Zip Code	Transaction ID: C719615					
<u>Camino</u>	CA 95709-9609	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Marshall Hosp	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date 🔻						
Other (specify) ▼	250.00	]					
Full Name (Last, First, Middle Initia Erik R R Lacy	al)	Date of Receipt					
Mailing Address 1120 Wickfor	d Cir	M M         /         D D         /         Y Y Y Y         Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y         Y Y					
City	State Zip Code	Transaction ID: C712207					
Modesto	CA 95355-4121	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer Dr. Erik R Lacy	Occupation Emergency Physician						
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 225.00	]					

SCHEDULE A ( ITEMIZED REC	· · · · · ·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 126 / 316           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied or for commercial purpo	from such Reports and Statements n ses, other than using the name and a	hay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMIT	TEE (In Full) ncy Medicine Political Action Co	ommittee	
Full Name (Last, First	. ,		Date of Receipt
Mailing Address 1	120 Wickford Cir		05 / 21 / Y Y Y 2009
City	State	Zip Code	Transaction ID: C725614
Modesto	CA	95355-4121	Amount of Each Receipt this Period
FEC ID number of c federal political com			100.00
Name of Employer Dr. Erik R Lacy	Occupa Emerg	^{tion} ency Physician	
Receipt For:	00 0	ate Year-to-Date 🔻	
Other (specify)	General	225.00	
Full Name (Last, Firs Joseph P P Lang	t, Middle Initial)		Date of Receipt
Mailing Address 3	542 Colmar Quarter		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State	Zip Code	Transaction ID: C735765
Norfolk	VA	23509-1247	Amount of Each Receipt this Period
FEC ID number of c federal political comr			500.00
Name of Employer Emer Phys of Tidew	Enlerg	ency Physician	
Receipt For: Primary	Aggrega	ate Year-to-Date 🔻	_
Other (specify)		500.00	
Full Name (Last, Firs Gary W W Langston	st, Middle Initial)		Date of Receipt
Mailing Address 9	06 Shady Bend Dr		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State	Zip Code	Transaction ID: C732480
Kennedale	TX	76060-5493	Amount of Each Receipt this Period
FEC ID number of c federal political com			500.00
Name of Employer John Peter Smith Ho	Enlerg	ency Physician	
Receipt For: Primary	General	ate Year-to-Date 🔻	
Other (specify)		500.00	
SUBTOTAL of Receip	ts This Page (optional)		1100.00
	ist page this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 127/316           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Con	nmittee	
∠_ A.	Full Name (Last, First, Middle Initial) Linda L L Lawrence			Date of Receipt
	Mailing Address 3397 Pebble Beach Ct	M M / D D / Y Y Y Y 04 23 2009		
	City	State	Zip Code	Transaction ID: C713478
	Fairfield FEC ID number of contributing federal political committee.	CA	94534-8308	Amount of Each Receipt this Period
	Name of Employer 60 MDG/SGH	Occupatio Emerger	n Icy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00	]
— В.	Full Name (Last, First, Middle Initial) lan Brett Brett Leber Mailing Address 31 Yearling Pl	J		Date of Receipt
	City	State	Zip Code	0 6 2 3 2 0 0 9 Transaction ID: C742134
	Freehold	NJ	07728-9371	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Bayshore Cmnty Hosp	Occupatio Emerger	ⁿ icy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date  1000.00	]
— C.	Full Name (Last, First, Middle Initial) Darin J J Lee			Date of Receipt
	Mailing Address 1614 N 14th St			M M / D D / Y Y Y Y 06 10 2009
	City	State ID	Zip Code	Transaction ID: C735938
	Boise FEC ID number of contributing federal political committee.	C	83702-2601	Amount of Each Receipt this Period
	Name of Employer Dr. Darin J Lee	Occupatio Emerger	n Icy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
s	SUBTOTAL of Receipts This Page (optional)			2250.00
T	<b>OTAL</b> This Period (last page this line number	only)		

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 128 / 316           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         16	<u>3</u> 17
Any infor or for cor	mation copied from such Reports and Sta nmercial purposes, other than using the r	13     14     15     16       on for the purpose of soliciting contributions       osolicit contributions from such committee.	<u> </u>		
	E OF COMMITTEE (In Full) onal Emergency Medicine Political	Action Com	mittee		
	ame (Last, First, Middle Initial) McMullen McMullen Lemery			Date of Receipt	
Mailin	g Address 619 E 11th St Apt 1B Apt 1B			M M / D D / Y Y Y Y 0 1 2 9 2 0 0 9	
City		State	Zip Code	Transaction ID: C614116	
New	York	NY	10009-9702	Amount of Each Receipt this Period	
	D number of contributing al political committee.	C		83.33	
Name New Y	of Employer York Presbyterian Hosp	Occupation Emergen	n cy Physician	_	
Recei	pt For:	Aggregate	Year-to-Date V		
	Primary General Other (specify) <b>▼</b>		499.98	]	
	ame (Last, First, Middle Initial) McMullen McMullen Lemery			Date of Receipt	
	g Address 619 E 11th St Apt 1B Apt 1B			M M / D D / Y Y Y Y 02 / 25 / 2009	
City		State	Zip Code	Transaction ID: C682041	
	York	NY	10009-9702	Amount of Each Receipt this Period	_
	D number of contributing al political committee.	C		83.33	
New	e of Employer York Presbyterian Hosp	· ·	cy Physician		
	pt For: Primary General	Aggregate	Year-to-Date V		
	Primary General Other (specify) <b>▼</b>	0 0	499.98		
	ame (Last, First, Middle Initial) McMullen McMullen Lemery			Date of Receipt	
	g Address 619 E 11th St Apt 1B Apt 1B		7. 0.	M M / D D / Y Y Y Y 0 3 2 0 0 9	
City	Vorl	State	Zip Code	Transaction ID: C703572	
	<u>York</u>	NY	10009-9702	Amount of Each Receipt this Period	_
	D number of contributing al political committee.	C		83.33	
	e of Employer York Presbyterian Hosp		cy Physician		
	pt For:	Aggregate	Year-to-Date V		
	Primary General Other (specify) <b>▼</b>	0.0	499.98		
SUBTO	TAL of Receipts This Page (optional)			249.99	
TOTAL	This Period (last page this line number o	only)	·····		

SCHEDULE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 129 / 316           (check only one)         11a         11b         11c         12           13         14         15         16         17
or for commercial pu	urposes, other than using the r	son for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COM National Eme	MITTEE (In Full) rgency Medicine Political	Action Con	nmittee	
A. John McMullen M				Date of Receipt
Mailing Address	619 E 11th St Apt 1B Apt 1B			0 4 2 9 2 0 0 9
City		State	Zip Code	Transaction ID: C714806
New York	· · · · · ·	NY	10009-9702	Amount of Each Receipt this Period
FEC ID number federal political c		C		83.33
Name of Employ New York Presb	er yterian Hosp	Occupation Emergen	n Icy Physician	
Receipt For:		Aggregate	e Year-to-Date	
Other (spe	└└ General cify) <b>▼</b>	0 0	499.98	
Full Name (Last, John McMullen M	First, Middle Initial) cMullen Lemery			Date of Receipt
	Mailing Address 619 E 11th St Apt 1B Apt 1B			M M / D D / Y Y Y Y 05 / 28 / 2009
City New York		State NY	Zip Code 10009-9702	Transaction ID: C730890
FEC ID number federal political c		C		Amount of Each Receipt this Period 83.33
Name of Employ New York Presb	er yterian Hosp	Occupation Emergen	n Icy Physician	
Receipt For:		Aggregate	Year-to-Date V	
Other (spe	ify) <b>▼</b>		499.98	
Full Name (Last, John McMullen M	First, Middle Initial) cMullen Lemery			Date of Receipt
Mailing Address	619 E 11th St Apt 1B Apt 1B			M M / D D / Y Y Y Y 06 29 2009
City Now York		State NY	Zip Code	Transaction ID: C744399
<u>New York</u> FEC ID number federal political c		C	10009-9702	Amount of Each Receipt this Period 83.33
Name of Employ New York Presb	er yterian Hosp	Occupatio	n Icy Physician	
Receipt For:			e Year-to-Date V	
Primary Other (spe	General cify) <b>▼</b>	0 0	499.98	
	Leipts This Page (optional)			249.99
	d (last page this line number o			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 130 / 316           (check only one)         (check 112)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using	nd Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Brian J J Levine		Date of Receipt
Mailing Address 1824 Wawaset St		06 / 25 / Y Y Y Y 099
City	State Zip Code	Transaction ID: C743697
Wilmington	DE 19806-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	250.00
Name of Employer Christiana Care Hlth Syst	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Susan J J Lewis		Date of Receipt
Mailing Address 1722 Kearsarge Ro	3	M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C742107
La Jolla	CA 92037-3828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Hospital & Medical Ctr	Occupation Emergency Physician	_
Receipt For:	Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Timothy E E Lietz		Date of Receipt
Mailing Address 7331 Baltusrol		0 4 0 7 Y Y Y Y 0 9 0 9
City	State Zip Code	Transaction ID: C707055
Charlotte	NC 28210-4923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17.00
Name of Employer Dr. Timothy E Lietz	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date	
Primary     General       Other (specify) ▼	202.00	
SUBTOTAL of Receipts This Page (optiona	al)	517.00
	nber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 131/316 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politic	al Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Timothy E E Lietz		Date of Receipt
	Mailing Address 7331 Baltusrol		M M / D D / Y Y Y Y 0 4 07 2009
	City	State Zip Code	Transaction ID: C707092
	Charlotte	NC 28210-4923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) <b>▼</b>	202.00	]
– B.	Full Name (Last, First, Middle Initial) Timothy E E Lietz		Date of Receipt
	Mailing Address 7331 Baltusrol		0 4 0 7 2 0 0 9
	City	State Zip Code	Transaction ID: C707099
	Charlotte	NC 28210-4923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) <b>▼</b>	202.00	]
– C.	Full Name (Last, First, Middle Initial) Timothy E E Lietz		Date of Receipt
	Mailing Address 7331 Baltusrol		0 5 2 1 2 0 0 9
	City	State Zip Code	Transaction ID: C725609
	Charlotte	NC 28210-4923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	202.00	]
Γ	SUBTOTAL of Receipts This Page (optional)		134.00
╞			
L	TOTAL This Period (last page this line number	er only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 132/316 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
لا A.	Full Name (Last, First, Middle Initial) Timothy E E Lietz		Date of Receipt
	Mailing Address 7331 Baltusrol		M M / D D / Y Y Y Y 06 26 2009
	City	State Zip Code	Transaction ID: C743823
	Charlotte	NC 28210-4923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergency Physician	]
	Receipt For:	Aggregate Year-to-Date ▼	]
	Primary     General       Other (specify) ▼	202.00	
– В.	Full Name (Last, First, Middle Initial) Timothy E E Lietz		Date of Receipt
	Mailing Address 7331 Baltusrol		M M / D D / Y Y Y Y 06 26 2009
	City	State Zip Code	Transaction ID: C743840
	Charlotte	NC 28210-4923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	202.00	
– C.	Full Name (Last, First, Middle Initial) Timothy E E Lietz	I	Date of Receipt
	Mailing Address 7331 Baltusrol		0 6 / D D / Y Y Y Y Y 2 6 2 0 0 9
	City	State Zip Code	Transaction ID: C743878
	Charlotte	NC 28210-4923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	202.00	
Γ	SUBTOTAL of Receipts This Page (optional).	۱ 	51.00
F	TOTAL This Period (last page this line number		

	LE A (FEC Form 3X) DRECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 133 / 316         (check only one)       X         X       11a         11b       11c         12       13         14       15         16       1
Any information or for commerce	n copied from such Reports and S cial purposes, other than using the	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	COMMITTEE (In Full) Emergency Medicine Political	I Action Con	nmittee	
Full Name ( William H H	Last, First, Middle Initial) Lindsey			Date of Receipt
Mailing Add	lress 2900 Glendora St			M M         /         D D         /         Y Y         Y Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City		State	Zip Code	Transaction ID: C731439
Austin		TX	78738-5342	Amount of Each Receipt this Period
	nber of contributing ical committee.	C		250.00
Name of Er Dr. William	nployer H Lindsey	Occupatio Emerger	n ncy Physician	
Receipt For		1	e Year-to-Date V	
Prima Other	ary General (specify) <b>▼</b>		250.00	]
	Last, First, Middle Initial) / Linkenheimer	l		Date of Receipt
Mailing Add	Iress 101 S Chancellor St			M M / D D / Y Y Y Y 06 / 25 / 2009
City		State	Zip Code	Transaction ID: C743703
<u>Newtown</u>		PA	18940-2109	Amount of Each Receipt this Period
	nber of contributing ical committee.	C		500.00
Name of Er Doylestown	nployer Emer Assoc	Occupatio Emerger	n ncy Physician	
Receipt For		Aggregate	e Year-to-Date 🔻	
Other	ry General (specify) <b>▼</b>	0 0	500.00	]
Full Name ( M Scott Lins	Last, First, Middle Initial) cott, Jr	1		Date of Receipt
Mailing Add	lress 8157 Spectrum Cv			01 / 26 / Y Y Y Y 026
City		State	Zip Code	Transaction ID: C609387
<u>Sandy</u>		UT	84093-5408	Amount of Each Receipt this Period
	nber of contributing ical committee.	C		250.00
Name of Er 1150 Morar		Occupatio Emerger	n ncy Physician	
Receipt For		Aggregate	e Year-to-Date 🔻	
Prima Other	rry General (specify) <b>▼</b>		250.00	]
SUBTOTAL C	of Receipts This Page (optional)	I		1000.00
	Period (last page this line number			

	SCHEDULE A (FEC Form 3X)	Γ		FOR LINE NUMBER: PAGE 134/316			
			Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions					
ľ	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)					
	National Emergency Medicine Politica	I Action Com	mittee				
Α.	Full Name (Last, First, Middle Initial) Gretchen K K Lipke			Date of Receipt			
	Mailing Address 600 Ponte Vedra Blvd Unit 402	Unit 402		04 ^{//} 17 [/] 2009			
	City	State	Zip Code	Transaction ID: C711421			
	Ponte Vedra Bch	FL	32082-4709	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Dr. Gretchen K Lipke	Occupation	cy Physician				
	Receipt For:	- I	Year-to-Date V	_			
	Primary General		500.00	1			
_	Other (specify)		500.00				
в.	Full Name (Last, First, Middle Initial) Michael S S Lippe			Date of Receipt			
	Mailing Address 40 Hutton Dr			M M / D D / Y Y Y Y Y 06 29 2009			
	City	State	Zip Code	Transaction ID: C744370			
	<u>Mahwah</u>	NJ	07430-2986	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Good Samaritan Hosp	Occupation					
	Receipt For:		cy Physician				
	Primary General	Aggregate	Year-to-Date 🔻	1			
	Other (specify)	0 0	250.00				
- С.	Full Name (Last, First, Middle Initial) Jorge Lopez-Ferrer	• 		Date of Receipt			
	Mailing Address 1476 Chippewa Ln			M M / D D / Y Y Y Y Y 0 4 2 4 2 0 0 9			
	City	State	Zip Code	Transaction ID: C713829			
	Geneva	FL	32732-9183	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer FL Emer Phys Kang & Assoc	Occupation Emergenc	cy Physician				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary     General       Other (specify) ▼	0 0	1000.00	]			
	SUBTOTAL of Receipts This Page (optional)	I		1750.00			
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 135/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Ralph K K Losey		Date of Receipt
	Mailing Address 6239 N Lundy Ave		06 / 09 / Y Y Y Y 06 09 / 2009
	City	State Zip Code	Transaction ID: C735736
	Chicago	IL 60646-4009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Univ of IL at Chicago ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	1000.00	
- В.	Full Name (Last, First, Middle Initial) Michael Lozano, Jr		Date of Receipt
	Mailing Address 4824 Longwater Way		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C713861
	Tampa	FL 33615-4216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer EmCare	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	750.00	
- с.	Full Name (Last, First, Middle Initial) Michael Lozano, Jr		Date of Receipt
	Mailing Address 4824 Longwater Way		05 / Y Y Y Y 28 2009
	City	State Zip Code	Transaction ID: C730892
	Tampa	FL 33615-4216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer EmCare	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
ſ	SUBTOTAL of Receipts This Page (optional)	L	1500.00
ŀ	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 316 (check only one) X 11a 11b 11c 12
Γ	Any information copied from such Reports and St	atements may not be sold or used by any person	n for the purpose of soliciting contributions
	or for commercial purposes, other than using the	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
	Full Name (Last, First, Middle Initial)		
Α.	Michael Lozano, Jr Mailing Address 4824 Longwater Way		Date of Receipt
	City	State Zip Code	Transaction ID: C744424
	Tampa	FL 33615-4216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer EmCare	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	750.00	
- B.	Full Name (Last, First, Middle Initial) Thomas W W Lukens		Date of Receipt
	Mailing Address 15503 Clifton Blvd		04 / 27 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: C714494
	Lakewood	OH 44107-2411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	325.00
	Name of Employer Metro Hith Med Ctr Dept of EM	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	325.00	
- с.	Full Name (Last, First, Middle Initial) Thomas W Lukens		Date of Receipt
	Mailing Address Dept Emergency Medic 2500 Metrohealth Drive	sine, MetroHeal	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C745866
	Cleveland	OH 44107-2411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer MetroHealth Medical Center	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	······	1075.00
ŀ	TOTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 137 / 316           (check only one)         X           X         11a           11b         11c           13         14           15         16
or for commercial purposes, ot	her than using the name and a	ay not be sold or used by any pers ddress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In National Emergency Me	n Full) edicine Political Action Co	mmittee	
Full Name (Last, First, Midd A. Peter Lultschik	lle Initial)		Date of Receipt
Mailing Address 10340 (	Cutter Rd		M M / D D / Y Y Y Y Y 05 / 26 / 2009
City	State	Zip Code	Transaction ID: C725986
Meadville	PA	16335-6586	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ting		100.00
Name of Employer Meadville Emerg Phys PC	Occupati Emerge	^{on} ncy Physician	
Receipt For:	Aggrega	te Year-to-Date V	
Primary   Ger     Other (specify) ▼	neral	300.00	
Full Name (Last, First, Midd Peter Lultschik	,		Date of Receipt
Mailing Address 10340 (	Cutter Rd		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State	Zip Code	Transaction ID: C740011
Meadville	PA	16335-6586	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ting		200.00
Name of Employer Meadville Emerg Phys PC	V	ncy Physician	
Receipt For: Primary Ger		te Year-to-Date 🔻	
Other (specify) ▼	neral	300.00	
Full Name (Last, First, Mido Nathan Raymond Raymond N			Date of Receipt
Mailing Address 17 Youl	le St		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y         Y         Y         Y · Y · Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State	Zip Code	Transaction ID: C743734
Melrose	MA	02176-2625	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ting		1000.00
Name of Employer Merrimack Valley Emer Ass oc	G- Occupati Emerge	^{on} ncy Physician	
Receipt For:		te Year-to-Date 🔻	
Other (specify) ▼	neral	1000.00	
SUBTOTAL of Receipts This	Page (optional)		1300.00
	e this line number only)		

ć				FOR LINE NUMBER: PAGE 138/316
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
I			Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and a contract of the second seco	Statements ma	y not be sold or used by any pers dress of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	al Action Con	nmittee	
۹.	Full Name (Last, First, Middle Initial) Ronald J J Mack			Date of Receipt
	Mailing Address 53 Fellswood Dr			04 28 YYYY 04 28 2009
	City	State	Zip Code	Transaction ID: C714413
	Essex Fells	NJ	07021-1816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PSE & G Med Dept	Occupatio		
	Receipt For:	~	ncy Physician e Year-to-Date 🔻	
	Primary General	Ayyreyall		1
	Other (specify)	0 0	250.00	
- 3.	Full Name (Last, First, Middle Initial) Kevin E E Mackey	•		Date of Receipt
-	Mailing Address 9957 Castelli Ct			M M / D D / Y Y Y Y 01 29 2009
	City	State	Zip Code	Transaction ID: C614122
	Elk Grove	CA	95757-3012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kaiser Permenente Hosp	Occupatio	on ncy Physician	
	Receipt For:		e Year-to-Date V	—
	Primary General Other (specify) ▼		300.00	]
-	Full Name (Last, First, Middle Initial) Kevin E E Mackey			Date of Receipt
•	Mailing Address 9957 Castelli Ct			0 2 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: C682037
	Elk Grove	CA	95757-3012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kaiser Permenente Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	300.00	]
Γ	SUBTOTAL of Receipts This Page (optional) .	1	•	450.00
┢				
	TOTAL This Period (last page this line numbe	er only)		

_				FOR LINE NUMBER: PAGE 139/316
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
ľ			for each category of the Detailed Summary Page	X 11a 11b 11c 12
-				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
Ν	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	I Action Cor	nmittee	
<i>д</i> .	Full Name (Last, First, Middle Initial) Kevin E E Mackey			Date of Receipt
	Mailing Address 9957 Castelli Ct			M M / D D / Y Y Y Y Y 03 30 2009
	City	State	Zip Code	Transaction ID: C703552
	Elk Grove	CA	95757-3012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupatio	n	-
	Kaiser Permenénte Hosp	Emerger	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		300.00	1
	Other (specify) 🔻	0 0		
в.	Full Name (Last, First, Middle Initial) Mark L L Mackey			Date of Receipt
	Mailing Address 1740 W Taylor St # 72	22		M M / D D / Y Y Y Y Y 04 24 2009
	City	State	Zip Code	Transaction ID: C713843
	<u>Chicago</u>	IL	60612-7232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Univ of IL C(H) - Room 16-	Occupatio	n	
	00	Emerger	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify)     ▼	0 0	500.00	]
– c.	Full Name (Last, First, Middle Initial) Bruce Alan Alan MacLeod	<u>I</u>		Date of Receipt
0.	Mailing Address 1515 Mohican Dr			M M / D D / Y Y Y Y 0 4 20 2009
	City	State	Zip Code	Transaction ID: C712211
	Pittsburgh	PA	15228-1615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UPP-Emer Med	Occupatio Emerger	n ncy Physician	-
	Receipt For:	1 · · · · · · ·	e Year-to-Date V	-
	Primary     General       Other (specify) ▼		1000.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1600.00
┝	SUBTUTAL OF RECEIPTS THIS Page (optional)		••••••	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Forr ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 140 / 316         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Repo or for commercial purposes, other than	orts and Statements may not be sold or used by any persor using the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial Douglas Robert Robert Mailly		Date of Receipt
Mailing Address 119 Russell Si	reet	0 2 / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 9
City	State Zip Code	Transaction ID: C649933
Cornwall	NY 12518-1711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Emergency Medical Associa- tes	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial Douglas Robert Robert Mailly		Date of Receipt
Mailing Address 119 Russell S	ireet	06 / 12 / Y Y Y Y 090 / 12
City	State Zip Code	Transaction ID: C736677
Cornwall	NY 12518-1711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emergency Medical Associa- tes	Occupation Physician	_
Receipt For:	Aggregate Year-to-Date 🔻	
Primary       General         Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial Robert T T Malinowski	)	Date of Receipt
Mailing Address 660 Norborne	Ave	0 4 / D D / Y Y Y Y 0 2 0 0 9
City	State Zip Code	Transaction ID: C707129
Dearborn Hts	MI 48127-3707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Med Ctr Emer Svcs	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (g	ptional)	2100.00
	e number only)	

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 141 / 316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
A	r for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politie	cal Action Committee	
م ٩.	Full Name (Last, First, Middle Initial) Richard A A Marcucci		Date of Receipt
	Mailing Address 21 Darby Ln		04 ^{//} 15 [/] 2009
	City	State Zip Code	Transaction ID: C709810
	Bedford	NH 03110-4517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		150.00
	Name of Employer Elliot Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	250.00	
. —	Full Name (Last, First, Middle Initial) Richard A A Marcucci		Date of Receipt
	Mailing Address 21 Darby Ln		M = M         /         D = D         /         Y = Y = Y         Y         Y         Y = Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C724069
	Bedford	NH 03110-4517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Elliot Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary   General     Other (specify)   Image: Control of the second	250.00	
. —	Full Name (Last, First, Middle Initial) Otto J J Marquez		Date of Receipt
	Mailing Address 7011 Lakewood Blvo	d	M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C740014
	Dallas	TX 75214-3559	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Emer Med Consultants	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional)	)	1250.00
		·•	
	<b>TOTAL</b> This Period (last page this line numb	per only)	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 142/316
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	Ay not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	I Action Cor	mmittee	
Α.	Full Name (Last, First, Middle Initial) Stephen W W Marshall			Date of Receipt
	Mailing Address 15450 SE 67th St			03 06 Y Y Y Y 03 06 2009
	City	State	Zip Code	Transaction ID: C686219
	Bellevue	WA	98006-5420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Overlake Hosp Med Ctr	Occupatio		
	Receipt For:	, <b>,</b> , , , , , , , , , , , , , , , , ,	ncy Physician	
	Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Suzanne Jean Martens			Date of Receipt
Б.	Mailing Address 38 Lake Breeze Lane			0 3 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: C689150
	Random Lake	WI	53075-1679	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Infinity HealthCare	Occupatio		
	Receipt For:	Physicia Aggregati	In e Year-to-Date ▼	_
	Primary General	Ayyreyal		1
	Other (specify)		250.00	
с.	Full Name (Last, First, Middle Initial) Suzanne Jean Jean Martens			Date of Receipt
0.	Mailing Address 38 Lake Breeze Ln			M M / D D / Y Y Y Y 04 28 2009
	City	State	Zip Code	Transaction ID: C714421
	Random Lake	WI	53075-1679	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Infinity Healthcare	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼		500.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	I		1000.00
┝				
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 143 / 316         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persor ng the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Jenna Mason-Plunkett		Date of Receipt
Mailing Address 2607 Western Av Apt 502	e Unit 502	M M / D D / Y Y Y Y Y 03 06 2009
City	State Zip Code	Transaction ID: C686221
Seattle FEC ID number of contributing federal political committee.	WA 98121-1371 C	Amount of Each Receipt this Period
Name of Employer Puget Sound Phys	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) <b>v</b>	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)Bonnie B B MatthaeusMailing AddressPO Box 7270		
City	State Zip Code	0 6 1 7 2 0 0 9 Transaction ID: C740025
Wilmington	DE 19803-0270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Med Ctr of Delaware ED	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) <b>v</b>	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C L L McArthur, III		Date of Receipt
Mailing Address 11 Cardiff		0 1 2 9 2 0 0 9
City	State Zip Code	Transaction ID: C614140
Laguna Niguel FEC ID number of contributing federal political committee.	CA 92677-2936	Amount of Each Receipt this Period 225.00
Name of Employer Desert Reg Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optic	inal)	1475.00
<b>ΤΟΤΑL</b> This Period (last page this line nι	umber only)	

c	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 144/316	
		Use separate schedule(s) for each category of the	(check only one)	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Committee		
Α.	Full Name (Last, First, Middle Initial) William E E McConnell		Date of Receipt	
	Mailing Address 19122 Harbor Bridge L	n	06 25 2009	
	City	State Zip Code	Transaction ID: C743731	
	Lutz	FL 33558-9717	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer Dr. William E McConnell	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary     General       Other (specify)	250.00	]	
- В.	Full Name (Last, First, Middle Initial) Gordon S S McCreadie		Date of Receipt	
	Mailing Address 41720 SE 142nd St		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
	City	State Zip Code	Transaction ID: C686212	
	N Bend	WA 98045-8404	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		250.00	
	Name of Employer Puget Sound Phys Emerg De- pt	Occupation Emergency Physician		
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	250.00		
– c.	Full Name (Last, First, Middle Initial) John McDermott		Date of Receipt	
	Mailing Address 1007 Shote Dr		M M / D D / Y Y Y Y Y 06 29 2009	
	City	State Zip Code	Transaction ID: C744374	
	Brielle	NJ 08730	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		250.00	
	Name of Employer Dr. John McDermott	Occupation Emergency Physician		
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify) ▼	250.00		
Γ	SUBTOTAL of Receipts This Page (optional)	······	750.00	
	TOTAL This Period (last page this line number	only)		
	SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 145/316 (check only one)
-----	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	----------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------
1	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and or for commercial purposes, other than using the second second second second second second second second second	Statements ma	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Politic	cal Action Cor	mmittee	
	Full Name (Last, First, Middle Initial) Matthew John John McDevitt			Date of Receipt
	Mailing Address 800 S Gaylord St	05 05 / Y Y Y Y 05 05 2009		
	City	State	Zip Code	Transaction ID: C719556
	Denver	CO	80209-4632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Carepoint PC	Occupatio Emerger	^{on} ncy Physician	
	Receipt For:	Aggregat	te Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	750.00	]
	Full Name (Last, First, Middle Initial) Richard M M McDowell			Date of Receipt
	Mailing Address 75-816 #D Hiona St			M M M         /         D D         /         Y Y Y Y Y         Y           01         29         2009
	City	State	Zip Code	Transaction ID: C614161
	Holualoa	HI	96725-9601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Island Emer Med Svc	Occupation Emerger	^{on} ncy Physician	
	Receipt For: Primary General	Aggregat	te Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	350.00	]
. –	Full Name (Last, First, Middle Initial) Richard M M McDowell			Date of Receipt
	Mailing Address 75-816 #D Hiona St			M M / D D / Y Y Y Y 03 03 2009
	City	State	Zip Code	Transaction ID: C684443
	Holualoa	HI	96725-9601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Island Emer Med Svc	Occupation Emerger	^{on} ncy Physician	
	Receipt For:	Aggregat	te Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0.0	350.00	
Γ	SUBTOTAL of Receipts This Page (optional)			975.00
			·	
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 146 / 316         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17		
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may not be sold or used by any person ng the name and address of any political committee to s	for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	litical Action Committee			
Full Name (Last, First, Middle Initial) A. Richard M M McDowell				
Mailing Address 75-816 #D Hiona	St	05 / 13 / Y Y Y Y 099		
City	State Zip Code	Transaction ID: C722128		
Holualoa	HI 96725-9601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00		
Name of Employer Island Emer Med Svc	Occupation Emergency Physician			
Receipt For:	Aggregate Year-to-Date V	1		
Primary General Other (specify) ▼	350.00			
Full Name (Last, First, Middle Initial) James A A McEnrue		Date of Receipt		
Mailing Address 1118 Garden St		M M / D D / Y Y Y Y 06 25 2009		
City	State Zip Code	Transaction ID: C743713		
Hoboken	NJ 07030-4305	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	300.00		
Name of Employer Emer Med Assoc	Occupation Emergency Physician			
Receipt For:	Aggregate Year-to-Date 🔻			
Primary General Other (specify) ▼	300.00			
Full Name (Last, First, Middle Initial) Douglas L L McGee		Date of Receipt		
Mailing Address Box 174		0 1 / 2 9 / Y Y Y Y 2 0 0 9		
City	State Zip Code	Transaction ID: C614165		
Birchrunville	PA 19421-0174	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00		
Name of Employer Albert Einstein Med Ctr/ PCOM	Occupation Emergency Physician	]		
Receipt For:	Aggregate Year-to-Date			
Other (specify) ▼	250.00			
SUBTOTAL of Receipts This Page (option	nal)	550.00		
	mber only)			

SCHEDULE A (FEC Forr ITEMIZED RECEIPTS	<b>n 3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 147/316           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17	
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perso using the name and address of any political committee to	n for the purpose of soliciting contributions	
National Emergency Medicine	Political Action Committee	-	
Full Name (Last, First, Middle Initial Douglas L L McGee	)	Date of Receipt	
Mailing Address Box 174			
City	State Zip Code	Transaction ID: C730898	
Birchrunville	PA 19421-0174	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	125.00	
Name of Employer Albert Einstein Med Ctr/ PCOM	Occupation Emergency Physician	-	
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial Dennis Lucas Lucas McGill		Date of Receipt	
Mailing Address 19 Camden R	Mailing Address 19 Camden Rd		
City	State Zip Code	Transaction ID: C614160	
Hillsborough	NJ 08844-3842	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Emer Med Assoc	Occupation Emergency Physician		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	600.00		
Full Name (Last, First, Middle Initial Dennis Lucas Lucas McGill	)	Date of Receipt	
Mailing Address 19 Camden R	d	M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
City	State Zip Code	Transaction ID: C714798	
Hillsborough	NJ 08844-3842	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Emer Med Assoc	Occupation Emergency Physician		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	600.00		
SUBTOTAL of Receipts This Page (c	pptional)	625.00	
	e 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 148/316           (check only one)         11a           X         11a           13         14           15         16           17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Dennis Lucas Lucas McGill		Date of Receipt
Mailing Address 19 Camden Rd		0 6 / D D / Y Y Y Y 0 6 / 1 1 2 0 0 9
City	State Zip Code	Transaction ID: C736660
Hillsborough	NJ 08844-3842	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	600.00	
Full Name (Last, First, Middle Initial) Geoffrey J J McKinzie	1	Date of Receipt
Mailing Address 11144 E Victoria St Unit 224		0 6 / 0 4 / Y Y Y Y 0 9 0 9
City Chandler	State Zip Code AZ 85248-7811	Transaction ID: C733145
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Chandler Regl Hosp	Occupation Emergency Physician	-
Receipt For:	Aggregate Year-to-Date V	-
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	350.00	
Full Name (Last, First, Middle Initial) Geoffrey J J McKinzie		Date of Receipt
Mailing Address 11144 E Victoria St Unit 224		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City <u>Chandler</u>	State Zip Code AZ 85248-7811	Transaction ID: C739994
FEC ID number of contributing federal political committee.	AZ 85248-7811	Amount of Each Receipt this Period 250.00
Name of Employer Chandler Regl Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	350.00	
SUBTOTAL of Receipts This Page (optiona	) 	450.00
	ber only)	

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 149/316
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	> National Emergency Medicine Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Monica M M McMillan		Date of Receipt
	Mailing Address 4027 Sisteron Ct	04 / D D / Y Y Y Y 02009	
	City	State Zip Code	Transaction ID: C709798
	Merced	CA 95348-9540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mercy Med Ctr Merced	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	250.00	
_	Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) Mary Jo Jo McMullen	Date of Receipt	
	Mailing Address 809 Belleau Wood Dr		0 4 / D D / Y Y Y Y 0 6 2 0 0 9
	City	State Zip Code	Transaction ID: C706234
	Akron	OH 44303-1714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Gen Emerg Med Spec	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary     General       Other (specify)	1000.00	
– C.	Full Name (Last, First, Middle Initial) Elizabeth A A McMurtry	1	Date of Receipt
	Mailing Address 3424 S Ranch House I	_n	M M / D D / Y Y Y Y 06 16 2009
	City	State Zip Code	Transaction ID: C739730
	Kingman	AZ 86401-8633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Kingman Regl Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	1100.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·····	1350.00
F	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 150 / 316 (check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<b>A</b> .	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Cor	nmittee	
	Full Name (Last, First, Middle Initial) Elizabeth A A McMurtry			
	Mailing Address 3424 S Ranch House Ln			0 6 1 7 Y Y Y Y Y 0 9
	City	State	Zip Code	Transaction ID: C739981
	<u>Kingman</u>	AZ	86401-8633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Kingman Regl Med Ctr	Occupatio	on ncy Physician	
	Receipt For:	1 · · · · · ·	e Year-to-Date V	
	Primary General Other (specify) ▼		1100.00	]
В.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt
	Mailing Address 103 Hidden Hills Dr			M M / D D / Y Y Y Y 01 29 2009
	City	State	Zip Code	Transaction ID: C614157
	Greenville	NC	27858-8635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	, I – – – – – – – – – – – – – – – – – –	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	510.00	
- С.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt
	Mailing Address 103 Hidden Hills Dr			M M / D D / Y Y Y Y 02 25 2009
	City	State	Zip Code	Transaction ID: C682054
	Greenville	NC	27858-8635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	510.00	
	SUBTOTAL of Receipts This Page (optional)			1170.00
	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 151 / 316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
Α.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs		Date of Receipt
	Mailing Address 103 Hidden Hills Dr	03 / D D / Y Y Y Y 2009	
	City	State Zip Code	Transaction ID: C703562
	Greenville	NC 27858-8635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	510.00	
В.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs		Date of Receipt
	Mailing Address 103 Hidden Hills Dr	04 / 29 / Y Y Y 2009	
	City	State Zip Code	Transaction ID: C714803
	Greenville	NC 27858-8635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) $rightarrow$	510.00	
с.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs		Date of Receipt
	Mailing Address 103 Hidden Hills Dr		05 / ^D ^D / ^Y ^Y ^Y ^Y ^Y
	City	State Zip Code	Transaction ID: C730889
	Greenville	NC 27858-8635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) $rightarrow elements of the specify) rightarrow elements of the specific terms of ter$	510.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	255.00
Ī	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 152/316           (check only one)         11a           X         11a           13         14           15         16           17	
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Com	mittee		
∠ A.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt	
	Mailing Address 103 Hidden Hills Dr	06 / 29 / Y Y Y Y 006 / 29 / 2009			
	City	State	Zip Code	Transaction ID: C744417	
	Greenville	NC	27858-8635	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		85.00	
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergend	cy Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_	
	Other (specify)	0 0	510.00		
— В.	Full Name (Last, First, Middle Initial) Jacob Mark Mark Meredith, III			Date of Receipt	
	Mailing Address 1231A Rt 532			M M / D D / Y Y Y Y 01 29 2009	
	City	State	Zip Code	Transaction ID: C614105	
	Chatsworth	NJ	08019-9711	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Cmmty Med Ctr ED	, I V	cy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 600.00		
_ c.	Full Name (Last, First, Middle Initial) Jacob Mark Mark Meredith, III			Date of Receipt	
<i>.</i>	Mailing Address 1231A Rt 532			0 2 / 2 5 2 0 0 9	
	City	State	Zip Code	Transaction ID: C682052	
	Chatsworth	NJ	08019-9711	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Cmmty Med Ctr ED		cy Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 🔻 600.00	]	
Γ	SUBTOTAL of Receipts This Page (optional)	1		285.00	
	TOTAL This Period (last page this line number		•		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 153 / 316         (check only one)       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Jacob Mark Mark Meredith, III		Date of Receipt
	Mailing Address 1231A Rt 532		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C703571
	Chatsworth	NJ 08019-9711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Cmmty Med Ctr ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	600.00	
- B.	Full Name (Last, First, Middle Initial) Jacob Mark Mark Meredith, III	1	Date of Receipt
	Mailing Address 1231A Rt 532		04 / D D / Y Y Y Y 29 / 2009
	City	State Zip Code	Transaction ID: C714802
	Chatsworth	NJ 08019-9711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Cmmty Med Ctr ED	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	600.00	
- C.	Full Name (Last, First, Middle Initial) Jacob Mark Mark Meredith, III		Date of Receipt
	Mailing Address 1231A Rt 532		M M         /         D D         Y         Y Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y </td
	City	State Zip Code	Transaction ID: C730900
	Chatsworth	NJ 08019-9711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Cmmty Med Ctr ED	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	600.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	300.00
ŀ	TOTAL This Period (last page this line number		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	<b>m 3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 154/316         (check only one)
Any information copied from such Rep or for commercial purposes, other that	ports and Statements may not be sold or used by any person n using the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	e Political Action Committee	
Full Name (Last, First, Middle Initia Jacob Mark Mark Meredith, III	al)	Date of Receipt
Mailing Address 1231A Rt 532	2	0 6 2 9 2 0 0 9
City	State Zip Code	Transaction ID: C744420
<u>Chatsworth</u>	NJ 08019-9711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Cmmty Med Ctr ED	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initia David L L Meyers	۱ الا	Date of Receipt
Mailing Address 2301 Ken Oa	k Rd	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C614147
Baltimore	MD 21209-4421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer EmCare Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary       General         Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initia David L L Meyers	al)	Date of Receipt
Mailing Address 2301 Ken Oa	k Rd	02 / 25 / Y Y Y Y 02 2009
City	State Zip Code	Transaction ID: C682050
Baltimore	MD 21209-4421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer EmCare Inc	Occupation Emergency Physician	]
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	600.00	
SUBTOTAL of Receints This Page (	optional)	300.00
	ne number only)	

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 155/316           (check only one)         11a           X         11a           13         14           15         16           17
or for commercial purposes, othe	r than using the name and ac	ay not be sold or used by any pers Idress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In F National Emergency Med	,	nmittee	
Full Name (Last, First, Middle David L L Meyers	,		Date of Receipt
Mailing Address 2301 Ken	Oak Rd		03 / ^D D / ^Y Y Y Y 2009
City	State	Zip Code	Transaction ID: C703559
Baltimore	MD	21209-4421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer EmCare Inc	Occupation Emerge	on ncy Physician	
Receipt For:	00 0	e Year-to-Date 🔻	
Other (specify)	a	600.00	
Full Name (Last, First, Middle David L L Meyers	,		Date of Receipt
Mailing Address 2301 Ken	Oak Rd		M M / D D / Y Y Y Y Y 04 29 2009
City	State	Zip Code	Transaction ID: C714799
Baltimore	MD	21209-4421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer EmCare Inc		ncy Physician	
Receipt For:		e Year-to-Date 🔻	_
Other (specify)		600.00	
Full Name (Last, First, Middle David L L Meyers	Initial)		Date of Receipt
Mailing Address 2301 Ken	Oak Rd		M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State	Zip Code	Transaction ID: C730897
Baltimore	MD	21209-4421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer EmCare Inc		ncy Physician	
Receipt For: Primary Gener		e Year-to-Date 🔻	_
Other (specify) ▼		600.00	
SUBTOTAL of Receipts This Pa	age (optional)		300.00
TOTAL This Period (last page th			

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 156 / 316         (check only one)       11a         X       11a         11b       11c         13       14         15       16         17
Any information copied from such Report or for commercial purposes, other than	rts and Statements may not be sold or used by any perso using the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial) David L L Meyers		Date of Receipt
Mailing Address 2301 Ken Oak	Rd	M M / D D / Y Y Y Y 06 29 2009
City	State Zip Code	Transaction ID: C744410
Baltimore	MD 21209-4421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer EmCare Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary     General       Other (specify)	600.00	
Full Name (Last, First, Middle Initial) Kevin Scott Scott Mickelson		Date of Receipt
Mailing Address 15050 Sundow	n Dr	M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C745978
Bismarck	ND 58503-9207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer St Alexius Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Erik Charles Charles Miller		Date of Receipt
Mailing Address 1744 Leisure L	n	M M / D D / Y Y Y Y 06 / 03 / 2009
City	State Zip Code	Transaction ID: C732466
Yakima	WA 98908-9224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Yakima Mem Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Primary       General         Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (or	tional)	1350.00
	number only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 157 / 316 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
۷ A.	, Full Name (Last, First, Middle Initial) Jonathan Taylor Taylor Miller		Date of Receipt
	Mailing Address 5595 Williams Rd	M M / D D / Y Y Y Y 04 16 2009	
	City	State Zip Code	Transaction ID: C710966
	North East	PA 16428-4825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Hamot Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	750.00	
- B.	Full Name (Last, First, Middle Initial) Thomas T T Miller		Date of Receipt
	Mailing Address 1035 116th Ave NE		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C686205
	Bellevue	WA 98004-4604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Overlake Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) John S S Milne		Date of Receipt
	Mailing Address 530 Wilderness Peak	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
	City	State Zip Code	Transaction ID: C614145
	Issaquah	WA 98027-5621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	499.98	
ſ	SUBTOTAL of Receipts This Page (optional)	······	1083.33
ŀ	TOTAL This Period (last page this line number of		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 158 / 316           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         1
	for commercial purposes, other than using the	erson for the purpose of soliciting contributions be to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
. Ľ	Full Name (Last, First, Middle Initial) John S S Milne		Date of Receipt
	Mailing Address 530 Wilderness Peak	02 / 25 / Y Y Y Y 02 / 25	
	City	State Zip Code	Transaction ID: C682044
	Issaquah	WA 98027-5621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	499.98	
_	Full Name (Last, First, Middle Initial) John S S Milne	Date of Receipt	
	Mailing Address 530 Wilderness Peak	M · M         /         D · D         Y         Y · Y · Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
	City	State Zip Code	Transaction ID: C703558
	Issaquah	WA 98027-5621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
_	Full Name (Last, First, Middle Initial) John S S Milne		Date of Receipt
	Mailing Address 530 Wilderness Peak	M M / D D / Y Y Y Y 04 29 2009	
	City	State Zip Code	Transaction ID: C714800
	<u>Issaquah</u>	WA 98027-5621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Γ		I	249.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 159 / 316           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1'
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
. Z	Full Name (Last, First, Middle Initial) John S S Milne		Date of Receipt
	Mailing Address 530 Wilderness Peak	05 / 28 / Y Y Y Y 05 / 28 / 2009	
	City	State Zip Code	Transaction ID: C730895
	Issaquah	WA 98027-5621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary     General       Other (specify) ▼	499.98	]
-	Full Name (Last, First, Middle Initial) John S S Milne	Date of Receipt	
	Mailing Address 530 Wilderness Peak	0 6 2 9 2 0 0 9	
	City	State Zip Code	Transaction ID: C744398
	Issaquah	WA 98027-5621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	499.98	]
-	Full Name (Last, First, Middle Initial) James C C Mitchiner		Date of Receipt
	Mailing Address 1265 Barrister Rd	M M / D D / Y Y Y Y 04 23 2009	
	City	State Zip Code	Transaction ID: C713466
	Ann Arbor	MI 48105-2821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer St Joseph Mercy Hosp ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  Aggregate Year-to-Date	]
Γ			1166.66

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 160 / 316 (check only one)		
I			for each category of the Detailed Summary Page	X 11a $11b$ 11c 12		
-				13 14 15 16		
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)					
	National Emergency Medicine Political	Action Cor	nmittee			
٩.	Full Name (Last, First, Middle Initial) August James James Mitchon			Date of Receipt		
٦.	Mailing Address 11004 Spicewood Club					
				05 25 2009		
	City	State	Zip Code	Transaction ID: C725642		
	Austin	TX	78750-2844	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer	Occupatio	on	1		
	Capitol Emergency Associa- tes	Emerger	ncy Physician			
	Receipt For:	Aggregat	e Year-to-Date 🔻	_		
	Other (specify)		350.00	]]		
		0 0	8 8 8 8 8 8 8	1		
-	Full Name (Last, First, Middle Initial)			Date of Receipt		
3.		August James James Mitchon				
	Mailing Address 11004 Spicewood Club	0 6 1 7 Y Y Y Y 0 9				
	City	City State Zip Code				
	Austin	ТХ	78750-2844	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer Capitol Emergency Associa-	Occupatio				
	tes		ncy Physician	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1		
	Other (specify) <b>v</b>		350.00			
_				-		
<b>)</b> .	Full Name (Last, First, Middle Initial) Jack Henry Henry Mitstifer			Date of Receipt		
	Mailing Address 4877 Squire Dr			M M / D D / Y Y Y Y		
		01-11-	7. 0. 1.	01 29 2009		
	City <u>Sagamore HIs</u>	State OH	Zip Code 44067-3287	Transaction ID: C614136 Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer GEMS	Occupatio				
			ncy Physician			
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	1		
	Other (specify) ▼		250.00			
_				4		
ſ	CURTOTAL of Descints This Days (articul)			600.00		
┝	SUBTOTAL of Receipts This Page (optional)					
	TOTAL This Period (last page this line number of	only)		• L		
L .						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 161 / 316         (check only one)       11a         X       11a       11b         13       14       15       16
or f	y information copied from such Reports and Sta or commercial purposes, other than using the i	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	mittee	
	Full Name (Last, First, Middle Initial) Kevin Monfette			Date of Receipt
	Mailing Address 2954 Island Point Dr			M M / D D / Y Y Y Y 04 24 2009
	City	State	Zip Code	Transaction ID: C713863
	Metamora	MI	48455-9625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Joseph Mercy Oakland	Occupation Emergen	n cy Physician	
	Hosp Receipt For:	, <b>,</b>	Year-to-Date V	1
	Primary General Other (specify) <b>v</b>		250.00	]
В.	Full Name (Last, First, Middle Initial) John D D Moorehouse	Date of Receipt		
	Mailing Address 3233 Thomas Ave	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y		
	City	State	Zip Code	Transaction ID: C742098
	Montgomery	AL	36106-2427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ER - Med LLC	Occupation Emergen	ı cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary   General     Other (specify)   The second seco	0 0	2500.00	]
	Full Name (Last, First, Middle Initial) John D D Moorehouse			Date of Receipt
	Mailing Address 3233 Thomas Ave	M M         /         D D         /         Y Y Y Y         Y           06         25         2009		
	City	State	Zip Code	Transaction ID: C743711
	Montgomery	AL	36106-2427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer ER - Med LLC	Occupation Emergen	ı cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 2500.00	]
รเ	I JBTOTAL of Receipts This Page (optional)			2750.00
тс	<b>DTAL</b> This Period (last page this line number c	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 162/316         (check only one)       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Con	nmittee			
⊻ A.	Full Name (Last, First, Middle Initial) Harold Moores, III			Date of Receipt		
	Mailing Address 22499 200th Ave	05 / 22 / Y Y Y 2009				
	City	State	Zip Code	Transaction ID: C725556		
	Tustin	MI	49688-8121	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Dr. Harold Moores, III	Occupatio	n ncy Physician			
	Receipt For:	1 · · · · · ·	e Year-to-Date V			
	Primary General Other (specify)		1000.00	]		
в.	Full Name (Last, First, Middle Initial) John C C Moorhead	Date of Receipt				
	Mailing Address 4138 SW Hamilton Ter	M M / D D / Y Y Y Y 04 22 2009				
	City	State	Zip Code	Transaction ID: C712554		
	Portland	OR	97239-4110	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Oregon Hith Sci Univ CDW- EM	Occupatio Emerger	ⁿ ıcy Physician			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary     General       Other (specify)     ▼		250.00	]		
- C.	Full Name (Last, First, Middle Initial) Robert L L Morris			Date of Receipt		
	Mailing Address 2344 4 Mile Rd NE			M M / D D / Y Y Y Y 04 28 2009		
	City	State	Zip Code	Transaction ID: C714469		
	Grand Rapids	MI	49525-2016	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Metro Hith Hosp	Occupatio Emerger	ⁿ ncy Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]		
ſ	SUBTOTAL of Receipts This Page (optional)			1500.00		
ľ	TOTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 163 / 316         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17				
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Committee					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address 80 W Hance Trl						
City	State Zip Code	Transaction ID: C742080				
Flagstaff	AZ 86001-8396	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Dr. Andrew Edward Morrison	Occupation Emergency Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)	250.00					
Full Name (Last, First, Middle Initial) Thomas J J Mullin, Jr		Date of Receipt				
Mailing Address 1192 Betsy Ross Pl		0 4 / 0 7 / Y Y Y Y 0 9				
City	State Zip Code	Transaction ID: C707128				
Bolingbrook	IL 60490-2101	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Good Samaritan Hosp	Occupation Emergency Physician	_				
Receipt For:	Aggregate Year-to-Date 🔻					
Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) Daniel G G Murphy		Date of Receipt				
Mailing Address 36 Huntington Rd		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y				
City	State Zip Code	Transaction ID: C614129				
Garden City	NY 11530-3102	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer Long Island Emerg Care PC	Occupation Emergency Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)	600.00					
SUBTOTAL of Receipts This Page (optional	η.	600.00				
	ber only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 164 / 316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions	
	National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Daniel G G Murphy		Date of Receipt
	Mailing Address 36 Huntington Rd		M M / D D / Y Y Y Y 02 / 25 / 2009
	City	State Zip Code	Transaction ID: C682048
	Garden City	NY 11530-3102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Long Island Emerg Care PC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
в.	Full Name (Last, First, Middle Initial) Daniel G G Murphy		Date of Receipt
	Mailing Address 36 Huntington Rd	03 30 Y Y Y Y 03 30 2009	
	City	State Zip Code	Transaction ID: C703556
	Garden City	NY 11530-3102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Long Island Emerg Care PC	Occupation Emergency Physician	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	600.00	
С.	Full Name (Last, First, Middle Initial) Daniel G G Murphy		Date of Receipt
	Mailing Address 36 Huntington Rd		M M / D D / Y Y Y Y 04 29 2009
	City	State Zip Code	Transaction ID: C714801
	Garden City	NY 11530-3102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Long Island Emerg Care PC	Occupation Emergency Physician	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
	SUBTOTAL of Receipts This Page (optional)	•	300.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 165/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to a	n for the purpose of soliciting contributions
National Emergency Medicine Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Daniel G G Murphy		Date of Receipt
Mailing Address 36 Huntington Rd		05 28 2009
City	State Zip Code	Transaction ID: C730885
Garden City	NY 11530-3102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Long Island Emerg Care PC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Daniel G G Murphy		Date of Receipt
Mailing Address 36 Huntington Rd		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C744423
Garden City	NY 11530-3102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Long Island Emerg Care PC	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Annette Raquel Raquel Nathan	l	Date of Receipt
Mailing Address 2699 Killkenny Ct		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C746001
<u>Springfield</u>	OH 45503-1164	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer Community Hosp	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optiona	۱ ۱)	1200.00
	ber only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 166 / 316         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any person ng the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Steven Nazario		Date of Receipt
Mailing Address 7597 St Stephens	s Ct	M M / D D / Y Y Y Y 04 24 2009
City	State Zip Code	Transaction ID: C713827
Orlando FEC ID number of contributing federal political committee.	FL 32835-6526	Amount of Each Receipt this Period
Name of Employer FL Emer Phys	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Damon J J Negri Mailing Address 47 Clearwater Dr	I	Date of Receipt
		05 08 2009
City Dover	State Zip Code NH 03820-9109	Transaction ID: C720371 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer The Paladin Grp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Tina J J Neiders		Date of Receipt
Mailing Address 900 Lakeside Ave	€ S	M M / D D / Y Y Y Y 03 06 2009
City	State Zip Code	Transaction ID: C686207
Seattle FEC ID number of contributing federal political committee.	WA 98144-3320	Amount of Each Receipt this Period
Name of Employer Northwest Hosp and Med	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nal)	1500.00
TOTAL This Period (last page this line nu	Imber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the etailed Summary Page	FOR LINE NUMBER:         PAGE 167/316           (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committe	ee	
۷ A.	Full Name (Last, First, Middle Initial) Ira R R Nemeth	Date of Receipt		
	Mailing Address 3225 Turtle Creek Blvd Apt 134	01 [/] 29 [/] 2009		
	City		/ip Code	Transaction ID: C614135
	Dallas	TX	75219-5457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Pl	veician	
	Receipt For:	Aggregate Year	•	-
	Primary General Other (specify) ▼		900.00	]
- В.	Full Name (Last, First, Middle Initial) Ira R R Nemeth			Date of Receipt
	Mailing Address 3225 Turtle Creek Blvd Apt 134	02 / 25 / Y Y Y Y 02 / 25 / 2009		
	City		Zip Code	Transaction ID: C682045
	Dallas	TX	75219-5457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1	150.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Pl	nysician	
	Receipt For:	Aggregate Year	to-Date 🔻	
	Primary     General       Other (specify)     ▼		900.00	
- C.	Full Name (Last, First, Middle Initial) Ira R R Nemeth	I		Date of Receipt
	Mailing Address 3225 Turtle Creek Blvd Apt 134	d Apt 134		M M         /         D D         /         Y Y         Y Y         Y           03         30         2009         2009         1
	City		lip Code	Transaction ID: C703566
	Dallas	TX	75219-5457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Pl	nysician	
	Receipt For:	Aggregate Year-	to-Date 🔻	
	Primary     General       Other (specify) ▼		900.00	
ſ	SUBTOTAL of Receipts This Page (optional)			450.00
F	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 168 / 316         (check only one)       X         X       11a         11b       11c         12
[	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
A.	/ Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt
	Mailing Address 3225 Turtle Creek Blv Apt 134	rd Apt 134	M M / D D / Y Y Y Y Y 0 4 29 2009
	City	State Zip Code	Transaction ID: C714777
	Dallas	TX 75219-5457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	900.00	]
- В.	Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt
	Mailing Address 3225 Turtle Creek Blv Apt 134		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C730884
	Dallas	TX 75219-5457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		150.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	900.00	]
- C.	Full Name (Last, First, Middle Initial) Ira R R Nemeth	1	Date of Receipt
	Mailing Address 3225 Turtle Creek Blv Apt 134		M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C744419
	Dallas	TX 75219-5457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		150.00
	Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	900.00	
	SUBTOTAL of Receipts This Page (optional)	· ······	450.00
	TOTAL This Period (last page this line numbe	r only)	

:	SCHEDULE A (FEC Form 3X)	Γ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 169 / 316 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
ţ.	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Politica	I Action Comm	nittee	
Α.	Full Name (Last, First, Middle Initial) Barry M M Nemon			Date of Receipt
	Mailing Address 1922 Day St			M M / D D / Y Y Y Y 04 06 2009
	City	State	Zip Code	Transaction ID: C706252
	Ann Arbor	MI	48104-3604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Chelsea Cmnty Hosp	Occupation Emergency	/ Physician	
	Receipt For:	- <b>-</b>	ear-to-Date ▼	-
	Primary General		300.00	1
_	Other (specify)	0 0 0		
В.	Full Name (Last, First, Middle Initial) Barry M M Nemon			Date of Receipt
	Mailing Address 1922 Day St			M · M         /         D · D         Y         Y · Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         <
	City	State	Zip Code	Transaction ID: C741863
	Ann Arbor	MI	48104-3604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Chelsea Cmnty Hosp	Occupation Emergency	/ Physician	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary     General       Other (specify) ▼		300.00	]
- C.	Full Name (Last, First, Middle Initial) Barry M M Nemon	1		Date of Receipt
0.	Mailing Address 1922 Day St			0 6 2 2 2 0 0 9
	City	State	Zip Code	Transaction ID: C741869
	Ann Arbor	MI	48104-3604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Chelsea Cmnty Hosp	Occupation Emergency	/ Physician	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary     General       Other (specify) ▼		300.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	1		300.00
ŀ			<b>r</b>	
	TOTAL This Period (last page this line number	only)	····· •	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 170/316           (check only one)         11c         12           X         11a         11b         11c         12           10         14         15         16         17
A	ny information copied from such Reports and r for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	13     14     15     16     17       son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic		
∠ A.	Full Name (Last, First, Middle Initial) Vivien Newbold		Date of Receipt
	Mailing Address 509 Graham School	Rd	M M / D D / Y Y Y Y 06 09 2009
	City	State Zip Code	Transaction ID: C735746
	Gallipolis	OH 45631-9133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Dr. Vivien Newbold	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
— B.	Full Name (Last, First, Middle Initial) John O Newcomb		Date of Receipt
	Mailing Address 15643 Compass Dr		0 6 / ^D D J / <u>Y Y Y Y</u> Y 2 3 2 0 0 9
	City	State Zip Code	Transaction ID: C742077
	Northport	AL 35475-3923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer First Care	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
– c.	Full Name (Last, First, Middle Initial) Douglas Edward Edward Newton	1	Date of Receipt
	Mailing Address 7320 N Canyon View	PR NE	M M / D D / Y Y Y Y 05 / 05 / 2009
	City	State Zip Code	Transaction ID: C719572
	Benton City	WA 99320-9582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. Douglas Edward Newton	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		1600.00
-	FOTAL This Period (last page this line numb	er only)	•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 171 / 316         (check only one)
	Any information copied from such Reports and St or for commercial purposes, other than using the	son for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Cor	mmittee	
A.	Full Name (Last, First, Middle Initial) Douglas Edward Edward Newton Mailing Address 7320 N Canyon View P	Date of Receipt		
		05 14 2009		
	City <u>Benton City</u>	State WA	Zip Code 99320-9582	Transaction ID: C722114
	FEC ID number of contributing federal political committee.	C	99320-9362	Amount of Each Receipt this Period
	Name of Employer Dr. Douglas Edward Newton	~	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Year-to-Date V 350.00	
- B.	Full Name (Last, First, Middle Initial) Dzung Young M Young M Nguyen Mailing Address 4600 Fairbanks Dr Apt	1125		Date of Receipt
	Apt 1125	State	Zip Code	
	El Paso	TX	79924-3746	Transaction ID: C731420 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Dzung Young M Nguyen	-	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Year-to-Date 250.00	
- C.	Full Name (Last, First, Middle Initial) Patricia Nichols Mailing Address 911 Home Grove Dr			Date of Receipt
	City	State	Zip Code	Transaction ID: C713833
	Winter Garden FEC ID number of contributing federal political committee.	FL C	34787-6514	Amount of Each Receipt this Period 1000.00
	Name of Employer FL Emer Phys	Occupatio	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	-	te Year-to-Date ▼ 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 172/316           (check only one)         (check 11a)           X         11a           11b         11c           12           13         14           15         16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no e name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions
	National Emergency Medicine Political	I Action Comm	ittee	
Α.	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel			Date of Receipt
	Mailing Address 2300 N Black Oak Dr			M M / D D / Y Y Y Y 0 1 29 2009
	City	State	Zip Code	Transaction ID: C614143
	Angola	IN	46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Pro Emer Phys Inc	Occupation Emergency	Physician	
	Receipt For:	Aggregate Ye	ar-to-Date 🔻	_
	Primary     General       Other (specify) ▼		600.00	
в.	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel	•		Date of Receipt
	Mailing Address 2300 N Black Oak Dr			M M / D D / Y Y Y Y 02 25 2009
	City	State	Zip Code	Transaction ID: C682039
	Angola	IN	46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Pro Emer Phys Inc	Occupation Emergency	Physician	
	Receipt For:	Aggregate Ye	ar-to-Date 🔻	_
	Primary     General       Other (specify)	0 0 0	600.00	]
– C.	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel	1		Date of Receipt
	Mailing Address 2300 N Black Oak Dr			03 / D D / Y Y Y Y 03 / 30 / 2009
	City	State	Zip Code	Transaction ID: C703570
	Angola	IN	46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Pro Emer Phys Inc	Occupation Emergency	•	
	Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date 🔻 600.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			300.00
F	TOTAL This Period (last page this line number	only)		

ļ	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 173/316
			for each category of the	(check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any pers Idress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Political	Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel			Date of Receipt
	Mailing Address 2300 N Black Oak Dr			04 / D D / Y Y Y Y 29 / 2009
	City	State	Zip Code	Transaction ID: C714794
	Angola	IN	46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Pro Emer Phys Inc	Occupatio Emerger	on ncy Physician	
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	e Year-to-Date 🔻	
	Other (specify)		600.00	
		0 0		
в.	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel			Date of Receipt
	Mailing Address 2300 N Black Oak Dr			05 28 2009
	City	State	Zip Code	Transaction ID: C730894
	Angola	IN	46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Pro Emer Phys Inc	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	600.00	
- c.	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel	<u> </u>		Date of Receipt
	Mailing Address 2300 N Black Oak Dr			0 6 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: C744413
	Angola	IN	46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Pro Emer Phys Inc	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	600.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I		300.00
ŀ				
L	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 174/316         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17				
or for commercial purposes, other than usin	and Statements may not be sold or used by any person ng the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	litical Action Committee					
Full Name (Last, First, Middle Initial) <b>A.</b> David Nicker		Date of Receipt				
Mailing Address 10503 Greensprin	Mailing Address 10503 Greensprings Dr					
City	State Zip Code	Transaction ID: C735734				
Tampa	FL 33626-1724	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer EMCARE	Occupation Emergency Physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) Brian Nobie	I	Date of Receipt				
Mailing Address 2107 Willow Laure	en Ln	0 4 / D D / Y Y Y Y Y 0 2 4 2 0 0 9				
City	State Zip Code	Transaction ID: C713841				
Windermer	FL 34786-6016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer FL Emer Phys	Occupation Emergency Physician					
Receipt For: Primary General	Aggregate Year-to-Date 🔻					
Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) Craig Norquist		Date of Receipt				
Mailing Address PO Box 2808		0 4 / 2 3 / Y Y Y Y 2 0 0 9				
City	State Zip Code	Transaction ID: C713476				
Scottsdale	AZ 85252-2808	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer Scottsdale Hosp	Occupation Emergency Physician					
Receipt For:	Aggregate Year-to-Date 🔻					
Primary     General       Other (specify) ▼	1000.00					
SUBTOTAL of Receipts This Page (option	nal)	3000.00				
	mber only)					

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 175/316           (check only one)         11a           X         11a           13         14           15         16
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any person ing the name and address of any political committee to s	of or the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Pe	olitical Action Committee	
Full Name (Last, First, Middle Initial) Mark Raymond Raymond Norwid		Date of Receipt
Mailing Address 8224 Teakwood	Point	06 25 2009
City	State Zip Code	Transaction ID: C743733
Woodway	TX 76712-2426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hillcrest Baptist Medical	Occupation Emergency Physician	-
<u>Ctr</u> Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Scott Warren Warren Nowlin		Date of Receipt
Mailing Address 2301 S Mopac E Apt 1021	xpy # 1021	0 6 / 1 7 / Y Y Y Y 0 9
City	State Zip Code	Transaction ID: C740037
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		200.00
Name of Employer Dr. Scott Warren Nowlin	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary     General       Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Scott Warren Warren Nowlin	I	Date of Receipt
Mailing Address 2301 S Mopac E Apt 1021	хру # 1021	0 6 / D D / Y Y Y Y 0 2 0 0 9
City	State Zip Code	Transaction ID: C746047
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Dr. Scott Warren Nowlin	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify)     The second	300.00	
SUBTOTAL of Receipts This Page (opti	onal)	550.00
	umber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 176/316         (check only one)       11a         X       11a       11b         13       14       15       16       17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Corr	nmittee	
⊻ A.	Full Name (Last, First, Middle Initial) Ron Nutovits			Date of Receipt
	Mailing Address 39 King Arthur Ct			M M / D D / Y Y Y Y 06 09 2009
	City	State	Zip Code	Transaction ID: C735715
	New City	NY	10956-6353	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Weiler	Occupation Emergen	n cy Physician	-
	Receipt For: Primary General	1	Year-to-Date V	1
_	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Lisa Marie Marie O'Grady			Date of Receipt
	Mailing Address 1320 Webster St			M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C713835
	Orlando	FL	32804-2855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Lisa Marie O'Grady	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
– C.	Full Name (Last, First, Middle Initial) Carla S S ODay	1		Date of Receipt
	Mailing Address 19425 Frazier Dr			M M / D D / Y Y Y Y 06 25 2009
	City	State	Zip Code	Transaction ID: C743707
	Cleveland	OH	44116-1759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dr. Carla S ODay	Occupation Emergen	n cy Physician	_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	]
Γ	SUBTOTAL of Receipts This Page (optional).	1		1750.00
$\vdash$				
	TOTAL This Period (last page this line number	er oniy)		

Any information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ad Full Name (Last, First, Middle Initial) William P P Olivieri Mailing Address 18 Steeplechase Ln City Asbury	ne and address of any political committee to so	13       14       15       16       17         for the purpose of soliciting contributions olicit contributions from such committee.       17         Date of Receipt       0       0       2       0       9         Transaction ID:       C706215       Amount of Each Receipt this Period
National Emergency Medicine Political Ad Full Name (Last, First, Middle Initial) William P P Olivieri Mailing Address 18 Steeplechase Ln City Asbury	State Zip Code NJ 08802-1086	M         M         /         D         /         Y         Y         Y         Y           0         4         0         6         2         0         9           Transaction ID: C706215
William P P Olivieri Mailing Address 18 Steeplechase Ln City Asbury	NJ 08802-1086	M         M         /         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City Asbury	NJ 08802-1086	0 4 0 6 2 0 0 9 Transaction ID: C706215
Asbury	NJ 08802-1086	
		Amount of Each Receipt this Period
		1
FEC ID number of contributing federal political committee.		500.00
Name of Employer Hackettstown Cmnty Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Margaret A A Orcutt-Tuddenham		Date of Receipt
Mailing Address 8600 Willow Run Ct		06 / ^D D D / ^Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C745984
Cincinnati	OH 45243-3448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Margaret A Orcutt-Tud- denham	Occupation Emergency Physician	-
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ernest Page, II		Date of Receipt
Mailing Address 11030 Ullswater Ln		04 24 Y Y Y Y 094 24 2009
City	State Zip Code	Transaction ID: C713845
Windermere	FL 34786-5411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FL Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number only		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 178/316           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 13049 Water Pt Bl	vd	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C713817
Windermere	FL 34786-5818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FL Hosp Altamonte	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	1000.00	
Full Name (Last, First, Middle Initial) Rebecca B B Parker		Date of Receipt
Mailing Address 5880 Highland Ln		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C614149
Lakewood	IL 60014-4808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Rebecca B Parker	Occupation Emergency Physician	
	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Rebecca B B Parker		Date of Receipt
Mailing Address 5880 Highland Ln		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C714791
Lakewood	IL 60014-4808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Rebecca B Parker	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional	al)	1500.00
	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 179/316         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
or for commercial purposes, other than using t	I Statements may not be sold or used by any persor he name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Kenneth Scott Scott Parks		Date of Receipt
Mailing Address 174 Red Oak Dr		05 / 19 / Y Y Y Y 05 / 19
City	State Zip Code	Transaction ID: C724845
Ville Platte	LA 70586-1984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Dr. Kenneth Scott Parks	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) William C Parks		Date of Receipt
Mailing Address 2501 Limerick Ln		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C735709
<u>Columbia</u>	MO 65203-1990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Emergency Physicians of Mid Missouri Receipt For:	Occupation physician Aggregate Year-to-Date <b>V</b>	_
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Hetal Vipin Vipin Patel		Date of Receipt
Mailing Address 4 Brandy Ridge Rd		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C743725
<u>Sparta</u>	NJ 07871-1781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer Morristown Meml Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)		1365.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 180/316           (check only one)         11a           X         11a           13         14           15         16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to s	of or the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politie	cal Action Committee	
Full Name (Last, First, Middle Initial) Charles F F Pattavina		Date of Receipt
Mailing Address 360 Broadway 360 Broadway		M M Z 9 / Y Y Y Y Y Z 0 0 9
City	State Zip Code	Transaction ID: C614169
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Charles F F Pattavina		Date of Receipt
Mailing Address 360 Broadway 360 Broadway		02 / 25 / Y Y Y Y 02 / 25 / 2009
City	State Zip Code	Transaction ID: C682053
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Charles F F Pattavina		Date of Receipt
Mailing Address 360 Broadway 360 Broadway		M M         /         D         /         Y         Y         Y         Y           03         30         2009
City	State Zip Code	Transaction ID: C703555
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	)	300.00
TOTAL This Period (last page this line numb		
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 181/316           (check only one)
--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor ne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) A. Charles F F Pattavina		Date of Receipt
Mailing Address 360 Broadway 360 Broadway		04 / 29 / Y Y Y Y 2009
City	State Zip Code	Transaction ID: C714778
Bangor	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Charles F F Pattavina		Date of Receipt
Mailing Address 360 Broadway 360 Broadway		05 / D / Y Y Y Y 28 2009
City	State Zip Code	Transaction ID: C730883
<u>Bangor</u>	ME 04401-3979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Joseph Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Lee E E Payne		Date of Receipt
Mailing Address 904 Luke St		01 / <u>29</u> 2009
City	State Zip Code	Transaction ID: C614163
Travis AFB	CA 94535-1354	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer David Grant Med Ctr	Occupation Emergency Physician	-
Receipt For:	Aggregate Year-to-Date	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 182/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Lee E E Payne		Date of Receipt
	Mailing Address 904 Luke St		0 2 / 2 5 / Y Y Y Y 0 2 0 0 9
	City	State Zip Code	Transaction ID: C682035
	Travis AFB	CA 94535-1354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer David Grant Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
– В.	Full Name (Last, First, Middle Initial) Lee E E Payne	1	Date of Receipt
	Mailing Address 904 Luke St		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C703557
	Travis AFB	CA 94535-1354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer David Grant Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary   General     Other (specify)	600.00	
– C.	Full Name (Last, First, Middle Initial) Lee E E Payne	1	Date of Receipt
	Mailing Address 904 Luke St		04 / D D / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: C714795
	Travis AFB	CA 94535-1354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer David Grant Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	600.00	
Γ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	300.00
	TOTAL This Period (last page this line number		

	EDULE A (FEC Form 3X) ZED RECEIPTS	fc	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER:       PAGE 183/316         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       1
Any info or for co	rmation copied from such Reports and Stammercial purposes, other than using the r	tatements may not name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	E OF COMMITTEE (In Full) onal Emergency Medicine Political	Action Commit	ee	
A. Lee B	Name (Last, First, Middle Initial) E E Payne			Date of Receipt
Maili	ng Address 904 Luke St			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City			Zip Code	Transaction ID: C730899
Trav	ris AFB	CA	94535-1354	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		100.00
Nam Davi	e of Employer d Grant Med Ctr	Occupation Emergency P	Physician	
Rece	ipt For:	Aggregate Yea	•	
	Primary General Other (specify) <b>▼</b>		600.00	]
	Name (Last, First, Middle Initial) E E Payne			Date of Receipt
Maili	ng Address 904 Luke St			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City			Zip Code	Transaction ID: C744411
<u>Trav</u>	ris AFB	CA	94535-1354	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		100.00
Nam Davi	e of Employer d Grant Med Ctr	Occupation Emergency F	Physician	
Rece	primary	Aggregate Year	r-to-Date 🔻	
	Primary General Other (specify)	0 0 0	600.00	
	Name (Last, First, Middle Initial) ela K K Peak			Date of Receipt
Maili	ng Address 3250 W 100 S			M M / D D / Y Y Y Y 04 16 2009
City			Zip Code	Transaction ID: C711013
	nklin	IN	46131-8681	Amount of Each Receipt this Period
feder	ID number of contributing al political committee.	C		167.00
Nam Majo	e of Employer r Hosp ED	Occupation Emergency F	hysician	
Rece	hipt For:	Aggregate Year	r-to-Date 🔻	_
	Primary General Other (specify) <b>v</b>		501.00	
SUBTO	I DTAL of Receipts This Page (optional)			367.00
	. This Period (last page this line number c			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER:       PAGE 184 / 316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be s e name and address of a	sold or used by any perso	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee		
۷ A.	Full Name (Last, First, Middle Initial) Pamela K K Peak			Date of Receipt
	Mailing Address 3250 W 100 S			05 28 YYYY 2009
	City	•	Code	Transaction ID: C730887
	Franklin	<u>IN 461</u>	131-8681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		167.00
	Name of Employer Major Hosp ED	Occupation Emergency Phys	sician	
	Receipt For:	Aggregate Year-to-	Date 🔻	
	Primary     General       Other (specify) ▼		501.00	]
- B.	Full Name (Last, First, Middle Initial) Pamela K K Peak	-		Date of Receipt
	Mailing Address 3250 W 100 S			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip	Code	Transaction ID: C744412
	Franklin	IN 461	31-8681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		167.00
	Name of Employer Major Hosp ED	Occupation Emergency Phys	sician	
	Receipt For:	Aggregate Year-to-	Date 🔻	_
	Other (specify) ▼		501.00	
- C.	Full Name (Last, First, Middle Initial) Daniel Eugene Eugene Peckenpaugh	1		Date of Receipt
	Mailing Address 4107 Woodcreek Ct			05 / ^D ^D ^D ^Y ^Y ^Y ^Y ^Y
	City		Code	Transaction ID: C719584
	Colleyville	TX 760	)34-4101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer HEB Emergicare PA	Occupation Emergency Phys	sician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date <b>V</b> 1000.00	]
ſ	SUBTOTAL of Receipts This Page (optional)		·····	1334.00
	TOTAL This Period (last page this line number	r only)	 	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 185/316           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and or for commercial purposes, other than using the second second second second second second second second second	Statements may not be sold or used by any pers ne name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic		
∠ A.	Full Name (Last, First, Middle Initial) Nathan Phillip Phillip Peimann		Date of Receipt
	Mailing Address PO Box 20150		M M / D D / Y Y Y Y 06 / 26 / 2009
	City	State Zip Code	Transaction ID: C743893
	Juneau	AK 99802-0150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	550.00
	Name of Employer Bartlett Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	550.00	
— В.	Full Name (Last, First, Middle Initial) Vanessa C C Peluso	1	Date of Receipt
	Mailing Address 1768 Elizabeths Wal	k	M M / D D / Y Y Y Y 04 24 2009
	City	State Zip Code	Transaction ID: C713815
	Winter Park	FL 32789-5948	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1000.00	
– C.	Full Name (Last, First, Middle Initial) John S S Phillips	1	Date of Receipt
	Mailing Address 208 Topaz St		M M / D D / Y Y Y Y 0 6 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: C740009
	New Orleans	LA 70124-2634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mem Med Ctr Bapist	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	1800.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 186/316           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
A.	Full Name (Last, First, Middle Initial) Edwin Cary Cary Pigman		Date of Receipt
	Mailing Address 3100 Bonnett Creek R	d	05 26 Y Y Y Y 2009
	City	State Zip Code	Transaction ID: C725956
	Avon Park	FL 33825-7609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer FL Hosp Heartland Div	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	350.00	]
— В.	Full Name (Last, First, Middle Initial) Edwin Cary Cary Pigman	I	Date of Receipt
	Mailing Address 3100 Bonnett Creek R	d	05 / P D / Y Y Y Y 05 27 2009
	City	State Zip Code	Transaction ID: C726227
	Avon Park	FL 33825-7609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer FL Hosp Heartland Div	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	350.00	
с. –	Full Name (Last, First, Middle Initial) W Randall Poole		Date of Receipt
	Mailing Address 1110 SW Ivanhoe Blvo Apt 17	d Apt 17	M M / D D / Y Y Y Y 04 24 2009
	City	State Zip Code	Transaction ID: C713844
	Orlando	FL 32804-6370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	·	1350.00
F	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 187/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
or for commercial purposes, other than using	and Statements may not be sold or used by any person g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	itical Action Committee	
Full Name (Last, First, Middle Initial) Ericka Powell		Date of Receipt
Mailing Address 40 Lane Rd		0 1 / 2 9 / Y Y Y 0 1
City	State Zip Code	Transaction ID: C614119
Derry	NH 03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	600.00	
Full Name (Last, First, Middle Initial) B. Ericka Powell	1	Date of Receipt
Mailing Address 40 Lane Rd		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C682042
Derry	NH 03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Ericka Powell		Date of Receipt
Mailing Address 40 Lane Rd		03 / D D / Y Y Y Y 03 / 30 / 2009
City	State Zip Code	Transaction ID: C703561
Derry	NH 03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (option	al)	300.00
	nber only)	

SCHEDULE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s for each category of the Detailed Summary Page	) (check	INE NUMBER: only one) 1a 11b 3 14	PAGE 1	88 / 316 12 16 11
Any information cop or for commercial pu	ed from such Reports and Sta irposes, other than using the r	atements may name and ado	not be sold or used by any lress of any political committ	person for the	purpose of solid	iting contribu	Itions
NAME OF COM National Emer	MITTEE (In Full) gency Medicine Political	Action Com	mittee				
Full Name (Last, Ericka Powell	First, Middle Initial)			Dat	e of Receipt		
Mailing Address	40 Lane Rd			м 0	4 / D D 2 9		0 0 9
City		State	Zip Code	Trar	nsaction ID: C	714787	
Derry		NH	03038-4194	Am	ount of Each R	eceipt this Pe	eriod
FEC ID number of federal political c		C			<u> </u>	10	00.00
Name of Employ Lancaster Region	er nal Med Ctr	Occupation Emergen	n cy Physician				
Receipt For:		Aggregate	Year-to-Date V				
Other (spe	General cify) <b>▼</b>	0 0	600.00				
Full Name (Last, Ericka Powell	First, Middle Initial)			Dat	e of Receipt		
Mailing Address	40 Lane Rd			м 0			0 0 9
City		State	Zip Code		nsaction ID: C		
Derry		NH	03038-4194	Am	ount of Each R	eceipt this Pe	eriod
FEC ID number of federal political c		C			<u> </u>	10	00.00
Name of Employ Lancaster Region	er nal Med Ctr	Occupation Emergen	n cy Physician				
Receipt For:		Aggregate	Year-to-Date V				
Other (spec	ify) <b>▼</b>		600.00				
Full Name (Last, Ericka Powell	First, Middle Initial)			Dat	e of Receipt		
Mailing Address	40 Lane Rd			м 0	6 / D D 2 9		0 0 9
City		State	Zip Code	Trar	nsaction ID: C	744397	
Derry		NH	03038-4194	Am	ount of Each R	eceipt this Pe	eriod
FEC ID number of federal political c		C			<u></u>	10	00.00
Name of Employ Lancaster Region	er nal Med Ctr	Occupation Emergen	n cy Physician				
Receipt For:		Aggregate	Year-to-Date 🔻				
Primary Other (spe	└└ General cify) <b>▼</b>		600.00				
SUBTOTAL of Rec	Leipts This Page (optional)					30	0.00
	d (last page this line number o						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 189 / 316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Eva Prakash		Date of Receipt
	Mailing Address 334 Gershwin Dr		04 / D D / Y Y Y Y 29 / 2009
	City	State Zip Code	Transaction ID: C714780
	Houston	TX 77079-7312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer GHEP	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	500.00	
- B.	Full Name (Last, First, Middle Initial) Andrew Prechtel		Date of Receipt
	Mailing Address 14624 Old Vermillion E	Dr	06 / 23 / Y Y Y Y 09 / 23 / 2009
	City	State Zip Code	Transaction ID: C742086
	Huntersville	NC 28078-5324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer MEMA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	250.00	
- С.	Full Name (Last, First, Middle Initial) John Hannon Hannon Proctor	1	Date of Receipt
	Mailing Address 320 Old Hickory Blvd # Apt 1200		M M / D D / Y Y Y Y 04 06 2009
	City	State Zip Code	Transaction ID: C706248
	Nashville	TN 37221-1310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Columbia Southern HIs Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)	······	1750.00
ŀ	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 190/316           (check only one)         X           X         11a         11b         11c         12
Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	mittee	
∠ A.	Full Name (Last, First, Middle Initial) Dennis D D Pruett			Date of Receipt
	Mailing Address PO Box 30279			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C735740
	Winston Salem	NC	27130-0279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Oldtown Immediate Care	Occupation Emergenc	y Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	250.00	]
- B.	Full Name (Last, First, Middle Initial) Teresa M M Rainone			Date of Receipt
	Mailing Address 11 Tinker Bluff Ct			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C735726
	Setauket	NY	11733-4051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer J T Mather Hosp ED	Occupation Emergence	y Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
- c.	Full Name (Last, First, Middle Initial) Franz P Reichsman			Date of Receipt
	Mailing Address 63 Chestnut Street			M M / D D / Y Y Y Y 06 12 2009
	City	State	Zip Code	Transaction ID: C736713
	Brattleboro	VT	05301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer dartmouth-hitchcock	Occupation physician		
	Receipt For:	Aggregate	Year-to-Date V	_
	Primary     General       Other (specify) ▼	0 0	250.00	]
ſ	SUBTOTAL of Receipts This Page (optional)		<b>`</b>	1500.00
ŀ	TOTAL This Period (last page this line number			

	HEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 191/316 (check only one)
ITE	MIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and S r commercial purposes, other than using the	itatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full) Jational Emergency Medicine Politica	Action Committee	
	ull Name (Last, First, Middle Initial) atrick S S Reinfried		Date of Receipt
N	lailing Address 1623 21st Ave E		03 / D D / Y Y Y Y Y 06 / 2009
C	ity	State Zip Code	Transaction ID: C686218
5	Seattle	WA 98112-3402	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.		250.00
N C	lame of Employer )r. Patrick S Reinfried	Occupation Emergency Physician	-
R	leceipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
	ull Name (Last, First, Middle Initial) athy Diana Diana Reschke		Date of Receipt
N	lailing Address PO Box 993744		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	ity	State Zip Code	Transaction ID: C719548
<u>F</u>	Redding	CA 96099-3744	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.		125.00
_	lame of Employer shasta Emerg Med Grp MCA	Occupation Emergency Physician	
R	leceipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	225.00	
	ull Name (Last, First, Middle Initial) athy Diana Diana Reschke		Date of Receipt
N	lailing Address PO Box 993744		06 / 24 / 2009
	ity	State Zip Code	Transaction ID: C743549
Ē	Redding	CA 96099-3744	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	100.00
NS	lame of Employer hasta Emerg Med Grp MCA	Occupation Emergency Physician	
R	leceipt For:	Aggregate Year-to-Date 🔻	
	Primary   General     Other (specify)	225.00	
SUE	<b>BTOTAL</b> of Receipts This Page (optional)	۱ 	475.00
	<b>FAL</b> This Period (last page this line number		

SCHEDULE A	A (FEC Form 3X)		Use separate schedule(s for each category of the	s) (c	OR LINE NUMBER: PAGE 192/316 sheck only one)
	JEIF 13		Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16
Any information copie or for commercial pu	ed from such Reports and Sta rposes, other than using the r	atements may	v not be sold or used by any dress of any political commit	person for tee to solid	r the purpose of soliciting contributions cit contributions from such committee.
	, ,				
National Emer	gency Medicine Political	Action Corr	imittee	<u>.</u>	
Full Name (Last, Jennifer Resnick	First, Middle Initial)				Date of Receipt
Mailing Address	1029 Cardinal Ln				M M / D D / Y Y Y Y 06 29 2009
City		State	Zip Code		Transaction ID: C744371
Cherry Hill		NJ	08003-2943		Amount of Each Receipt this Period
FEC ID number of federal political co		C			1000.00
Name of Employe Voorhees West J	er Iersey Hosp	Occupation Emergen	n cy Physician		
Receipt For:			Year-to-Date V		
Primary	General		1000.00		
Other (spec	cify) ▼	0.0		<b></b>	
Full Name (Last, Barbara Jane Jane	First, Middle Initial) Reynolds				Date of Receipt
Mailing Address	5009 Lexington Rd				M M / D D / Y Y Y Y 02 23 2009
City		State	Zip Code		Transaction ID: C678445
Paris		KY	40361-9046		Amount of Each Receipt this Period
FEC ID number of federal political co		C			500.00
Name of Employe Frankfort Regl Me	er ed Ctr	Occupation Emergen	n cy Physician		
Receipt For:		Aggregate	Year-to-Date		
Other (spec	ify) <b>▼</b>		500.00	)	
Full Name (Last, Cheryl S S Reynol	First, Middle Initial) ds				Date of Receipt
Mailing Address	996 Oakpoint Cir				M M / D D / Y Y Y Y 04 24 2009
City		State	Zip Code		Transaction ID: C713819
<u>Apopka</u>		FL	32712-3706		Amount of Each Receipt this Period
FEC ID number of federal political co		C			1000.00
Name of Employe FL Emer Phys	er	Occupation Emergen	n cy Physician		
Receipt For:			Year-to-Date V		
Other (spec	General cify) <b>▼</b>	0 0	1000.00	)	
	eipts This Page (optional)			L	2500.00
	eipis mis raye (optional)			<b>•</b>	
TOTAL This Period	I (last page this line number o	only)			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 193/316           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any persor g the name and address of any political committee to s	of or the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	itical Action Committee	
Full Name (Last, First, Middle Initial) Daniel L L Richardson		Date of Receipt
Mailing Address 4149 Trillium Ct		M M         /         D D         /         Y Y Y Y         Y           06         09         2009
City	State Zip Code	Transaction ID: C735744
Okemos	MI 48864-3165	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Botsford Gen Hosp	Occupation Emergency Physician	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Thomas Alan Richardson	1	Date of Receipt
Mailing Address 7945 Hughes Road		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C689172
North Salem	IN 46165	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer EMS P.C.	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) David Carlos Carlos Riojas		Date of Receipt
Mailing Address 2602 Rogers Cir		05 / 19 / Y Y Y Y 02009
City	State Zip Code	Transaction ID: C724837
San Antonio	TX 78258-4605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Christus Santa Rosa Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	500.00	
SUBTOTAL of Receipts This Page (option	ial)	1000.00
	nber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by a name and address of any political corr	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Mark R R Riser		Date of Receipt
	Mailing Address 108 Balsamwood Ct		01 29 2009
	City	State Zip Code	Transaction ID: C614138
	Cary	NC 27513-3456	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Dr. Mark R Riser	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	499	0.98
– В.	Full Name (Last, First, Middle Initial) Mark R R Riser		Date of Receipt
	Mailing Address 108 Balsamwood Ct		M M / D D / Y Y Y Y 02 25 2009
	City	State Zip Code	Transaction ID: C682038
	Cary	NC 27513-3456	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Dr. Mark R Riser	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	499	0.98
– c.	Full Name (Last, First, Middle Initial) Mark R R Riser		Date of Receipt
	Mailing Address 108 Balsamwood Ct		M M / D D / Y Y Y Y 03 30 2009
	City	State Zip Code	Transaction ID: C703569
	Cary	NC 27513-3456	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Dr. Mark R Riser	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499	0.98
Γ	SUBTOTAL of Receipts This Page (optional)		
	TOTAL This Period (last page this line number	only)	

ITEMIZED RECEIPTS       Die separate schedule(s) for each category of the Detailed Summary Page       (check only one)         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting of for committee to solicit contributions from suc NAME OF COMMITTEE (in Full)       National Emergency Medicine Political Action Committee         NAME OF COMMITTEE (in Full)       National Emergency Medicine Political Action Committee       Date of Receipt         Making Address       108 Balsamwood Ct       Transaction ID: C714         City       State       Zip Code         Mark R Riser       Occupation       Primary         Making Address       108 Balsamwood Ct       Transaction ID: C714         City       State       Zip Code         Name of Employer       Occupation       Primary         Primary       General       Occupation       Primary         Making Address       108 Balsamwood Ct       Transaction ID: C730         City       State       Zip Code       Transaction ID: C730         Mark R R Riser       Occupation       Primary       General       Occupation         Mark R R Riser       Occupation       Primary       General       Occupation         Mark R R Riser       Occupation       Primary       General       Operation	PAGE 195/316
Image: Densited Summary Page	_
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting of for commitcial purposes, other than using the name and address of any political committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or the committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or the committee         NAME OF COMMITTEE (in Full)       National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)       Date of Receipt         Maing Address       108 Balsamwood Ct         City       State       Zip Code         Name of Engloyer       Occupation       Transaction ID: C714         Primary       General       Aggregate Year-to-Date ▼       Date of Receipt         Maing Address       108 Balsamwood Ct       Transaction ID: C730       Amount of Each Receipt         Maing Address       108 Balsamwood Ct       Transaction ID: C740       Amount of Each Receipt         Maing Address       108 Balsamwood Ct       Transaction ID: C740       Amount of Each Receipt         Maing Address       108 Balsamwood Ct       Transaction ID: C740       Amount of Each Receipt         Maing Address       108 Balsamwood Ct       Transaction ID: C744       Amount of Each Receipt         Maing Address       108 Balsamwood Ct	1c   12 5   16   1
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initia)         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing federal political committee.       C       Image: Committee Committee Committee         Name of Employer       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       499.98         Other (specify) ▼       State       Zip Code         Mailing Address       108 Balsamwood Ct       Image: Committee         Mailing Address       108 Balsamwood Ct       Image: Committee         Mailing Address       108 Balsamwood Ct       Image: Committee         City       State       Zip Code         Name of Employer       Cocupation       Cocupation         Primary       General       Cocupation         Primary       General       Cocupation         Mailing Address       108 Balsamwood Ct       Transaction ID: C730         City       State       Zip Code       Transaction ID: C744         Mailing Address       108 Balsamwood Ct       Image: Cocupation       Transaction ID: C744         Mailing Addres	contributions
Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing tederal political committee.       C       Transaction ID: C714         Mailing Address       108 Balsamwood Ct       C         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       108 Balsamwood Ct       Mode         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing federal political committee.       C       Mode         Name of Employer       Occupation Emergency Physician       Aggregate Year-to-Date       Transaction ID: C730         Name of Employer       Occupation Emergency Physician       Aggregate Year-to-Date       Transaction ID: C730         Name of Employer       Occupation Emergency Physician       Aggregate Year-to-Date       Transaction ID: C744         Mailing Address       108 Balsamwood Ct       Transaction ID: C744       Mount of Each Receipt         City       State       Zip	
Mark R R Riser       Date of Receipt         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing federal political committee.       C       Transaction ID: C714         Name of Employer       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Mailing Address       108 Balsamwood Ct       499.98         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       108 Balsamwood Ct       Mount of Each Receipt         City       State       Zip Code       Transaction ID: C730         City       State       Zip Code       Transaction ID: C730         City       State       Zip Code       Transaction ID: C730         Cary       NC       27513-3456       Amount of Each Receipt         FEC ID number of contributing federal political committee.       Occupation Emergency Physician       Date of Receipt         Maiing Address       108 Balsamwood Ct       Mount of Each Receipt       Mount of Each Receipt         Maiing Address       108 Balsamwood Ct       Transaction ID: C744       Mount of Each Receipt         Maiing Address       108 Balsamwood Ct       Transa	
City       State       Zip Code         City       NC       27513-3456         FEC ID number of contributing federal political committee.       C       Image: Committee in the committee in th	
Cary       NC       27513-3456       Amount of Each Receipt         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼         Other (specify) ▼       499.98       Date of Receipt         City       State       Zip Code       Transaction ID: C730         Cary       NC       27513-3456       Amount of Each Receipt         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼       Amount of Each Receipt         Name of Employer       Occupation       Emergency Physician       Amount of Each Receipt       Amount of Each Receipt         Name of Employer       Occupation       Emergency Physician       Aggregate Year-to-Date ▼       Transaction ID: C730         Receipt For:       Aggregate Year-to-Date ▼        Aggregate Year-to-Date ▼       Transaction ID: C744         Mailing Address       108 Balsamwood Ct          1499.98         Full Name (Last, First, Middle Initial)       Mark R R Riser       Date of Receipt           Mailing Address       108 B	2009
FEC ID number of contributing federal political committee.       C         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial) Mark R Riser       Date of Receipt         Mailing Address       108 Balsamwood Ct       Mo M 0 5 2 8         City       State       Zip Code NC       Z7513-3456         FEC ID number of contributing federal political committee.       C       Agregate Year-to-Date       Amount of Each Receipt         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician       Date of Receipt       Agregate Year-to-Date       Transaction ID: C730         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician       Date of Receipt       Agregate Year-to-Date       Transaction ID: C744         Mailing Address       108 Balsamwood Ct       Mo M 0 6       0 6       2 9       Transaction ID: C744         Mailing Address       108 Balsamwood Ct       Mo M 0 6       2 9       Transaction ID: C744         Mailing Address       108 Balsamwood Ct       Mo M 0 6       2 9       Transaction ID: C744         Mark R Riser       Occupation Emergency Physician       Mount of Each Receipt       Mount of Each Receipt         Mailing Address <th>781</th>	781
federal political committee.       Occupation         Name of Employer       Occupation         Dr. Mark R Biser       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       499.98         Full Name (Last, First, Middle Initial)       Mark R R Riser         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing       Emergency Physician         Receipt For:       Occupation         Primary       General         Other (specify) ▼       Occupation         Emergency Physician       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Occupation         Emergency Physician       499.98         FUI Name (Last, First, Middle Initial)       Mark R Riser         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         City       State       Zip Code         Mailing Address       108 Balsamwood Ct       M 6 0 2 9 /         City	t this Period
Emergency Physician         Aggregate Year-to-Date         Other (specify)         Full Name (Last, First, Middle Initial)         Mark R R Riser         Mailing Address         City         State         Zip Code         Cary         Name of Employer         Driver (specify)         Primary         General         Other (specify)         City         State         Zip Code         Cary         Name of Employer         Driver         Other (specify)         Primary         General         Other (specify)         City         State         Primary         General         Other (specify)         City         State         Zip Code         Primary         General         Other (specify)         City         State       Zip Code         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         City       Nc       27513:3456         FEC ID number of contrib	83.33
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       499.98         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing federal political committee.       Occupation         Dr. Mark R Riser       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼         Primary       General       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       Transaction ID: C730         Mark R Riser       Aggregate Year-to-Date ▼       Date of Receipt         Full Name (Last, First, Middle Initial)       Mark R Riser       Date of Receipt         Mailing Address       108 Balsamwood Ct       0 6       2 9 /         City       State       Zip Code       Transaction ID: C744         Cary       NC       27513-3456       Amount of Each Receipt         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt       Amount of Each Receipt         Name of Employer	
Primary       General         Other (specify) ▼       Image: specify of the total of the term         Full Name (Last, First, Middle Initial)       Mark R R Riser         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing federal political committee.       C       Image: specify for:         Name of Employer       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       Date of Receipt         Mailing Address       108 Balsamwood Ct       Image: specify for:       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       Date of Receipt         City       State       Zip Code       Image: specify for:         Mailing Address       108 Balsamwood Ct       Image: specify for:       Date of Receipt         City       State       Zip Code       Image: specify for:       Image: specify for:         Mailing Address       108 Balsamwood Ct       Image: specify for:       Image: specify for:       Image: specify for:         City       State       Zip Code       Image: specify for:       Image: specify for:       Image: specify for:	
Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer       Occupation       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Primary       General       499.98       Date of Receipt         Full Name (Last, First, Middle Initial)       Mark R R Riser       Date of Receipt         Mailing Address       108 Balsamwood Ct       Mode       2.9 /         City       State       Zip Code       Mode       Transaction ID: C744         Mailing Address       108 Balsamwood Ct       Mode       2.9 /       Transaction ID: C744         City       State       Zip Code       Mode       Transaction ID: C744         Amount of Each Receipt       Occupation       Transaction ID: C744       Amount of Each Receipt         Name of Employer       Occupation       Emergency Physician       Transaction ID: C744         Name of Employer       Occupation       Emergency Physician       Transaction ID: C744	
Mark R R Riser       Date of Receipt         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       Date of Receipt         Mailing Address       108 Balsamwood Ct       Mm M / 29/29/         City       State       Zip Code         FEC ID number of contributing federal political committee.       C         Primary       General       Other (specify) ▼         City       State       Zip Code         FEC ID number of contributing federal political committee.       C         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation Emergency Physician         Name of Employer       Occupation Emergency Physician	
Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       499.98         Other (specify) ▼       Late of Receipt         City       State       Zip Code         Mailing Address       108 Balsamwood Ct       Late of Receipt         City       State       Zip Code         Mailing Address       108 Balsamwood Ct       Transaction ID: C744         Mailing Address       108 Balsamwood Ct       Transaction ID: C744         Mark R R Riser       C       Transaction ID: C744         Mailing Address       108 Balsamwood Ct       Transaction ID: C744         Mark R R Riser       Occupation       Transaction ID: C744         Name of Employer Dr. Mark R Riser       Occupation       Transaction ID: C744         Name of Employer Dr. Mark R Riser       Occupation       Emergency Physician	
Cary       NC       27513-3456       Amount of Each Receipt         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician       Aggregate Year-to-Date ▼         Primary       General       499.98         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       108 Balsamwood Ct       Mount of Each Receipt         City       State       Zip Code         City       NC       27513-3456         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation Emergency Physician         Name of Employer       Occupation Emergency Physician	Y Y Y Y 2009
FEC ID number of contributing federal political committee.       C         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       499.98         Full Name (Last, First, Middle Initial)       Agregate Year-to-Date ▼         Mark R R Riser       Date of Receipt         Octivy       State       Zip Code         City       State       Zip Code         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Date of Receipt       Amount of Each Receipt         Mark R R Riser       Occupation         EC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Dr. Mark R Riser       Occupation	375
federal political committee.       C         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial) Mark R R Riser       Aggregate Year-to-Date ▼         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         City       NC       27513-3456         FEC ID number of contributing federal political committee.       C         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician	t this Period
Dr. Mark R Risér       Emergency Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       499.98         Full Name (Last, First, Middle Initial)       Agregate Year-to-Date ▼         Mark R R Riser       Date of Receipt         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         Cary       NC       27513-3456         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Dr. Mark R Riser       Occupation	83.33
Receipt For:       Aggregate Year-to-Date       ▲         Primary       General       499.98         Other (specify)       ■       499.98         Full Name (Last, First, Middle Initial)       Mark R R Riser       Date of Receipt         Mailing Address       108 Balsamwood Ct       ■       0 6       2 9         City       State       Zip Code       Transaction ID: C744         Cary       NC       27513-3456       Amount of Each Receipt         FEC ID number of contributing federal political committee.       Occupation       ■       ■         Name of Employer       Occupation       Emergency Physician       ■       ■	
Primary       General         Other (specify)       ✓         Full Name (Last, First, Middle Initial)       Mark R R Riser         Mailing Address       108 Balsamwood Ct         City       State       Zip Code         City       NC       27513-3456         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Dr. Mark R Riser       Occupation	
Mark R R Riser       Date of Receipt         Mailing Address       108 Balsamwood Ct	
Mailing Address       108 Balsamwood Ct          M M M 2 9 /         2 9 /         2 9 /         City         City       State       Zip Code          Transaction ID: C744         Amount of Each Receip         FEC ID number of contributing         federal political committee.           Amount of Each Receip          Name of Employer         Dr. Mark R Riser          Occupation         Emergency Physician           Occupation         Emergency Physician	
City     State     Zip Code     Transaction ID: C744       Cary     NC     27513-3456     Amount of Each Receip       FEC ID number of contributing federal political committee.     C     Image: Contributing federal political committee.       Name of Employer Dr. Mark R Riser     Occupation Emergency Physician     Occupation	2009
FEC ID number of contributing federal political committee.       C         Name of Employer Dr. Mark R Riser       Occupation Emergency Physician	422
federal political committee.     C       Name of Employer Dr. Mark R Riser     Occupation Emergency Physician	t this Period
Emergency Physician	83.33
Receipt For: Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼     499.98	
SUBTOTAL of Receipts This Page (optional)	249.99

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate scher for each category of	
Г	An information and all formers in Decision 10	Detailed Summary	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Michael Steven Steven Ritter		Date of Receipt
	Mailing Address 321 Poppy Ave		M M / D D / Y Y Y Y 06 09 2009
	City	State Zip Code	Transaction ID: C735714
	Corona Del Mar	CA 92625-3024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mission Hospital Reg Med	Occupation Emergency Physician	
	Ctr Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼		50.00
- B.	Full Name (Last, First, Middle Initial) Brian Jon Jon Robb	I	Date of Receipt
	Mailing Address 1435 Woodbury Dr		0 6 / D D / Y Y Y Y 2 0 0 9
	City	State Zip Code	Transaction ID: C739997
	Liberty	MO 64068-1266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Liberty Emerg Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	100	00.00
- C.	Full Name (Last, First, Middle Initial) Richard Dean Dean Robinson	1	Date of Receipt
	Mailing Address 3913 Regency Dr		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C735934
	Deer Park	TX 77536-6190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Univ of TX at Houston	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	100	00.00
[	SUBTOTAL of Receipts This Page (optional)	1	2250.00
	TOTAL This Period (last page this line number		

	Form 3X)		FOR LINE NUMBER: PAGE 197/316
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	15	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from s or for commercial purposes, o	uch Reports and Statements m ther than using the name and a	lay not be sold or used by any pers ddress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (	In Full)		
National Emergency M	ledicine Political Action Co	ommittee	
Full Name (Last, First, Mid Claudette Rodriguez	dle Initial)		Date of Receipt
Mailing Address 519 W			0 4 / 2 8 / Y Y Y Y 0 9
City	State	Zip Code	Transaction ID: C714463
Tempe	AZ	85281-2862	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	uting C		250.00
Name of Employer Dr. Claudette Rodriguez	Occupat Emerge	ion ency Physician	
Receipt For:	Ť	ate Year-to-Date 🔻	-1
Primary Ge Other (specify) ▼	neral	250.00	
Full Name (Last, First, Mid Maritza Rodriguez	dle Initial)		Date of Receipt
Mailing Address 2336 k	Cettle Dr		0 4 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: C713828
<u>Orlando</u>	FL	32835-8129	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	uting C		1000.00
Name of Employer FL Emer Phys	Occupat Emerge	ion ency Physician	
Receipt For:	Aggrega	ate Year-to-Date 🔻	
Primary Ge Other (specify) ▼	neral	1000.00	
Full Name (Last, First, Mid Kamala Rose	dle Initial)		Date of Receipt
-	16th Ave NE		03 06 2009
City	State	Zip Code	Transaction ID: C686224
Bellevue	WA	98004-4604	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	uting C		250.00
Name of Employer Dr. Kamala Rose	Occupat Emerge	ion ency Physician	
Receipt For:		ate Year-to-Date 🔻	
Primary Ge Other (specify) ▼	neral	250.00	
SUBTOTAL of Receipts This	s Page (optional)		1500.00
TOTAL This Period (last page	e this line number only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 198 / 316           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any person ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial) David Marshall Marshall Roselle		Date of Receipt
Mailing Address 12915 NE 77th C	t	03 / D D / Y Y Y Y 03 / 06 / 2009
City	State Zip Code	Transaction ID: C686211
Kirkland	WA 98033-8200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Overlake Hosp Med Ctr ED	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Alexander Max Max Rosenau		Date of Receipt
Mailing Address PO Box 689 JDM	CC Ste 214	01 / Y Y Y Y 29 2009
City	State Zip Code	Transaction ID: C614108
Allentown	PA 18105-1556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lehigh Valley Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary       General         Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Alexander Max Max Rosenau		Date of Receipt
Mailing Address PO Box 689 JDM	CC Ste 214	02 / 25 / Y Y Y Y 02 2009
City	State Zip Code	Transaction ID: C682030
Allentown	PA 18105-1556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lehigh Valley Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
	imber only)	

	SCHEDULE A (FEC Form 3X)	Γ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 199/316 (check only one)
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Com	mittee	
	Full Name (Last, First, Middle Initial)			
Α.	Alexander Max Max Rosenau Mailing Address PO Box 689 JDMCC S	Ste 214		Date of Receipt
	City	State	Zip Code	Transaction ID: C735729
	Allentown	PA	18105-1556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lehigh Valley Hosp	Occupation Emergenc	y Physician	
	Receipt For:	1 I	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	750.00	]
B.	Full Name (Last, First, Middle Initial) Robert Craig Craig Rosenbloom			Date of Receipt
	Mailing Address PO Box 5101			M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C614109
	Culver City	CA	90231-5101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer California Emerg Phys	1 · · · ·	y Physician	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻	
	Other (specify)	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Robert Craig Craig Rosenbloom	I		Date of Receipt
	Mailing Address PO Box 5101			04 / D D / Y Y Y Y 029 2009
	City	State	Zip Code	Transaction ID: C714790
	Culver City	CA	90231-5101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer California Emerg Phys	Occupation Emergenc	y Physician	
	Receipt For:	Aggregate `	Year-to-Date V	_
	Other (specify)	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 200 / 316           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) David William William Ross		Date of Receipt
Mailing Address 15340 Raton Rd		0 1 / 2 9 / Y Y Y Y 0 1 2 9 / 2 0 0 9
City	State Zip Code	Transaction ID: C614115
Colorado Spgs	CO 80921-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Front EM Specialties Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) David William William Ross	1	Date of Receipt
Mailing Address 15340 Raton Rd		0 6 / D D / Y Y Y Y 0 2 0 0 9
City	State Zip Code	Transaction ID: C732470
Colorado Spgs	CO 80921-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Front EM Specialties Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Robert Michael Michael Roth		Date of Receipt
Mailing Address 9503 Ashford PI		0 4 / D D / Y Y Y Y 0 6 2 0 0 9
City	State Zip Code	Transaction ID: C706235
Brentwood	TN 37027-8720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Cumberlund Emer Phys PC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	)	600.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 201 / 316           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         1
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any persor he name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Robert Michael Michael Roth		Date of Receipt
Mailing Address 9503 Ashford Pl		06 / D D / Y Y Y Y 2009
City	State Zip Code	Transaction ID: C746075
Brentwood	TN 37027-8720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Cumberlund Emer Phys PC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Jonathan Samuel Samuel Rubens		Date of Receipt
Mailing Address 2 Stone Ridge Ct		M M / D D / Y Y Y Y 06 23 2009
City	State Zip Code	Transaction ID: C742072
Jamestown	NC 27282-8750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Regl Emer Phys PA	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Scott Edward Edward Rudkin		Date of Receipt
Mailing Address 6731 E Boscana Ct		M M / D D / Y Y Y Y 04 06 2009
City	State Zip Code	Transaction ID: C706213
Orange	CA 92867-6406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ CA Irvine	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		650.00
	er only)	

00				FOR LINE NUMBER: PAGE 202/316
	HEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITE	MIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guininary Fage	13 14 15 16 17
Any or fo	information copied from such Reports and St or commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
_ \ <b>^</b>	JAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Cor	nmittee	
	Full Name (Last, First, Middle Initial) si J J Russ			Date of Receipt
_	Aailing Address 1201 Arden Rd			0 6 / D D / Y Y Y Y 0 6 / 17 / 2 0 0 9
	Dity	State	Zip Code	Transaction ID: C740032
<u> </u>	Pasadena	CA	91106-4135	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
N E	lame of Employer East LA Emerg Assoc Inc	Occupatio	on ncy Physician	
_	Receipt For:			
Г	Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Atousa Salehi			Date of Receipt
N	Aailing Address 1016 West Galer St			M M / D D / Y Y Y Y 03 / 06 / 2009
Ċ	Dity	State	Zip Code	Transaction ID: C686204
5	Seattle	WA	98119-3238	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
Ň	lame of Employer	Occupatio	n	-
L	Dr. Atousa Saléhi	Emerger	ncy Physician	
F	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	]
	- Full Name (Last, First, Middle Initial) Andrew Sama			Date of Receipt
_	Aailing Address 253 Dover Rd			M M / D D / Y Y Y Y 01 29 2009
Ċ	Dity	State	Zip Code	Transaction ID: C614123
<u> </u>	Manhasset	NY	11030-3709	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		83.33
	lame of Employer North Shore Univ Hosp	Occupatio Emerger	n ncy Physician	1
F	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		333.36	]
911	BTOTAL of Receipts This Page (optional)			1333.33
			•	
то	TAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 203/316
	. ,	Use separate sched for each category of	ule(s) (check only one)
I	TEMIZED RECEIPTS	Detailed Summary P	Page X 11a 11b 11c 12
			any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Emergency Medicine Politica	I Action Committee	
ے A.	Full Name (Last, First, Middle Initial) Andrew Sama		Date of Receipt
	Mailing Address 253 Dover Rd		M M / D D / Y Y Y Y 02 / 25 / 2009
	City	State Zip Code	Transaction ID: C682032
	Manhasset	NY 11030-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		3.36
	Other (specify)		5.30
- 3.	Full Name (Last, First, Middle Initial) Andrew Sama		Date of Receipt
	Mailing Address 253 Dover Rd		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C703560
	Manhasset	NY 11030-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	333	3.36
- ).	Full Name (Last, First, Middle Initial) Andrew Sama		Date of Receipt
	Mailing Address 253 Dover Rd		0 4 2 9 2 0 0 9
	City	State Zip Code	Transaction ID: C714785
	Manhasset	NY 11030-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.37
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	333	3.36
Γ	SUBTOTAL of Receipts This Page (optional)	1	250.03
┢			
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 204 / 316       (check only one)     X       X     11a       11b     11c       12
	Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any person he name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
۷. ا	Full Name (Last, First, Middle Initial) Marc Santambrosio		Date of Receipt
	Mailing Address 7965 S Park Pl		04 D D / Y Y Y Y 04 24 2009
	City	State Zip Code	Transaction ID: C713830
	Orlando	FL 32819-4885	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer FL Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000.00	
-	Full Name (Last, First, Middle Initial) David D D Sarkarati		Date of Receipt
	Mailing Address 415 E Pine St Unit 1 Unit 4057	126	M · M         /         D · D         /         Y · Y · Y · Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C713837
	Orlando	FL 32801-6623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer FL Emer Phys	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	1000.00	
-	Full Name (Last, First, Middle Initial) Luke Saski		Date of Receipt
	Mailing Address 27861 Hopkins Drive	3	M M / D D / Y Y Y Y 01 14 2009
	City	State Zip Code	Transaction ID: C606090
	Novi	MI 48377-2563	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer MCES	Occupation EM Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 1000.00	
	Other (specify)		
Γ	SUBTOTAL of Receipts This Page (optional)		3000.00
┢			
	TOTAL This Period (last page this line number	er oniy)	

Ś	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 205/316
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	13     14     15     16     17       on for the purpose of soliciting contributions       osolicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
Z	National Emergency Medicine Politica	I Action Comm	littee	
	Full Name (Last, First, Middle Initial) Steven P P Sbardella	Date of Receipt		
	Mailing Address 258 Independence Rd			06 / 09 / Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: C735730
	Concord	MA	01742-2645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Steven P Sbardella	Occupation Emergency	Physician	
	Receipt For:	, <b>,</b> , , , , , , , , , , , , , , , , ,	ear-to-Date V	
	Primary General Other (specify) ▼		250.00	]
_	Full Name (Last, First, Middle Initial) Dean E E Schanen			Date of Receipt
	Mailing Address 41 Tiburon St			M M / D D / Y Y Y Y 06 09 2009
	City	State	Zip Code	Transaction ID: C735735
	The Hills	TX	78738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Dean E Schanen	Occupation Emergency	Physician	
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	Primary     General       Other (specify)     ▼		250.00	]
-	Full Name (Last, First, Middle Initial) Sandra M M Schneider			Date of Receipt
	Mailing Address 601 Elmwood Ave Box	x 655		M M / D D / Y Y Y Y 06 20 2009
	City	State	Zip Code	Transaction ID: C740979
	Rochester	NY	14642-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Univ of Rochester Schl of Med	Occupation Emergency	Physician	
	Receipt For:	Aggregate Ye	ear-to-Date V	
	Primary     General       Other (specify)     ▼		1000.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	I		1500.00
$\vdash$				
L	<b>TOTAL</b> This Period (last page this line number	(iiiy)	·····	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 206 / 316           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.			
National Emergency Medicine Po	litical Action Committee				
Full Name (Last, First, Middle Initial) Carl H H Schultz					
Mailing Address 636 Del Prado Bl	/d	06 / D D / Y Y Y Y 2009			
City	State Zip Code	Transaction ID: C743701			
Cape Coral	FL 33990-2695	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		1000.00			
Name of Employer Cape Coral Hosp ED	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼	]			
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	1000.00				
Full Name (Last, First, Middle Initial) Keith T T Schwager	1	Date of Receipt			
Mailing Address 2024 Cherrydale	Ave	0 6 / 1 7 / Y Y Y Y 0 9			
City	State Zip Code	Transaction ID: C739980			
Baton Rouge FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer Natchez After Hours Clinic	Occupation Emergency Physician	-			
Receipt For:	Aggregate Year-to-Date ▼				
Primary   General     Other (specify)	1500.00				
Full Name (Last, First, Middle Initial) Regan Andre Andre Schwartz		Date of Receipt			
Mailing Address 2446 Westminste	r Ter	M M / D D / Y Y Y Y 04 24 2009			
City	State Zip Code	Transaction ID: C713836			
Oviedo	FL 32765-7503	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer FL Emer Phys	Occupation Emergency Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
SUBTOTAL of Receipts This Page (optio	nal)	3500.00			
	imber only)				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 207 / 316           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports ar or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee					
Full Name (Last, First, Middle Initial) Riley H H Selby, III		Date of Receipt				
Mailing Address 624 Hancock St		06 ¹⁷ 2009				
City	State Zip Code	Transaction ID: C740010				
Edwardsville FEC ID number of contributing federal political committee.	IL 62025-2450	Amount of Each Receipt this Period 250.00				
Name of Employer Dr. Riley H Selby, III	Occupation Emergency Physician	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) A Duane Selman Mailing Address PO Box 15100		Date of Receipt				
		0 1 / 2 9 / Y Y Y Y 2 0 0 9				
City Ft Worth	State Zip Code TX 76119-0100	Transaction ID: C614118				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00				
Name of Employer North Hills Hosp	Occupation Emergency Physician	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) A Duane Selman		Date of Receipt				
Mailing Address PO Box 15100		04 29 2009				
City	State Zip Code	Transaction ID: C714788				
<u>Ft Worth</u> FEC ID number of contributing federal political committee.	TX 76119-0100	Amount of Each Receipt this Period 250.00				
Name of Employer North Hills Hosp	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (optional	al)	750.00				
TOTAL This Period (last page this line num	iber only)					

Any ir or for	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any ir or for			X 11a 11b 11c 112
or for	nformation conied from such Benorts and St		
	commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	13     14     15     16     1       for the purpose of soliciting contributions olicit contributions from such committee.
1			
	ational Emergency Medicine Political	Action Committee	
	III Name (Last, First, Middle Initial) nana G G Selmon	Date of Receipt	
Ma	ailing Address 19 Timber Trl	M M / D D / Y Y Y Y 04 23 2009	
Cit	-	State Zip Code	Transaction ID: C713481
<u>S</u> ı	uffern	NY 10901-1601	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	250.00
Na Dr	ame of Employer r. Chana G Sélmon	Occupation Emergency Physician	1
Re	eceipt For:	Aggregate Year-to-Date ▼	1
	Primary General	250.00	
	Other (specify)		
Gr	III Name (Last, First, Middle Initial) regory L L Shangold		Date of Receipt
	ailing Address 66 Beacon Hill Dr		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
Cit		State Zip Code	Transaction ID: C614166
<u>St</u>	torrs	CT 06268-2756	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	83.33
Na W	ame of Employer indham Hosp	Occupation Emergency Physician	]
Re	eceipt For:	Aggregate Year-to-Date ▼	
	Primary   General     Other (specify)	333.36	
	II Name (Last, First, Middle Initial) regory L L Shangold		Date of Receipt
	ailing Address 66 Beacon Hill Dr		02 25 2009
Cit	ty	State Zip Code	Transaction ID: C682049
<u>St</u>	torrs	CT 06268-2756	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	83.33
Na W	ame of Employer indham Hosp	Occupation Emergency Physician	1
Re	eceipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	333.36	
SUP	TOTAL of Receipts This Page (optional)		416.66

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each o	arate schedule(s) category of the Summary Page	FOR LINE NUMBER:       PAGE 209 / 316         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee		
Α.	Full Name (Last, First, Middle Initial) Gregory L L Shangold	Date of Receipt		
	Mailing Address 66 Beacon Hill Dr	03 / D D / Y Y Y Y 03 / 30 / 2009		
	City	State Zip Coo		Transaction ID: C703554
	Storrs	CT 06268-	2756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Windham Hosp	Occupation Emergency Physicia	an	
	Receipt For:	Aggregate Year-to-Dat	e 🔻	
	Primary     General       Other (specify)     ▼		333.36	
- В.	Full Name (Last, First, Middle Initial) Gregory L L Shangold	I		Date of Receipt
	Mailing Address 66 Beacon Hill Dr	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y		
	City	State Zip Coo		Transaction ID: C714797
	Storrs	CT 06268-	2756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.37
	Name of Employer Windham Hosp	Occupation Emergency Physicia	an	
	Receipt For:	Aggregate Year-to-Date	e 🔻	
	Primary     General       Other (specify)     ▼		333.36	
- с.	Full Name (Last, First, Middle Initial) Stephen R R Shea			Date of Receipt
	Mailing Address 1050 Linden Ave			M M / D D / Y Y Y Y 06 17 2009
	City	State Zip Coc	le	Transaction ID: C739992
	Long Beach	CA 90813-	3321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St Mary Med Ctr - ER	Occupation Emergency Physicia		
	Receipt For: Primary General	Aggregate Year-to-Dat	e 🔻	
	Other (specify) ▼		1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)		····· •	1166.70
-	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 210/316           (check only one)         11a           X         11a           13         14           15         16           17				
Any information copied from such F or for commercial purposes, other t	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In Ful National Emergency Medic	ine Political Action Committee					
Full Name (Last, First, Middle In Brian Howard Howard Shear	itial)	Date of Receipt				
Mailing Address 1015 Harris	son St	M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y				
City	State Zip Code	Transaction ID: C710962				
Denver	CO 80206-3516	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Exempla Lutheran Med Ctr	Occupation Emergency Physician	_				
Receipt For:	Aggregate Year-to-Date V					
Primary     General       Other (specify) ▼	250.00	]				
Full Name (Last, First, Middle In William K K Sheffield	itial)	Date of Receipt				
Mailing Address 5922 S 100	10 E	M M         /         D D         /         Y Y         Y Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y				
City	State Zip Code	Transaction ID: C725576				
South Ogden	UT 84405-7200	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer EPIC LLC	Occupation Emergency Physician					
Receipt For:	Aggregate Year-to-Date 🔻					
Primary     General       Other (specify) ▼	1000.00	]				
Full Name (Last, First, Middle In William K K Sheffield	itial)	Date of Receipt				
Mailing Address 5922 S 100	10 E	M M / D D / Y Y Y Y Y 06 / 09 / 2009				
City	State Zip Code	Transaction ID: C735724				
South Ogden	UT 84405-7200	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer EPIC LLC	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]				
SUBTOTAL of Receipts This Pag	e (optional)	1250.00				
	s line number only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 211/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17			
Any information copied from such Reports and or for commercial purposes, other than using the	n for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee				
Full Name (Last, First, Middle Initial) John Douglas Douglas Shields					
Mailing Address 1993 Hannover Ct		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y			
City	State Zip Code	Transaction ID: C745989			
Clarksville	TN 37043-5691	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Emer Svcs Network Pl	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary     General       Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Eric Shipley		Date of Receipt			
Mailing Address 23569 SE 52nd St		M M / D D / Y Y Y Y 03 06 2009			
City	State Zip Code	Transaction ID: C686206			
Issaquah	WA 98029-6813	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Puget Sound Phys	Occupation Emergency Physician				
	Aggregate Year-to-Date 🔻				
Other (specify)	250.00				
Full Name (Last, First, Middle Initial) James Brent Brent Sholar	1	Date of Receipt			
Mailing Address 3740 Rocky Rdg Ct		M M / D D / Y Y Y Y 0 4 1 4 2 0 0 9			
City	State Zip Code	Transaction ID: C709509			
Hood River	OR 97031-7738	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Mid Columbia Med Ctr	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 212/316         (check only one)       11a         X       11a         13       14         15       16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions	
	National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Michael E E Silverman	Date of Receipt	
	Mailing Address 3 Queenberry Way	0 6 0 9 2 0 0 9	
	City	State Zip Code	Transaction ID: C735767
	Basking Ridge	NJ 07920-3828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		700.00
	Name of Employer Morristown Mem Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	700.00	
в.	Full Name (Last, First, Middle Initial) Erin Simon		Date of Receipt
	Mailing Address 400 Wabash Ave	05 / 22 / 2009	
	City	State Zip Code	Transaction ID: C725564
	Akron	OH 44307-2433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Akron Gen Med Ctr	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	500.00	]
- C.	Full Name (Last, First, Middle Initial) Weylin Sing	1	Date of Receipt
	Mailing Address 1051 Winderley PI Ste	04 / 24 / Y Y Y Y 094 / 24	
	City	State Zip Code	Transaction ID: C713818
	Orlando	FL 32803-1248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer FL Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	· ······	2200.00
ľ	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 213 / 316         (check only one)       11a         X       11a       11b         13       14       15       16       17					
or for commercial purposes, other than us	Any information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to solic						
NAME OF COMMITTEE (In Full) National Emergency Medicine Po	olitical Action Committee						
Full Name (Last, First, Middle Initial) Siva Sivanesan		Date of Receipt					
Mailing Address 765 Bear Creek (	Cir	0 4 / D D / Y Y Y Y 2 0 0 9					
City	State Zip Code	Transaction ID: C713826					
Winter Springs FEC ID number of contributing federal political committee.	FL 32708-3892	Amount of Each Receipt this Period					
Name of Employer Dr. Siva Sivanesan	Occupation Emergency Physician	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial) Chester Skiba, Jr Mailing Address 18 Gentry Dr	I	Date of Receipt					
		04 27 2009					
City Long Vly	State Zip Code NJ 07853-3604	Transaction ID: C714493 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer Dr. Chester Skiba, Jr	Occupation Emergency Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) David P Sklar		Date of Receipt					
Mailing Address 25 Cedar Hill PI	NE	M M / D D / Y Y Y Y 02 05 2009					
City	State Zip Code	Transaction ID: C687341					
Albuquerque FEC ID number of contributing federal political committee.	NM 87122-1906	Amount of Each Receipt this Period					
Name of Employer Dept Emerg Med MSC08 4770	Occupation Emergency Physician	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
SUBTOTAL of Receipts This Page (optic	onal)	2500.00					
TOTAL This Period (last page this line n	umber only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 214/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions	
	National Emergency Medicine Politic	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Todd Slesinger		Date of Receipt
	Mailing Address 427 Daub Ave		M M / D D / Y Y Y Y 01 29 2009
	City	State Zip Code	Transaction ID: C614117
	Hewlett	NY 11557-1136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	499.98	
- В.	Full Name (Last, First, Middle Initial) Todd Slesinger		Date of Receipt
	Mailing Address 427 Daub Ave	0 2 / D D / Y Y Y Y 2 5 2 0 0 9	
	City	State Zip Code	Transaction ID: C682031
	Hewlett	NY 11557-1136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify) ▼	499.98	
- C.	Full Name (Last, First, Middle Initial) Todd Slesinger		Date of Receipt
	Mailing Address 427 Daub Ave		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y         Y · Y · Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C703567
	Hewlett	NY 11557-1136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	499.98	
ſ	SUBTOTAL of Receipts This Page (optional)		249.99
┢		<b>·</b>	
	TOTAL This Period (last page this line number	er only)	

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE M (check only X 11a 13				
Any information co or for commercial p	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.							
	MITTEE (In Full) ergency Medicine Political	Action Com	mittee					
Full Name (Last	, First, Middle Initial)			Date of F	Receipt			
Mailing Address	427 Daub Ave			0 4	/ D D / Y Y Y Y 29 / 2009			
City		State	Zip Code		tion ID: C714796			
Hewlett		NY	11557-1136	Amount	of Each Receipt this Period			
FEC ID number federal political		C			83.33			
Name of Employ North Shore Un	yer iv Hosp	Occupation Emergen	r cy Physician					
Receipt For:		Aggregate	Year-to-Date V					
Other (spo	General ecify) <b>▼</b>	0 0	499.98	1				
Full Name (Last Todd Slesinger	, First, Middle Initial)			Date of F	Receipt			
Mailing Address	Mailing Address 427 Daub Ave			05	/ D D / Y Y Y Y 28 2009			
City		State	Zip Code	Transact	tion ID: C730882			
Hewlett		NY	11557-1136	Amount	of Each Receipt this Period			
FEC ID number federal political		C			83.33			
Name of Employ North Shore Un	ver iv Hosp	Occupation Emergen	r cy Physician					
Receipt For:		Aggregate	Year-to-Date 🔻					
Other (spo	General ecify) <b>▼</b>	0 0	499.98					
Full Name (Last Todd Slesinger	, First, Middle Initial)			Date of F	Receipt			
Mailing Address	427 Daub Ave			0 6	/ D D / Y Y Y Y 29 2009			
City		State	Zip Code	Transact	tion ID: C744421			
Hewlett		NY	11557-1136	Amount	of Each Receipt this Period			
FEC ID number federal political		C			83.33			
Name of Employ North Shore Un	ver iv Hosp	Occupation Emergen	r cy Physician					
Receipt For:		Aggregate	Year-to-Date 🔻					
Other (sp	General ecify) <b>▼</b>	0 0	499.98					
	ceipts This Page (optional)				249.99			
	woipis i nis raye (Upliunai)	only)						

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 216/316 (check only one) X 11a 11b 11c 12		
			Detailed Summary Page	X         III         IIII         IIIII         IIIII         IIIII         IIIIIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Any ir or for	nformation copied from such Reports and Sta commercial purposes, other than using the na	on for the purpose of soliciting contributions oslicit contributions from such committee.				
	AME OF COMMITTEE (In Full)					
	ational Emergency Medicine Political A	Action Corr	nmittee			
	Ill Name (Last, First, Middle Initial) amuel C C Slimmer, Jr	Date of Receipt				
Ma	ailing Address 1722 Breckenridge Rd	M M / D D / Y Y Y Y Y 05 22 2009				
Ci	•	State	Zip Code	Transaction ID: C725565		
<u>0</u>	rwigsburg	PA	17961-9544	Amount of Each Receipt this Period		
	EC ID number of contributing deral political committee.	C		1000.00		
Na Di	ame of Employer r. Samuel C Slimmer, Jr	Occupation Emergen	n cy Physician			
Re	eceipt For:		Year-to-Date V	1		
-	Primary General		1000.00	1		
	Other (specify) <b>v</b>	0 0		1		
	III Name (Last, First, Middle Initial) ik Sloan			Date of Receipt		
Ma	ailing Address 2719 N Janssen Ave	M M / D D / Y Y Y Y 06 17 2009				
Ci	ty	State	Zip Code	Transaction ID: C739975		
<u>C</u>	hicago	IL	60614-1132	Amount of Each Receipt this Period		
	EC ID number of contributing deral political committee.	C		250.00		
Na Ce	ame of Employer entral DuPage Hosp	Occupation Emergen	n cy Physician			
Re	eceipt For:	Aggregate	Year-to-Date V			
-	Primary   General     Other (specify)   The second seco	0 0	250.00	]		
	III Name (Last, First, Middle Initial) rgil W W Smaltz			Date of Receipt		
	ailing Address 10 St Charles Ave			M M / D D / Y Y Y Y 0 1 29 2009		
Ci	ty	State	Zip Code	Transaction ID: C614111		
<u></u>	/heeling	WV	26003-9382	Amount of Each Receipt this Period		
	EC ID number of contributing deral political committee.	C		100.00		
Na W	ame of Employer /heeling Hosp	Occupation Emergen	n cy Physician			
Re	eceipt For:		Year-to-Date V			
-	Primary   General     Other (specify)   Image: Contract of the second	0 0	600.00	]		
SUB	TOTAL of Receipts This Page (optional)			1350.00		
	AL This Period (last page this line number or					
SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 217/316           (check only one)         X           X         11a           11b         11c           13         14           15         16				
-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--
Any information copied from such Report or for commercial purposes, other than u	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee					
Full Name (Last, First, Middle Initial) Virgil W W Smaltz		Date of Receipt				
Mailing Address 10 St Charles A	Ave	M M / D D / Y Y Y Y 02 / 25 / 2009				
City	State Zip Code	Transaction ID: C682033				
Wheeling	WV 26003-9382	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		100.00				
Name of Employer Wheeling Hosp	Occupation Emergency Physician					
Receipt For:	Aggregate Year-to-Date V	_				
Primary     General       Other (specify) ▼	600.00					
Full Name (Last, First, Middle Initial) Virgil W W Smaltz	1	Date of Receipt				
Mailing Address 10 St Charles A	Ave	M M / D D / Y Y Y Y 03 30 2009				
City	State Zip Code	Transaction ID: C703568				
Wheeling FEC ID number of contributing federal political committee.	WV 26003-9382	Amount of Each Receipt this Period				
Name of Employer Wheeling Hosp	Occupation Emergency Physician	-				
Receipt For:	Aggregate Year-to-Date V					
Primary     General       Other (specify) ▼	600.00					
Full Name (Last, First, Middle Initial) Virgil W W Smaltz		Date of Receipt				
Mailing Address 10 St Charles A	Ave	M M / D D / Y Y Y Y 04 29 2009				
City	State Zip Code	Transaction ID: C714786				
Wheeling	WV 26003-9382	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		100.00				
Name of Employer Wheeling Hosp	Occupation Emergency Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
SUBTOTAL of Receipts This Page (on	tional)	300.00				
	number only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 218/316           (check only one)	
	Any information copied from such Reports and Statements may not be sold or used or for commercial purposes, other than using the name and address of any political of		y person for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political			
⊻ A.	Full Name (Last, First, Middle Initial) Virgil W W Smaltz		Date of Receipt	
	Mailing Address 10 St Charles Ave		05 / 28 / Y Y Y 2009	
	City	State Zip Code	Transaction ID: C730879	
	Wheeling	WV 26003-9382	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	100.00	
	Name of Employer Wheeling Hosp	Occupation Emergency Physician	]	
	Receipt For:	Aggregate Year-to-Date V		
	Primary     General       Other (specify)	600.00		
– B.	Full Name (Last, First, Middle Initial) Virgil W W Smaltz		Date of Receipt	
	Mailing Address 10 St Charles Ave	M M / D D / Y Y Y Y 06 29 2009		
	City	State Zip Code	Transaction ID: C744384	
	Wheeling	WV 26003-9382	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	100.00	
	Name of Employer Wheeling Hosp	Occupation Emergency Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
– C.	Full Name (Last, First, Middle Initial) Sullivan K K Smith		Date of Receipt	
	Mailing Address 600 Parragon Rd		M M / D D / Y Y Y Y 04 24 2009	
	City	State Zip Code	Transaction ID: C713834	
	Cookeville	TN 38506-8701	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	1000.00	
	Name of Employer VMG	Occupation Emergency Physician		
	Receipt For: Primary General Other (specify) <b>v</b>	Aggregate Year-to-Date ▼ 1000.00		
ſ	SUBTOTAL of Receipts This Page (optional)	······	1200.00	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 219 / 316           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports a or for commercial purposes, other than usin	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	itical Action Committee				
Full Name (Last, First, Middle Initial) Mark Robert Robert Sochor		Date of Receipt			
Mailing Address 1944 Via Florence		05 / D D / Y Y Y Y 05 / 2009			
City	State Zip Code	Transaction ID: C719566			
Charlottesville	VA 22911	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Univ of VA	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary     General       Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Peter Erik Sokolove		Date of Receipt			
Mailing Address 3889 Exmoor Circ	le	0 4 / 1 0 / Y Y Y Y 2 0 0 9			
City	State Zip Code	Transaction ID: C708702			
Sacramento	CA 95864-5904	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer UC Davis School of Medici- ne	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary       General         Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Patrick Solari		Date of Receipt			
Mailing Address 2041 Yale Ave E		03 / D D / Y Y Y Y 03 / 06 2009			
City	State Zip Code	Transaction ID: C686217			
Seattle	WA 98102-3515	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Dr Patrick Solari	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary       General         Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (option	nal)	750.00			
	mber only)				

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 220/316           (check only one)
Any information or for commerci	copied from such Reports and S al purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	OMMITTEE (In Full) mergency Medicine Politica	al Action Corr	mittee	
,	Full Name (Last, First, Middle Initial) Robert C C Solomon			Date of Receipt
Mailing Addr	ess 108 Saddle Rdg			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City		State	Zip Code	Transaction ID: C614128
<u>Oakdale</u>		PA	15071-3726	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		83.33
Name of Em Steel Vly Em	ployer her Phys	Occupation Emergen	n cy Physician	
Receipt For:			Year-to-Date	
Other	y General (specify) <del>v</del>	0 0	499.98	]
Full Name (L Robert C C S	ast, First, Middle Initial) olomon			Date of Receipt
Mailing Addr	ess 108 Saddle Rdg			M M / D D / Y Y Y Y 02 25 2009
City		State	Zip Code	Transaction ID: C682046
<u>Oakdale</u>		PA	15071-3726	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		83.33
Name of Em Steel Vly Em	ployer her Phys	Occupation Emergen	י cy Physician	
Receipt For:		Aggregate	Year-to-Date V	
Primar Other	y General (specify) <b>▼</b>	0.0	499.98	]
Full Name (L Robert C C S	ast, First, Middle Initial) olomon			Date of Receipt
Mailing Addr	ess 108 Saddle Rdg			M M / D D / Y Y Y Y 03 30 2009
City		State	Zip Code	Transaction ID: C703564
<u>Oakdale</u>		PA	15071-3726	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		83.33
Name of Em Steel Vly Em	ployer her Phys	Occupation Emergen	י cy Physician	
Receipt For:		Aggregate	Year-to-Date V	_
Other	y General (specify) <b>▼</b>		499.98	
SUBTOTAL of	Receipts This Page (optional)			249.99
	Period (last page this line number		•	

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions
National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Robert C C Solomon		Date of Receipt
Mailing Address 108 Saddle Rdg		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C714792
Oakdale	PA 15071-3726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.33
Name of Employer Steel Vly Emer Phys	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify)     ▼	499.98	
Full Name (Last, First, Middle Initial) Robert C C Solomon	I	Date of Receipt
Mailing Address 108 Saddle Rdg		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C730880
Oakdale	PA 15071-3726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Steel Vly Emer Phys	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) Robert C C Solomon		Date of Receipt
Mailing Address 108 Saddle Rdg		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C744402
Oakdale	PA 15071-3726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.33
Name of Employer Steel Vly Emer Phys	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.98	
SUBTOTAL of Receipts This Page (option	al)	249.99
	nber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 222/316           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Peter L L Sosnow		Date of Receipt
	Mailing Address 37 Dublin Dr		M M / D D / Y Y Y Y Y 0 1 2 9 2 0 0 9
	City	State Zip Code	Transaction ID: C614107
	Niskayuna	NY 12309-1442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Albany Mem Hosp Chairman	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)	499.98	
- В.	Full Name (Last, First, Middle Initial) Peter L L Sosnow	1	Date of Receipt
	Mailing Address 37 Dublin Dr		0 2 / 2 5 / Y Y Y Y 0 2 0 0 9
	City	State Zip Code	Transaction ID: C682055
	Niskayuna	NY 12309-1442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Albany Mem Hosp Chairman	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	499.98	
- c.	Full Name (Last, First, Middle Initial) Peter L L Sosnow	1	Date of Receipt
	Mailing Address 37 Dublin Dr		03 / 30 / Y Y Y Y Y 03 / 30 / 2009
	City	State Zip Code	Transaction ID: C703563
	Niskayuna	NY 12309-1442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.33
	Name of Employer Albany Mem Hosp Chairman	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	499.98	
ſ	SUBTOTAL of Receipts This Page (optional)	۱ 	249.99
ŀ	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 223/316           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Peter L L Sosnow		Date of Receipt
	Mailing Address 37 Dublin Dr		04 / 29 / Y Y Y Y 04 / 29
	City	State Zip Code	Transaction ID: C714784
	Niskayuna	NY 12309-1442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Albany Mem Hosp Chairman	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	499.98	
— В.	Full Name (Last, First, Middle Initial) Peter L L Sosnow		Date of Receipt
	Mailing Address 37 Dublin Dr		05 / 28 / Y Y Y Y 05 / 28 2009
	City	State Zip Code	Transaction ID: C730874
	Niskayuna	NY 12309-1442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Albany Mem Hosp Chairman	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	499.98	
– c.	Full Name (Last, First, Middle Initial) Peter L L Sosnow	1	Date of Receipt
	Mailing Address 37 Dublin Dr		0 6 / 2 9 / Y Y Y Y 0 6 2 9 2 0 0 9
	City	State Zip Code	Transaction ID: C744427
	Niskayuna	NY 12309-1442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Albany Mem Hosp Chairman	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	499.98	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	249.99
	TOTAL This Period (last page this line number		

SCHEDULE A (F ITEMIZED RECE	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 224/316           (check only one)
or for commercial purpose NAME OF COMMITT	es, other than using the name and a EE (In Full)	son for the purpose of soliciting contributions o solicit contributions from such committee.	
	cy Medicine Political Action Co	ommittee	
Full Name (Last, First, Theodore L L Spangler	Middle Initial)		Date of Receipt
Mailing Address 257	73 Aylesbury St NW		0 6 2 5 2 0 0 9
City	State	Zip Code	Transaction ID: C743695
N Canton	OH	44720-8245	Amount of Each Receipt this Period
FEC ID number of con federal political commit			250.00
Name of Employer Stark County Emerger	ncy Ph-		
ysici Receipt For:		ency Physician Ite Year-to-Date	
Primary Other (specify)	General	250.00	
Full Name (Last, First, Alison Heather Heather			Date of Receipt
Mailing Address 11	Maple Ave		M M / D D / Y Y Y Y 01 29 2009
City	State	Zip Code	Transaction ID: C614133
Troy	NY	12180-7132	Amount of Each Receipt this Period
FEC ID number of con federal political commin			50.00
Name of Employer Albany Memi Hosp	Occupat Emerge	ion ency Physician	
Receipt For:		te Year-to-Date 🔻	_
Other (specify)	General	300.00	
Full Name (Last, First, Alison Heather Heather			Date of Receipt
Mailing Address 11	Maple Ave		M M / D D / Y Y Y Y 02 25 2009
City	State	Zip Code	Transaction ID: C682047
Troy	NY	12180-7132	Amount of Each Receipt this Period
FEC ID number of con federal political commit	ttee.		50.00
Name of Employer Albany Memi Hosp	Occupat Emerge	ion ency Physician	
Receipt For:		te Year-to-Date 🔻	
Other (specify)	General	300.00	
SUBTOTAL of Receipts	This Page (optional)		350.00
	t page this line number only)		

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 225/316         (check only one)
Any inform or for con	nation copied from such Reports and Stannercial purposes, other than using the r	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	OF COMMITTEE (In Full) nal Emergency Medicine Political	Action Com	mittee	
	ame (Last, First, Middle Initial) Heather Heather Spear			Date of Receipt
Mailing	g Address 11 Maple Ave			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City		State	Zip Code	Transaction ID: C703565
Troy		NY	12180-7132	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		50.00
Name Alban	of Employer y Meml Hosp	Occupation Emergenc	y Physician	
Receip		Aggregate	Year-to-Date V	
	Primary General Other (specify) <b>v</b>	0 0	300.00	]
	ame (Last, First, Middle Initial) Heather Heather Spear			Date of Receipt
Mailing	g Address 11 Maple Ave			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City		State	Zip Code	Transaction ID: C714783
Troy		NY	12180-7132	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		50.00
Alban	of Employer y Memi Hosp		y Physician	
Receip		Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) <b>v</b>	0 0	300.00	]
	ame (Last, First, Middle Initial) Heather Heather Spear			Date of Receipt
Mailing	g Address 11 Maple Ave			M M         /         D D         /         Y         Y P         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y </td
City		State	Zip Code	Transaction ID: C730873
<u>Troy</u>		NY	12180-7132	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		50.00
	of Employer y Memi Hosp	Occupation Emergenc	y Physician	
Receip		Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) <b>v</b>	0 0	300.00	]
SUBTO	TAL of Receipts This Page (optional)			150.00
	This Period (last page this line number o			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 226 / 316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports an or for commercial purposes, other than using	Ind Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit		
Full Name (Last, First, Middle Initial) A. Alison Heather Heather Spear		Date of Receipt
Mailing Address 11 Maple Ave		06 / 29 / Y Y Y Y 06 / 29 / 2009
City	State Zip Code	Transaction ID: C744393
Troy	NY 12180-7132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Albany Meml Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify)     ▼	300.00	
Full Name (Last, First, Middle Initial) B. Rajagopal Srinivasan		Date of Receipt
Mailing Address 815 Freeport Rd		M M         /         D D         /         Y Y         Y Y         Y           0 5         2 2         2 0 0 9
City	State Zip Code	Transaction ID: C725583
Pittsburgh	PA 15215-3301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UPMC St Margaret	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	350.00	
Full Name (Last, First, Middle Initial) Rajagopal Srinivasan		Date of Receipt
Mailing Address 815 Freeport Rd		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C731172
Pittsburgh	PA 15215-3301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer UPMC St Margaret	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optiona	l)	400.00
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	· •	400

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER:     PAGE 227 / 316       (check only one)     X       X     11a       11b     11c
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be s	old or used by any perso	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica			
A.	Full Name (Last, First, Middle Initial) Steven Joseph Stack			Date of Receipt
	Mailing Address 2083 Bridgeport Drive			0 2 0 2 Y Y Y Y 0 2 0 2 0 2 0 9
	City	•	Code	Transaction ID: C614484
	Lexington	KY 405	02-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Steven J. Stack	Occupation physician		
	Receipt For:	Aggregate Year-to-I	Date 🔻	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		1000.00	
В.	Full Name (Last, First, Middle Initial) Keith D D Stamler	•		Date of Receipt
	Mailing Address 26811 Westvale Rd	0 6 2 9 Y Y Y Y 0 6 2 9 2 0 0 9		
	City	State Zip 0	Code	Transaction ID: C744372
	Pls Vrds Penin	CA 902	74-4049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Zerowet Inc	Occupation Emergency Phys	ician	
	Receipt For: Primary General	Aggregate Year-to-I	Date 🔻	
	Other (specify) ▼		250.00	
с.	Full Name (Last, First, Middle Initial) Donald J J Steiner	1		Date of Receipt
	Mailing Address 1 S 702 Birchbrook Ct	:		0 6 / 2 3 / 2 0 0 9
	City	State Zip 0	Code	Transaction ID: C742096
	<u>Glen Ellyn</u>	IL 601	37-6880	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Good Samaritan Hosp	Occupation Emergency Phys		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Date ▼ 500.00	]
	SUBTOTAL of Receipts This Page (optional)		·····	1750.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 228 / 316         (check only one)       11a         X       11a       11b         13       14       15       16
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Com	mittee	
۷ A.	Full Name (Last, First, Middle Initial) Arthur Lloyd Lloyd Stern		Date of Receipt	
	Mailing Address 9239 Woodacre Blvd S	0 1 0 8 Y Y Y Y 0 1 0 8 2 0 0 9		
	City	State	Zip Code	Transaction ID: C605828
	Indianapolis	IN	46234-2856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Francis Hosp & Hlth Ct-	Occupation Emergen	n cy Physician	
	rs Receipt For:	1 I	Year-to-Date V	
	Primary     General       Other (specify)     ▼	0 0	250.00	]
- B.	Full Name (Last, First, Middle Initial) Jennifer B B Stevenson			Date of Receipt
	Mailing Address 38 Ridge Rd	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y		
	City	State	Zip Code	Transaction ID: C742090
	Pleasant Ridge	MI	48069-1120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Henry Ford Macomb	Occupation Emergen	י cy Physician	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
- C.	Full Name (Last, First, Middle Initial) Joshua Stillman	L		Date of Receipt
	Mailing Address 275 W 96th St # 28D Apt 28D			M M / D D / Y Y Y Y 04 10 2009
	City	State	Zip Code	Transaction ID: C708755
	New York	NY	10025-6263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NY Presbyterian Hosp	Occupation Emergen	n cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date	1
	Other (specify)	0 0	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)		······	1500.00
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 229 / 316         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
or for commercial purposes, other than u	ts and Statements may not be sold or used by any persor sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political Action Committee	
Full Name (Last, First, Middle Initial) David F E Stuhlmiller		Date of Receipt
Mailing Address 2 Hillside Ave		0 4 / 1 6 / Y Y Y Y 0 4
City	State Zip Code	Transaction ID: C709891
Madison	NJ 07940-2527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emergency Medical Associa- tes	Occupation Physician	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) James Suel	1	Date of Receipt
Mailing Address One Seal Harbo		03 / D D / Y Y Y Y 2009
City Winthrop	State Zip Code MA 02152	Transaction ID: C689861
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Cambridge Health Alliance	Occupation Emergency Physician	-
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Thomas Jerome Jerome Sugarman		Date of Receipt
Mailing Address 1563 Solano PN	ИВ 463	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State Zip Code	Transaction ID: C731429
Berkeley	CA 94707-2116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sutter Delta Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (op)	tional)	1500.00
	number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 230 / 316           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
۲.	Full Name (Last, First, Middle Initial) J Andrew Sumner		Date of Receipt
	Mailing Address 9708 Kenmore Dr		M M / D D / Y Y Y Y 04 23 2009
	City	State Zip Code	Transaction ID: C713447
	Kensington	MD 20895-3231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer James Andrew Sumner MD PA	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	250.00	
-	Full Name (Last, First, Middle Initial) Erik Thomas Thomas Sundell	I	Date of Receipt
	Mailing Address 1314 Seventh St		M M / D D / Y Y Y Y 06 23 2009
	City	State Zip Code	Transaction ID: C742099
	New Orleans	LA 70115-3319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Ochsner Clinic	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	250.00	
_	Full Name (Last, First, Middle Initial) Joan Surdukowski	1	Date of Receipt
-	Mailing Address 17 Macintosh Dr		M M / D D / Y Y Y Y 06 03 2009
	City	State Zip Code	Transaction ID: C732467
	Oxford	CT 06478-1358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St Raphaels Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ ۱	750.00
┢	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 231 / 316           (check only one)         (check 112)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Robert Eduard Eduard Suter		Date of Receipt
	Mailing Address PO Box 670785		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C740424
	Dallas	TX 75367-0785	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer UT Southwestern	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00	
В.	Full Name (Last, First, Middle Initial) Brian Sutton		Date of Receipt
	Mailing Address 47 Stephanie Ln		M M / D D / Y Y Y Y 01 29 2009
	City	State Zip Code	Transaction ID: C614164
	Westfield	MA 01085-1484	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Westfield Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
с.	Full Name (Last, First, Middle Initial) Brian Sutton		Date of Receipt
	Mailing Address 47 Stephanie Ln		04 29 YYYY 024 29 2009
	City	State Zip Code	Transaction ID: C714779
	Westfield	MA 01085-1484	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Westfield Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  250.00	
	SUBTOTAL of Receipts This Page (optional)	•	1250.00
	TOTAL This Period (last page this line number	only)	

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 232/316           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
or for	nformation copied from such Reports and Sta commercial purposes, other than using the r	atements may name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full) ational Emergency Medicine Political /	Action Com	mittee	
	III Name (Last, First, Middle Initial) eter P P Taillac			Date of Receipt
Ma	ailing Address 3439 Canyon Cove Dr			0 1 / 2 9 / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
Ci		State	Zip Code	Transaction ID: C614153
FE	alt Lake City EC ID number of contributing deral political committee.	C	84121-6335	Amount of Each Receipt this Period 83.33
Na Ur	ame of Employer niv of Utah Med Ctr	Occupation	n cy Physician	
Re	eceipt For: Primary General Other (specify) <b>▼</b>		Year-to-Date ▼ 333.32	]
<b>B.</b> <u>P</u> e	III Name (Last, First, Middle Initial) ter P P Taillac ailing Address 3439 Canyon Cove Dr			Date of Receipt
_				03 30 2009
Ci	^{ty} alt Lake City	State UT	Zip Code 84121-6335	Transaction ID: C703593
FE	EC ID number of contributing deral political committee.	C		Amount of Each Receipt this Period 83.33
U	ame of Employer niv of Utah Med Ctr	U U	cy Physician	
Re	eceipt For: Primary General Other (specify) <b>▼</b>	Aggregate	Year-to-Date 333.32	]
	II Name (Last, First, Middle Initial) ter P P Taillac			Date of Receipt
Ma	ailing Address 3439 Canyon Cove Dr			M M / D D / Y Y Y Y 03 31 2009
Ci		State	Zip Code	Transaction ID: C704701
FE	alt Lake City EC ID number of contributing deral political committee.	C	84121-6335	Amount of Each Receipt this Period 83.33
Na Ur	ame of Employer niv of Utah Med Ctr	Occupation Emergen	n cy Physician	
Re	eceipt For: Primary General Other (specify) <b>▼</b>	Aggregate	Year-to-Date <b>V</b> 333.32	]
SUB	TOTAL of Receipts This Page (optional)			249.99
тот	AL This Period (last page this line number o	only)		

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 233 / 316           (check only one)         11a           X         11a           13         14           15         16		
Any information copied from or for commercial purposes	Any information copied from such Reports and Statements may not be sold or used by any person for t or for commercial purposes, other than using the name and address of any political committee to solicit				
NAME OF COMMITTER National Emergency	E (In Full) Medicine Political Action Cor	mmittee			
Full Name (Last, First, M Peter P P Taillac	liddle Initial)		Date of Receipt		
Mailing Address 3439	Canyon Cove Dr		0 4 / 2 9 / Y Y Y Y 2 0 0 9		
City	State	Zip Code	Transaction ID: C714789		
Salt Lake City FEC ID number of contr federal political committe		84121-6335	Amount of Each Receipt this Period 83.33		
Name of Employer Univ of Utah Med Ctr	Occupation	on ncy Physician	_		
Receipt For: Primary 0 Other (specify) ▼	General Aggregat	e Year-to-Date ▼ 333.32			
Full Name (Last, First, M Mark J J Tamsen Mailing Address PO E	liddle Initial) Box 370630		Date of Receipt		
Eme	rgency Care Dynamics		05 19 2009		
City <u>San Diego</u>	State CA	Zip Code 92137-0630	Transaction ID: C724839 Amount of Each Receipt this Period		
FEC ID number of contr federal political committee	ibuting		1000.00		
Name of Employer Emergency Care Dynam	Lineige	ncy Physician			
Receipt For: Primary 0 Other (specify) ▼	General Aggregat	e Year-to-Date ▼ 1000.00			
Full Name (Last, First, M Douglas N N Tannas	liddle Initial)		Date of Receipt		
Mailing Address 6339	Red Fox Rd		M M / D D / Y Y Y Y 06 01 2009		
City	State	Zip Code	Transaction ID: C731442		
Pendleton FEC ID number of contr federal political committe		46064-8732	Amount of Each Receipt this Period		
Name of Employer EMGI	Occupation	on ncy Physician			
Receipt For: Primary 0 Other (specify) ▼	General	e Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts T	his Page (optional)		1583.33		
TOTAL This Period (last p	age 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 234/316         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements main name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
A.	Full Name (Last, First, Middle Initial) Ronald G G Thomas			Date of Receipt
	Mailing Address 1310 Alexander Dr			05 05 2009
	City	State	Zip Code	Transaction ID: C719618
	Guilford	CT	06437-5031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hosp of Saint Raphael	Occupatio	n ncy Physician	
	Receipt For:	_ <b>_</b>	e Year-to-Date V	
	Primary General Other (specify) ▼		250.00	]
- В.	Full Name (Last, First, Middle Initial) Jeffrey B B Thompson			Date of Receipt
	Mailing Address PO Box 12779			0 4 / D D / Y Y Y Y 2 1 2 0 0 9
	City	State	Zip Code	Transaction ID: C712329
	Beaumont	TX	77726-2779	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Meml Herman Baptist Beaum- ont	Occupatio Emerger	n ncy Physician	
	Receipt For:	, I – – – – –	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	]
- C.	Full Name (Last, First, Middle Initial) Bryce Tiller			Date of Receipt
	Mailing Address 7609 Wexford Club Dr	E		0 6 / D D / Y Y Y Y 0 6 0 9 2 0 0 9
	City	State	Zip Code	Transaction ID: C735728
	Jacksonville	FL	32256-2331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Meml Hosp Jacksonville	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	I		1050.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 235/316         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Larisa May May Traill		Date of Receipt
	Mailing Address 22844 Renford St		05 05 2009
	City	State Zip Code	Transaction ID: C719576
	Novi	MI 48375-4529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Detroit Med-Sinai Grace	Occupation	
	Hosp Receipt For:	Emergency Physician	_
	Primary General	Aggregate Year-to-Date	
	Other (specify)	250.00	
в.	Full Name (Last, First, Middle Initial) Lauren Trattner		Date of Receipt
Б.	Mailing Address 206 Clermont Avenue		03 31 2009
	City	State Zip Code	Transaction ID: C704681
	Staten Island	NJ 10307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer EMA	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	500.00	
– C.	Full Name (Last, First, Middle Initial) Marcus Anthony Anthony Trione		Date of Receipt
	Mailing Address 747 N 82nd St		M M / D D / Y Y Y Y 03 06 2009
	City	State Zip Code	Transaction ID: C686223
	Seattle	WA 98103-4319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Puget Sound Phys PLLC	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify)     ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	1000.00
	TOTAL This Period (last page this line number		

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 236 / 316           (check only one)         11c         12           X         11a         11b         11c         12           12         14         15         16         17
Any information copied or for commercial purp	from such Reports and Statemer poses, other than using the name a	ts may not be sold or used by any perso and address of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMI National Emerg	TTEE (In Full) ency Medicine Political Action	n Committee	
Full Name (Last, F A. Paul C C Tripathi	rst, Middle Initial)		Date of Receipt
Mailing Address	1021 North Garfield Street #	805	02 16 Y Y Y Y 02 16 2009
City	St	ate Zip Code	Transaction ID: C651808
Arlington	V	A 22201-2581	Amount of Each Receipt this Period
FEC ID number of federal political con			100.00
Name of Employer Best Practices Inc		upation ergency Physician	
Receipt For:		pregate Year-to-Date 🔻	
Other (specif	y) ▼	600.00	]
Full Name (Last, F Paul C C Tripathi	rst, Middle Initial)		Date of Receipt
Mailing Address	1021 North Garfield Street #	805	0 6 / D D / Y Y Y Y 0 6 28 2009
City	St	ate Zip Code	Transaction ID: C743928
Arlington	V	A 22201-2581	Amount of Each Receipt this Period
FEC ID number of federal political con			500.00
Name of Employer Best Practices Inc	Em	upation ergency Physician	
Receipt For: Primary		pregate Year-to-Date 🔻	
Other (specif	y) ▼	600.00	
Full Name (Last, F John R R Tucker	rst, Middle Initial)		Date of Receipt
Mailing Address	12440 Alta Mesa		0 4 / D D / Y Y Y Y 0 4 0 6 2 0 0 9
City	St	ate Zip Code	Transaction ID: C706222
Auburn	C	A 95603-3536	Amount of Each Receipt this Period
FEC ID number of federal political con			125.00
Name of Employer Emer Phys Med G		upation ergency Physician	
Receipt For: Primary Other (specif	General	pregate Year-to-Date ▼ 225.00	]
SUBTOTAL of Rece	pts This Page (optional)		725.00
TOTAL This Period	last page this line number only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	
	or for commercial purposes, other than using the	tatements may not be sold or used by name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
А.	Full Name (Last, First, Middle Initial) John R R Tucker		Date of Receipt
	Mailing Address 12440 Alta Mesa		M M / D D / Y Y Y Y 0 6 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: C746035
	Auburn	CA 95603-3536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Emer Phys Med Grp Inc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	22	5.00
в.	Full Name (Last, First, Middle Initial) Michael A A Turturro		Date of Receipt
	Mailing Address 821 Ridgeview Dr		M M / D D / Y Y Y Y 04 23 2009
	City	State Zip Code	Transaction ID: C713467
	Pittsburgh	PA 15228-1707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Emerg Med Assoc of Pittsb- urgh	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	250	0.00
с. –	Full Name (Last, First, Middle Initial) Katren Rachel Rachel Tyler		Date of Receipt
	Mailing Address 216 Firestone Dr		0 6 / Y Y Y Y 2 5 2 0 0 9
	City	State Zip Code	Transaction ID: C743698
	Roseville	CA 95678-1011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Univ California Davis	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250	0.00
Γ	SUBTOTAL of Receipts This Page (optional)		600.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 238 / 316           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any person g the name and address of any political committee to s	of or the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Matthew Brent Brent Underwood		Date of Receipt
Mailing Address 9799 Diamond St		M M         /         D D         /         Y Y         Y Y         Y           03         17         2009
City	State Zip Code	Transaction ID: C688004
Yucaipa	CA 92399-2943	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Riverside Cmnty Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify)     ▼	350.00	
Full Name (Last, First, Middle Initial) Matthew Brent Brent Underwood		Date of Receipt
Mailing Address 9799 Diamond St		0 4 / D D / Y Y Y Y 0 2 0 0 9
City	State Zip Code	Transaction ID: C709886
Yucaipa	CA 92399-2943	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Riverside Cmnty Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) John D D Uphold		Date of Receipt
Mailing Address 309 W Beverly Blv	d	0 6 / 1 7 / Y Y Y Y 0 9
City	State Zip Code	Transaction ID: C740024
Montebello	CA 90640-4308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Physicians Choice	Occupation Emergency Physician	-
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (option	al)	1350.00
	nber only)	

	DULE A (FEC Form 3X) ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 239 / 316         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
or for com	mercial purposes, other than using the n	tements may not be sold or used by any person ame and address of any political committee to	n for the purpose of soliciting contributions
	OF COMMITTEE (In Full) nal Emergency Medicine Political /	Action Committee	
	me (Last, First, Middle Initial) S S Van Hare		Date of Receipt
Mailing	Address 15539 SE 66th PI		03 / 06 / Y Y Y Y 03 / 06
City		State Zip Code	Transaction ID: C686210
<u>Bellev</u>		WA 98006-5415	Amount of Each Receipt this Period
	number of contributing political committee.	C	250.00
Name o Overlak	of Employer ke Med Ctr	Occupation Emergency Physician	
Receipt	For:	Aggregate Year-to-Date V	1
	rimary General ther (specify) <b>▼</b>	250.00	
	me (Last, First, Middle Initial) J J Vance		Date of Receipt
Mailing	Address 548 Avawam Dr		04 / D D / Y Y Y Y Y 04 28 2009
City		State Zip Code	Transaction ID: C714414
<u>Richm</u>		KY 40475-9195	Amount of Each Receipt this Period
	number of contributing political committee.		500.00
Name o Rockca	of Employer astle Hosp	Occupation Emergency Physician	
Receipt		Aggregate Year-to-Date 🔻	
	rimary General ther (specify) ▼	500.00	
Full Na C. Corey V	me (Last, First, Middle Initial) ⁄oss		Date of Receipt
Mailing	Address 10229 Meadow Ridges I	_n	0 6 / D D / Y Y Y Y 0 6 2 3 2 0 0 9
City		State Zip Code	Transaction ID: C742102
<u>Knoxv</u>		TN 37922-7227	Amount of Each Receipt this Period
	number of contributing political committee.		250.00
Name c Univ of	of Employer TN Med Ctr ED	Occupation Emergency Physician	
Receipt		Aggregate Year-to-Date 🔻	
	rimary General ther (specify) ▼	250.00	
SUBTOT	AL of Receipts This Page (optional)		1000.00
	his Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sche for each category c Detailed Summary	
	or for commercial purposes, other than using the		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) David J J Vukich		Date of Receipt
	Mailing Address 13665 Queens Harbou	Blvd	0 6 / D D / Y Y Y Y 2 0 0 9
	City	State Zip Code	Transaction ID: C745980
	Jacksonville	FL 32225-4923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Univ of FL Hith Sci Ctr	Occupation	
	ED Receipt For:	Emergency Physician Aggregate Year-to-Date	
	Primary General		
	Other (specify) <b>v</b>	25	50.00
- В.	Full Name (Last, First, Middle Initial) Mary Jo Jo Wagner		Date of Receipt
2.	Mailing Address 5425 Nottingham N		0 1 2 9 2 0 0 9
	City	State Zip Code	Transaction ID: C614127
	Saginaw	MI 48603-2821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer Synergy Med Educ Alliance	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	50	00.00
- C.	Full Name (Last, First, Middle Initial) Mary Jo Jo Wagner		Date of Receipt
	Mailing Address 5425 Nottingham N		0 5 / D D / Y Y Y Y 0 5 / 1 3 2 0 0 9
	City	State Zip Code	Transaction ID: C722129
	Saginaw	MI 48603-2821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Synergy Med Educ Alliance	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	50	00.00
ſ	SUBTOTAL of Receipts This Page (optional)		750.00
ŀ	TOTAL This Period (last page this line number	only)	·····

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 241/316         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17			
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may not be sold or used by any persor using the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) National Emergency Medicine	Political Action Committee				
Full Name (Last, First, Middle Initial) A. Paul Wahlheim					
Mailing Address 310 W Holly St	t	06 / 25 / Y Y Y Y 006 / 25 / 2009			
City	State Zip Code	Transaction ID: C743700			
Phoenix	AZ 85003-1117	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		500.00			
Name of Employer EMPower Emerg Phys PC	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	500.00				
Full Name (Last, First, Middle Initial)           Carolyn Waldo	1	Date of Receipt			
Mailing Address 5D Glendale Lr	1	04 / 23 / Y Y Y Y Y 04 23 2009			
City	State Zip Code	Transaction ID: C713456			
Rapid City	SD 57702-4992	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Rapid City IHS Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	1000.00				
Full Name (Last, First, Middle Initial)           Andrew Louis Louis Walshak		Date of Receipt			
Mailing Address 17 Gereg Glen	Rd	05 / 13 / Y Y Y Y 099			
City	State Zip Code	Transaction ID: C722136			
Brookfield	CT 06804-1054	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Danbury Hosp	Occupation Emergency Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼	600.00				
SUBTOTAL of Receipts This Page (or	btional)	2000.00			
	e number only)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 242/316           (check only one)         11c         12           X         11a         11b         11c         12					
	Any information copied from such Reports and S or for commercial purposes, other than using the	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica							
۷ A.	Full Name (Last, First, Middle Initial) Andrew Louis Louis Walshak	Date of Receipt						
	Mailing Address 17 Gereg Glen Rd		05 19 Y Y Y 2009					
	City	State Zip Code	Transaction ID: C724832					
	Brookfield	CT 06804-1054	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	100.00					
	Name of Employer Danbury Hosp	Occupation Emergency Physician						
	Receipt For:	Aggregate Year-to-Date V						
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	600.00						
- B.	Full Name (Last, First, Middle Initial) Neil Wang	1	Date of Receipt					
	Mailing Address 1407 Coventry Close		M M / D D / Y Y Y Y 04 27 2009					
	City	State Zip Code	Transaction ID: C714499					
	E Lansing	MI 48823-2418	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		250.00					
	Name of Employer Dr. Neil Wang	Occupation Emergency Physician						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary     General       Other (specify) ▼	250.00						
- C.	Full Name (Last, First, Middle Initial) Reginald H H Warren, Jr		Date of Receipt					
	Mailing Address 2792 Wolf Club Ct		0 6 1 7 Y Y Y Y 0 9					
	City	State Zip Code	Transaction ID: C739990					
	Atlanta	GA 30349-8708	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer Emory Univ	Occupation Emergency Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	600.00					
ŀ		-						
	TOTAL This Period (last page this line number	oniy)						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 243/316
			Use separate schedule(s) for each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
$\mathbb{Z}$	National Emergency Medicine Political	Action Con	nmittee	
<b>.</b> .	Full Name (Last, First, Middle Initial) Matthew J J Watson			Date of Receipt
	Mailing Address 1280 Longpointe Pass			0 2 / 2 5 / Y Y Y Y 0 2 0 0 9
	City	State	Zip Code	Transaction ID: C682029
	Alpharetta	GA	30005-2284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Matthew J Watson	Occupatio	n ncy Physician	
	Receipt For:	, <b>,</b> , , , , , , , , , , , , , , , , ,	e Year-to-Date V	
	Primary General	Aggrogate		1
	Other (specify) <b>v</b>	0 0	500.00	
	Full Name (Last, First, Middle Initial) Matthew J J Watson			Date of Receipt
	Mailing Address 1280 Longpointe Pass			M M / D D / Y Y Y Y 05 28 2009
	City	State	Zip Code	Transaction ID: C730878
	Alpharetta	GA	30005-2284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Matthew J Watson	Occupatio Emerger	n ncy Physician	
	Receipt For:	, I	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		500.00	]
. —	Full Name (Last, First, Middle Initial) Dennis R R Watts			Date of Receipt
-	Mailing Address 4821 Spicewood Spgs	Rd		0 6 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: C740430
	Austin	TX	78759-8495	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emerg Svc Partners	Occupatio Emerger	n ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0	250.00	]
<b>e</b>	UBTOTAL of Receipts This Page (optional)	<u> </u>		750.00
Т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 244 / 316           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports an or for commercial purposes, other than using	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s						
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Committee						
Full Name (Last, First, Middle Initial) Michael L L Weaver		Date of Receipt					
Mailing Address 4505 Headwood # 1 Apt 1		0 6 / D D / Y Y Y Y Y 0 6 / 1 7 / 2 0 0 9					
City	State Zip Code	Transaction ID: C739987					
Kansas City	MO 64111-3439	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer Hospital Emer Phys	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date ▼	]					
Primary     General       Other (specify) ▼	500.00						
Full Name (Last, First, Middle Initial) Daniel R R Wehner	1	Date of Receipt					
Mailing Address 355 Bliss St		0 4 / D D / Y Y Y Y 2 3 2 0 0 9					
City	State Zip Code	Transaction ID: C713446					
Johnstown	PA 15905-2755	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer Conemaugh Mem Med Ctr	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date 🔻						
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	1000.00						
Full Name (Last, First, Middle Initial) Lori Weichenthal	I	Date of Receipt					
Mailing Address 387 W Jordan Ave		06 / D D / Y Y Y Y 24 2009					
City	State Zip Code	Transaction ID: C743529					
Clovis	CA 93611-7182	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer UCSF Fresno	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date 🔻						
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	300.00						
SUBTOTAL of Receipts This Page (optional	I I)	1800.00					
TOTAL This Period (last page this line numl	·						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 245/316         (check only one)			
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s NAME OF COMMITTEE (In Full)					
	National Emergency Medicine Political	I Action Con	nmittee				
Α.	Full Name (Last, First, Middle Initial) Michael Jeffrey Jeffrey Weitz						
	Mailing Address 5107 Bascule Ave	M M / D D / Y Y Y Y 05 / 19 / 2009					
	City	State	Zip Code	Transaction ID: C724841			
	Woodland Hills	CA	91364-3448	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer St Johns Hosp & Med Ctr	Occupatio Emerger	n ncy Physician				
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	e Year-to-Date V				
	Primary     General       Other (specify) ▼		250.00				
- В.	Full Name (Last, First, Middle Initial) Arlo F F Weltge	1		Date of Receipt			
	Mailing Address 5213 Valerie St	M M / D D / Y Y Y Y 06 25 2009					
	City	State	Zip Code	Transaction ID: C743741			
	Bellaire	TX	77401-4826	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer UT Med School Houston	Occupatio Emerger	n ncy Physician				
	Receipt For:	Aggregate	e Year-to-Date				
	Primary     General       Other (specify) ▼	0 0	1000.00				
- C.	Full Name (Last, First, Middle Initial) Richard P P Wendell	I		Date of Receipt			
	Mailing Address 5 Richland Med Park Palmetto HIth Richland	d Mem		M M / D D / Y Y Y Y 0 4 27 2009			
	City	State	Zip Code	Transaction ID: C714505			
	<u>Columbia</u>	SC	29203-6863	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Palmetto HIth Richland Me-	Occupatio	n ncy Physician				
	ml Receipt For:		e Year-to-Date V	-			
	Primary     General       Other (specify) ▼		250.00				
ſ	CINTAL of Descints This Dags (antisant)	1		1500.00			
╞	SUBTOTAL of Receipts This Page (optional)						
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 246/316           (check only one)         (check 112)           X         11a         11b         11c         12           13         14         15         16         17
/ c	Any information copied from such Reports and S or for commercial purposes, other than using the	rson for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Steven G G Werdehoff		Date of Receipt
	Mailing Address 3013 Hampton Cove V	04 / 29 / Y Y Y Y 2009	
	City	State Zip Code	Transaction ID: C714816
	Owens Cross Roads	AL 35763-9390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Huntsville Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	500.00	
— В.	Full Name (Last, First, Middle Initial) Michael J J Werdmann		Date of Receipt
	Mailing Address 240 Porters Hill Rd		04 ^{//} 27 [/] 2009
	City	State Zip Code	Transaction ID: C714492
	Monroe	CT 06468-2236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Bridgeport Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	500.00	
_ с.	Full Name (Last, First, Middle Initial) Sandra Werner		Date of Receipt
	Mailing Address 2600 MetroHeallth Dr		05 / 05 / Y Y Y 095 / 2009
	City	State Zip Code	Transaction ID: C719578
	Cleveland	OH 44109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer MetroHealth Med Ctr	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		1250.00
	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 247/316         (check only one)
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	ay not be sold or used by any pers Idress of any political committee to	on for the purpose of soliciting contributions
	> National Emergency Medicine Political	Action Cor	nmittee	
A.	Full Name (Last, First, Middle Initial) Gordon Wheeler			Date of Receipt
	Mailing Address 2121 K St NW Ste 325 ACEP			M M / D D / Y Y Y Y 01 29 2009
	City	State	Zip Code	Transaction ID: C614155
	Washington	DC	20037-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mr. Gordon Wheeler	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	600.00	
– B.	Full Name (Last, First, Middle Initial) Gordon Wheeler			Date of Receipt
	Mailing Address 2121 K St NW Ste 325 ACEP			M M / D D / Y Y Y Y 02 / 25 / 2009
		State	Zip Code	Transaction ID: C682043
	Washington FEC ID number of contributing	DC	20037-1886	Amount of Each Receipt this Period
	federal political committee.	C		100.00
	Name of Employer Mr. Gordon Wheeler	Occupatio Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary   General     Other (specify)	0 0	600.00	
- C.	Full Name (Last, First, Middle Initial) Gordon Wheeler			Date of Receipt
	Mailing Address 2121 K St NW Ste 325 ACEP			M M / D D / Y Y Y Y Y A A A A A A A A A A A A A A
	City	State	Zip Code	Transaction ID: C703553
	Washington	DC	20037-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mr. Gordon Wheeler	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) <b>v</b>	0 0	600.00	
Γ	SUBTOTAL of Receipts This Page (optional)			300.00
	TOTAL This Period (last page this line number of		•	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 248/316
	• • •		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)			
	> National Emergency Medicine Political	Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Gordon Wheeler	Date of Receipt		
	Mailing Address 2121 K St NW Ste 325 ACEP			04 / 29 / Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: C714782
	Washington	DC	20037-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mr. Gordon Wheeler	Occupatio	on ncy Physician	
	Receipt For:	· ·	e Year-to-Date V	-
	Primary General	, iggi egale		1
_	Other (specify) <b>v</b>	0 0	600.00	
в.	Full Name (Last, First, Middle Initial) Gordon Wheeler			Date of Receipt
	Mailing Address 2121 K St NW Ste 325 ACEP			M M / D D / Y Y Y Y Y 05 28 2009
	City	State	Zip Code	Transaction ID: C730876
	Washington	DC	20037-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mr. Gordon Wheeler	Occupatio		
	Receipt For:	· ·	ncy Physician e Year-to-Date 🔻	_
	Primary General	Aggregate		1
	Other (specify) <b>v</b>	0 0	600.00	
с.	Full Name (Last, First, Middle Initial) Gordon Wheeler			Date of Receipt
	Mailing Address 2121 K St NW Ste 325 ACEP			M M / D D / Y Y Y Y 06 29 2009
	City	State	Zip Code	Transaction ID: C744404
	Washington	DC	20037-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mr. Gordon Wheeler	Occupation Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date 🔻	
	Other (specify) ▼	0 0	600.00	]
	I SUBTOTAL of Receipts This Page (optional)		•	300.00
	TOTAL This Period (last page this line number o	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 249/316           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committe	person for the purpose of soliciting contributions
	National Emergency Medicine Politica	I Action Committee	
А.	Full Name (Last, First, Middle Initial) Dean Wilkerson		Date of Receipt
	Mailing Address 538 Rolling Hills Rd		03 05 2009
	City	State Zip Code	Transaction ID: C686154
	Coppell	TX 75019-4049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Mr. Dean Wilkerson	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	1000.00	
— В.	Full Name (Last, First, Middle Initial) Louise Wilkinson		Date of Receipt
	Mailing Address 820 Laurel Dr		05 / 22 / Y Y Y 2009
	City	State Zip Code	Transaction ID: C725573
	Rolla	MO 65401-3814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Texas Cnty Meml Hosp	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	350.00	
– C.	Full Name (Last, First, Middle Initial) Louise Wilkinson	1	Date of Receipt
	Mailing Address 820 Laurel Dr		M + M         /         D - D         /         Y - Y - Y         Y           0 6         1 8         2 0 0 9
	City	State Zip Code	Transaction ID: C740420
	Rolla	MO 65401-3814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Texas Cnty Meml Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	350.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	1350.00
	TOTAL This Period (last page this line number		

TI	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fe D	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 250 / 316         (check only one)       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17
A or	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not name and address	be sold or used by any perso s of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\geq$	National Emergency Medicine Political	Action Commit	tee	
Α.	Full Name (Last, First, Middle Initial) Edwin Williams	Date of Receipt		
	Mailing Address 401 Providence Rd			M M         /         D D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City		Zip Code	Transaction ID: C743735
	Moorestown	NJ	08057-4408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Albert Einstein Med Ctr	Occupation Emergency F	Physician	
	Receipt For:	Aggregate Yea	r-to-Date 🔻	
	Other (specify)	0 0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Mildred J J Willy			Date of Receipt
	Mailing Address 4677 Towne Ctr # 302			M M / D D / Y Y Y Y 04 06 2009
	City		Zip Code	Transaction ID: C706214
	Saginaw	MI	48604-2848	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Timberline Emer Phys PC	Occupation Emergency F	•	
	Receipt For:	Aggregate Yea	ir-to-Date 🔻	
	Other (specify) ▼		1000.00	
с	Full Name (Last, First, Middle Initial) Daryl D D Wilson	1		Date of Receipt
	Mailing Address 801 S Washington St Edward Hosp			0 6 / 2 5 / Y Y Y Y Y 0 9
	City	State	Zip Code	Transaction ID: C743708
	Naperville	IL .	60540-7430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Edward Hosp	Occupation Emergency F	Physician	
	Receipt For:	Aggregate Yea	r-to-Date 🔻	
	Other (specify)	0 0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1750.00
T	OTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 251/316           (check only one)
Γ	Any information copied from such Reports and Si or for commercial purposes, other than using the	Statements may	not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)           National Emergency Medicine Political			
لا A.	Full Name (Last, First, Middle Initial) Curtice Wong			Date of Receipt
	Mailing Address 2012 Highland Ave		0 6 / D D / Y Y Y Y 0 6 2 3 2 0 0 9	
	City	State	Zip Code	Transaction ID: C742074
	Manhattan Beach	CA	90266-4562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Torrance Emer Phys	Occupation Emergenc	y Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	500.00	]
- В.	Full Name (Last, First, Middle Initial) Stephanie K K Wood	I		Date of Receipt
	Mailing Address 343 N Roscoe Blvd			M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State	Zip Code	Transaction ID: C731430
	Ponte Vedra	<u> </u>	32082-2145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orange Park Medical Center	, I	y Physician	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻	
	Other (specify)	0 0	1000.00	
- C.	Full Name (Last, First, Middle Initial) Thaddeus D D Woods	•		Date of Receipt
	Mailing Address 9941 Essex Dr			06 / 25 / Y Y Y Y 09 / 25 / 2009
	City	State	Zip Code	Transaction ID: C743702
	Omaha	NE	68114-3873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Critical Care Associates	Occupation Emergenc	y Physician	
	Receipt For:	Aggregate `	Year-to-Date V	_
	Primary     General       Other (specify) ▼	0 0	1500.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			3000.00
ŀ	TOTAL This Period (last page this line number of		· · ·	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 252 / 316         (check only one)			
	Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s					
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	I Action Com	mittee				
۷ A.	Full Name (Last, First, Middle Initial) Gary Newman Newman Yee						
	Mailing Address 15611 Oyster Cove Dr	05 / D D / Y Y Y Y 027 2009					
	City	State	Zip Code	Transaction ID: C726223			
	Sugar Land	TX	77478-3364	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer GHEP	Occupation Emergen	n cy Physician				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary     General       Other (specify) ▼	0 0	250.00				
- В.	Full Name (Last, First, Middle Initial) Brian S S Zachariah	1		Date of Receipt			
	Mailing Address 301 University Blvd			M M / D D / Y Y Y Y 01 29 2009			
	City	State	Zip Code	Transaction ID: C614104			
	Galveston	TX	77555-5302	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Dept of Surgery ED	Occupation Emergen	n cy Physician				
	Receipt For:	Aggregate	Year-to-Date V	_			
	Primary General Other (specify) ▼	0 0	500.00				
- C.	Full Name (Last, First, Middle Initial) Brian S S Zachariah	1		Date of Receipt			
	Mailing Address 301 University Blvd			M M / D D / Y Y Y Y 04 29 2009			
	City	State	Zip Code	Transaction ID: C714793			
	Galveston	TX	77555-5302	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Dept of Surgery ED	Occupation Emergen	n cy Physician				
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_			
	Other (specify) ▼	0.0	500.00				
ſ	SUBTOTAL of Receipts This Page (optional)			750.00			
ŀ	TOTAL This Period (last page this line number	only)					
SCHEDULE A (FEC Form ITEMIZED RECEIPTS	n 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 253/316           (check only one)					
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Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perso using the name and address of any political committee to	pr for the purpose of soliciting contributions					
National Emergency Medicine	Political Action Committee						
Full Name (Last, First, Middle Initial Shane Edward Edward Zatkalik		Date of Receipt					
Mailing Address 737 E Bethel S	School Rd	04 D D / Y Y Y Y 04 27 2009					
City	State Zip Code	Transaction ID: C714485					
Coppell	TX 75019-4188	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	83.33					
Name of Employer Dr. Shane Edward Zatkalik	Occupation Emergency Physician						
Receipt For:	Aggregate Year-to-Date ▼						
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	249.99	]					
Full Name (Last, First, Middle Initial Shane Edward Edward Zatkalik		Date of Receipt					
Mailing Address 737 E Bethel S	School Rd	M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y					
City	State Zip Code	Transaction ID: C730877					
	TX 75019-4188	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		83.33					
Name of Employer Dr. Shane Edward Zatkalik	Occupation Emergency Physician						
Receipt For: Primary General	Aggregate Year-to-Date 🔻						
<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	249.99						
Full Name (Last, First, Middle Initial Shane Edward Edward Zatkalik		Date of Receipt					
Mailing Address 737 E Bethel S	School Rd	M M / D D / Y Y Y Y 06 29 2009					
City	State Zip Code	Transaction ID: C744401					
Coppell	TX 75019-4188	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		83.33					
Name of Employer Dr. Shane Edward Zatkalik	Occupation Emergency Physician						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	249.99						
SUBTOTAL of Receipts This Page (o	ptional)	249.99					
	e number only)						

c	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 254/316
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
I		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	,,	
	National Emergency Medicine Politica	I Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Mark Zeitzer		Date of Receipt
	Mailing Address 8127 SW 54th Ave		06 / 23 / Y Y Y Y Y 06 / 23 / 2009
	City	State Zip Code	Transaction ID: C742119
	Portland	OR 97219-3204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Silverton Hospital	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	250.00	
– B.	Full Name (Last, First, Middle Initial) Amanda J J Zopp	1	Date of Receipt
	Mailing Address 2120 Hastings Dr		M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
	City	State Zip Code	Transaction ID: C739732
	Charlotte	NC 28207-2426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Cabarrus Emerg Med Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	1100.00	
– c.	Full Name (Last, First, Middle Initial) Amanda J J Zopp	1	Date of Receipt
	Mailing Address 2120 Hastings Dr		06 / 25 / Y Y Y Y Y 06 25 / 2009
	City	State Zip Code	Transaction ID: C743732
	Charlotte	NC 28207-2426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Cabarrus Emerg Med Assoc	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)	1100.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	1350.00
┢		<b>F</b>	
	TOTAL This Period (last page this line number	only)	253483.14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Are sufficient of contributions from such committee         A.         Full Name (Last, First, Middle Initial)         SMITH BARNEY         Date of Receipt         Mailing Address         1050 Connecticut Ave NW         City         State         Primary         General         Pull Name (Last, First, Middle Initial)         Mailing Address         1050 Connecticut Ave NW         City         State       Zip Code         Washington       DC         DC       20036-5308         FEC ID number of contributing federal political committee.         Primary       General         Other (specify) ▼         Mailing Address       1050 Connecticut Ave NW         City       State         Pull Name (Last, First, Middle Initial)         SMITH BARNEY         Mailing Address       1050 Connecticut Ave NW         City       State         Vas		SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 255/316 (check only one) 11a 11b 11c 12
of or commercial purposes, other than using the name and address of any publical committee to solid contributions from such committee.         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Mailing Address 1050 Connecticut Ave NW         City       State         City       State         Vashington       DC         DC       20039-5308         FEC 1D number of contributing televal political committee.         Primary       General         Other (specify)       Occupation         Receipt For:       Aggregate Year-to-Dato         Primary       General         City       State         SMTH BARNEY       Date of Receipt         Mailing Address       1050 Connecticut Ave NW         City       State         Primary       General         City       State         Primary       General         City       State         Primary       General         Other (specify)       Cocupation         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify)       G31.08         City       <	_		Detailed Summary Page	
NAME OF COMMITTEE (in Full)       National Emergency Medicine Political Action Committee         A.       SMITE BARKEY       Date of Receipt         Mailing Address       1050 Connecticut Ave NW       Date of Receipt         City       State       Zip Code         Washington       DC       2039-5308         FEC ID number of contributing fooral political committee.       Occupation         Name of Employer       Occupation         Other (specify) ▼       631.08         B.       SMITE BARKEY         Mailing Address       1050 Connecticut Ave NW         City       State         Primary       General         Other (specify) ▼       631.08         B.       SMITE BARKEY         Mailing Address       1050 Connecticut Ave NW         City       State         Vashington       DC         PEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Receipt For:       Aggregate Year-to-Date       ▼         It Name (Last, First, Middle Initial)       Mailing Address       1050 Connecticut Ave NW         SMITE BARKEY       Date of Receipt       199.04         Mailing Address       1050 Connecticut Ave NW		Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions
A.       Full Name (Last, First, Middle Initial) SMTH BARINEY       Date of Receipt         Oity       State       Zip Code         Washington       DC       2030-5308         FEC ID number of contributing federal political committies.       C       Amount of Each Receipt this Period         Receipt For:       Occupation       Aggregate Year-to-Date ▼       Date of Receipt         Part Nerver       Occupation       C       28 (2009)         B.       SMTH BARINEY       Date of Receipt       Date of Receipt         Washington       DC       20030-5308       Period         Pinnary       General       Occupation       631.08       Date of Receipt         B.       SMTH BARINEY       Date of Receipt       Date of Receipt         Washington       DC       20030-5308       Period       Date of Receipt         Other (specify)       State       Zip Code       Zip Code       Zip Code         Name of Employer       Occupation       Fig. 2009       Transaction ID: C761471       Amount of Each Receipt this Period         Pinnary       General       Occupation       Siste       Zip Code       Transaction ID: C761475         Name of Employer       Occupation       Gither (specify)       Gither (specify)       Aggre				
A.       SMITH BARNEY       Date of Receipt         Mailing Address       1050 Connecticut Ave NW       01 ' 031' 2009         City       State       Zip Code         Washington       DC       20036:5308         FEC ID number of contributing       C       109.98         Name of Employer       Occupation       Receipt Hor:         B.       SMITH BARNEY       Aggregate Year-to-Date ▼         Mailing Address       1050 Connecticut Ave NW       02 ' 02 8' 2009         City       State       Zip Code         Part Name (Last, First, Middle Initial)       State       Zip Code         Name of Employer       Occupation       Receipt Hor:       02 ' 02 8' 2009         City       State       Zip Code       Transaction ID: C761471         Mailing Address       1050 Connecticut Ave NW       02 ' 02 8' 2009       Transaction ID: C761471         Mailing Address       1050 Connecticut Ave NW       03 ' 03 ' 2009       Transaction ID: C761475         Name of Employer       Occupation       631.08       Date of Receipt         Mailing Address       1050 Connecticut Ave NW       03 ' 2009       Transaction ID: C761475         City       State       Zip Code       Aggregate Year-to-Date ▼       03 ' 2009       1		> National Emergency Medicine Politica	al Action Committee	
Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       200365308         FEC: ID number of contributing federal political committies.       C       109.98         Name of Employer       Occupation       Aggregate Year-to-Date ▼         Primary       General       0       631.08         Date of Receipt For:       Aggregate Year-to-Date ▼       199.04         City       State       Zip Code         Washington       DC       200365308         FEC: ID number of contributing federal political committee.       C       109.93         City       State       Zip Code         Washington       DC       200365308         FEC: ID number of contributing federal political committee.       C       199.04         Name of Employer       Occupation       Aggregate Year-to-Date ▼       199.04         City       State       Zip Code       Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code       Mount of Each Receipt II       199.04         City       State       Zip Code       Mount of Each Receipt II       192.01         City       State       Zip Code       Mount of Each Receipt	۷ A.			Date of Receipt
City       State       Zip Code       Transaction ID: C761466         Washington       DC       20036-5308       Amount of Each Receipt Ihis Period         PEC: Di number of contributing federal political committee.       C       109.98         Name of Employer       Occupation       Aggregate Year-to-Date ▼         Primary       General       631.08       Date of Receipt         B.       Full Name (Last, First, Middle Initial)       SMITH BANKEY       Date of Receipt         Mailing Address       1050 Connecticut Ave NW       City       State       Zip Code         Vashington       DC       20036-5308       Transaction ID: C761471       Amount of Each Receipt is Period         Receipt For:       Occupation       C       199.04       Transaction ID: C761471       Amount of Each Receipt is Period         Receipt For:       Occupation       Aggregate Year-to-Date ▼       Image: State       Zip Code         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Date of Receipt       Transaction ID: C761475         Mailing Address       1050 Connecticut Ave NW       Image: State       Zip Code       Amount of Each Receipt this Period         City       State       Zip Code       Amount of Each Receipt this Period       Imount of Each Receipt this Period </th <th></th> <th></th> <th>) NW</th> <th></th>			) NW	
FEC ID number of contributing federal political committee.       0         Name of Employer       Occupation         B.       Suffine (Assective) ▼         City       General         Mailing Address       109.98         City       State         Zip Code       Transaction ID: C761471         Amount of Each Receipt for:       0         Primary       General         OC       20036-5308         FEC ID number of contributing federal political committee.       Transaction ID: C761471         Amount of Each Receipt for:       Aggregate Year-to-Date ▼         Primary       General       G31.08         Cthy       State       Zip Code         Name of Employer       Occupation       G31.08         Primary       General       G31.08         Other (specify) ▼       General       G31.08         Cthy       State       Zip Code         Mailing Address       1050 Connecticut Ave NW       Transaction ID: C761475         Manue (Last, First, Middle Initia)       State       Zip Code         Mailing Address       1050 Connecticut Ave NW       Transaction ID: C761475         Manue of Employer       Occupation       Transaction ID: C761475         Name of Emp		City	State Zip Code	
rederal political committee.       Image: Committee.       Image: Committee.       Image: Committee.         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Image: Committee.       Image: Committee.         B.       SMITH FARMEY       General       G31.08       Date of Receipt         City       State       Zip Code       Image: Committee.       Image: Committee.         Name (Last, First, Middle Initial)       State       Zip Code       Image: Committee.       Image: Committee.         Name of Employer       Occupation       Occupation       Aggregate Year-to-Date ▼       Image: Committee.       Image: Committee.       Image: Committee.         Name of Employer       Occupation       Occupation       Aggregate Year-to-Date ▼       Image: Committee.       Image:		Washington	DC 20036-5308	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       631.08         B.       Full Name (Last, First, Middle Initial)         SMITH BARNEY       Mailing Address 1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing       C       199.04         Name of Employer       Occupation       Aggregate Year-to-Date       Transaction ID: C761471         Name of Employer       Occupation       631.08       Date of Receipt         C.       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date       ▼         Mailing Address       1050 Connecticut Ave NW       631.08       Date of Receipt         City       State       Zip Code       Transaction ID: C761475         Mailing Address       1050 Connecticut Ave NW       Tota of Receipt       31 ' 200.9         City       State       Zip Code       Transaction ID: C761475       Amount of Each Receipt this Period         Pict D number of contributing federal political committee.       C       Intervection this Period       152.31         Name of Employer       Occupation       General       Other (specify) ▼       631.08			C	
Primary       General         Other (specify) ▼       631.08         B.       Full Name (Last, First, Middle Initial)         SMITH BARNEY       Date of Receipt         Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C       199.04         Name of Employer       Occupation       631.08         Other (specify) ▼       C       631.08         C.       Full Name (Last, First, Middle Initial)       State       Zip Code         Mailing Address       1050 Connecticut Ave NW       E       631.08         C.       Full Name (Last, First, Middle Initial)       State       Zip Code         Mailing Address       1050 Connecticut Ave NW       E       03 3 1 2 2 0.9         City       State       Zip Code       Transaction ID: C761475         Manual of Employer       Occupation       Aggregate Year-to-Date       Aggregate Year-to-Date         FEC ID number of contributing federal political committee.       C       152.31       Amount of Each Receipt this Period         Name of Employer       Occupation       631.08       Fis 2.31.08       Amount of Each R		Name of Employer	Occupation	-
Other (specify) ▼       631.08         B.       Full Name (Last, First, Middle Initial)         SMITH BARNEY       Mailing Address 1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Primary       General       Occupation       631.08         Other (specify) ▼       631.08       Date of Receipt         C.       SMITH BARNEY       Aggregate Year-to-Date ▼       Transaction ID: C761471         Malling Address       1050 Connecticut Ave NW       631.08       Date of Receipt         C.       SMITH BARNEY       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       1050 Connecticut Ave NW       Transaction ID: C761475         City       State       Zip Code       Transaction ID: C761475         Mailing Address       1050 Connecticut Ave NW       Transaction ID: C761475         City       State       Zip Code       Transaction ID: C761475         Name of Employer       Occupation       Code       Transaction ID: C761475         Name of Employer       Occupation       Sit ID       Sit ID         Name of Employ		Receipt For:	Aggregate Year-to-Date V	-
B.       Full Name (Last, First, Middle Initial)         SMITH BARNEY       Date of Receipt         Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5208         FEC ID number of contributing federal political committee.       C       Image: Control of			631.08	
B.       SMITH BARNEY       Date of Receipt         Mailing Address       1050 Connecticut Ave NW       D2       20036-5308         City       State       Zip Code       Transaction ID: C761471         Washington       DC       20036-5308       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       199.04         Name of Employer       Occupation       Aggregate Year-to-Date       Image: Committee formation in the ima		Uther (specify) ▼		
Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C       Image: Contributing federal political committee.         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Image: Contributing federal political committee.         C.       Full Name (Last, First, Middle Initial)       SMITH BARNEY       Date of Receipt         Mailing Address       1050 Connecticut Ave NW       Image: Contributing federal political committee.       Date of Receipt         City       State       Zip Code       Transaction ID: C761475         Mailing Address       1050 Connecticut Ave NW       Image: Contributing federal political committee.       Date of Receipt         City       State       Zip Code       Transaction ID: C761475       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Image: Contributing federal political committee.       Image: Contributing federal political committee.       Aggregate Year-to-Date ▼       Image: Contributing federal political committee.       Image: Contributing federal political committee.       Image: Contributing federal political committee.       Image: Contributing federal political committee.       Image: Contremolitical committee.       Image: Contributin	- В.			Date of Receipt
City       State       Zip Code       Transaction ID: C761471         Washington       DC       20036-5308       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       199.04         Name of Employer       Occupation       199.04         Receipt For:       Aggregate Year-to-Date ▼       199.04         Primary       General       631.08       0         Other (specify) ▼       631.08       Date of Receipt         Mailing Address       1050 Connecticut Ave NW       103 / 200.9         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Receipt For:       Aggregate Year-to-Date ▼         Name of Employer       Occupation         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       631.08         Other (specify) ▼       Aggregate Year-to-Date ▼       152.31		Mailing Address 1050 Connecticut Ave	NW	M M / D D / Y Y Y Y
Washington       DC       20036-5308       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       199.04         Name of Employer       Occupation       199.04         Receipt For:       Aggregate Year-to-Date ▼       631.08         Primary       General       631.08         Other (specify) ▼       631.08       Date of Receipt         Mailing Address       1050 Connecticut Ave NW       Date of Receipt         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       C         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General       631.08		City	State Zip Code	
federal political committee.       Image: Committee intervent int		Washington	DC 20036-5308	
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       631.08         C.       Full Name (Last, First, Middle Initial)         SMITH BARNEY       Date of Receipt         Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Primary       General       Aggregate Year-to-Date ▼         Primary       General       631.08			C	199.04
Primary       General         Other (specify) ▼       631.08         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C       Anount of Each Receipt this Period         Name of Employer       Occupation       152.31         Receipt For:       Aggregate Year-to-Date ▼       631.08		Name of Employer	Occupation	
Other (specify) ▼       631.08         Full Name (Last, First, Middle Initial)       SMITH BARNEY         Mailing Address 1050 Connecticut Ave NW       Date of Receipt         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C       152.31         Name of Employer       Occupation       152.31         Receipt For:       Aggregate Year-to-Date ▼       631.08			Aggregate Year-to-Date	-
C.       SMITH BARNEY         Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       152.31         Receipt For:       Aggregate Year-to-Date ▼       631.08			631.08	
Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       152.31         Receipt For:       Aggregate Year-to-Date ▼       631.08         Other (specify) ▼       631.08       631.08	- C.		1	Date of Receipt
City       State       Zip Code       Transaction ID: C761475         Washington       DC       20036-5308       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       152.31         Name of Employer       Occupation       152.31         Receipt For:       Aggregate Year-to-Date ▼       631.08         Other (specify) ▼       631.08       461.33			) NW	M M / D D / Y Y Y Y
Washington       DC       20036-5308       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       152.31         Name of Employer       Occupation       152.31         Receipt For:       Aggregate Year-to-Date ▼       631.08         Other (specify) ▼       631.08       461.33		City	State Zip Code	
federal political committee.     IO2.31       Name of Employer     Occupation       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     631.08		Washington	DC 20036-5308	
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       631.08			C	152.31
Primary General Other (specify) ▼ 631.08		Name of Employer	Occupation	
Other (specify) ▼ 631.08			Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			631.08	
	ſ	SUBTOTAL of Receipts This Page (optional) .	·	461.33
TOTAL This Period (last page this line number only)				

:	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 256 / 316 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	Action Committee	
	National Emergency Medicine Politica		
Α.	Full Name (Last, First, Middle Initial) SMITH BARNEY		Date of Receipt
	Mailing Address 1050 Connecticut Ave	NW	M M / D D / Y Y Y Y 04 30 2009
	City	State Zip Code	Transaction ID: C761477
	Washington	DC 20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	67.83
	Name of Employer	Occupation	-
	Receipt For:	Aggregate Year-to-Date V	-
	Other (specify)	631.08	
_			
В.	Full Name (Last, First, Middle Initial) SMITH BARNEY		Date of Receipt
	Mailing Address 1050 Connecticut Ave	NW	05 31 2009
	City	State Zip Code	Transaction ID: C761478
	Washington	DC 20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	51.01
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary     General       Other (specify)	631.08	
- C.	Full Name (Last, First, Middle Initial) SMITH BARNEY	1	Date of Receipt
	Mailing Address 1050 Connecticut Ave	NW	0 6 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: C761480
	Washington	DC 20036-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.91
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary     General       Other (specify) ▼	631.08	
ſ	SUBTOTAL of Receipts This Page (optional)	l	169.75
	SUBICIAL OF RECEIPTS THIS Fage (Optional)	•	631.08
	TOTAL This Period (last page this line number	only) 🕨	031.08

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)						PA	GE	257 /	316
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			2 X Ba	23 28b		24 28c		25 29	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam										;
NAME OF COMMITTEE (In Full)	e and address of any pointear	Committee		ontinout		UIII SC		Unin	intee	
National Emergency Medicine Political Act	tion Committee									
/										
Full Name (Last, First, Middle Initial) Adler For Congress				<b>ansact</b> i ate of D	isburs	emen		3		
Mailing Address 14 Knightswood Drive				)4 	/ ^D 2	29	/ Y	ž	o ò s	Y
City Marlton	State Zip Code NJ 08053		Ar	nount o	f Each	ı Disb	urser	-		
Purpose of Disbursement Contributions to Federal candidates		011		<u> </u>				250	00.00	
Candidate Name Mr. John Adler		Categor Type	y/							
Senate X President	ement For: 2010 Primary General Other (specify) ▼									
State: NJ District: 03										
Full Name (Last, First, Middle Initial) Andy Harris For Congress			Da	<b>ansact</b> i ate of D	isburs	emen				
Mailing Address PO Box 1527				0 ⁶	/ D	2 ^D	/ Y	ž	0 ð 9	Y
City Annapolis	StateZip CodeMD21404		Ar	nount o	f Each	ı Disb	urser			
Purpose of Disbursement Contributions to Federal Candidates		011						100	00.00	
Candidate Name Mr. Andrew Harris		Categor Type	y/							
Senate X President	ement For: 2010 Primary General Other (specify) ▼									
State: MD District: 01										
Full Name (Last, First, Middle Initial) Big Tent PAC, The			Da	<b>ansact</b> i ate of D	isburs	emen		4		M
Mailing Address 1155 21st Street NW Suite 300			C	02		I 1	/	Ž	0 ð 9	) ^Y
City Washington	State Zip Code DC 20036		Ar	nount o	f Each	n Disb	urser			
Purpose of Disbursement Contributions to Federal PACs/Committees		011						50(	00.00	
Candidate Name Big Tent PAC, The		Categor Type	y/							
Senate	ement For: 2009 Primary General Other (specify)									
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SCHEDULE B (FEC Form	Use separate schedule	S) (check on	E NUMBER: PAGE 258 / 316
ITEMIZED DISBURSEMEN	TS for each category of the Detailed Summary Page		22         X         23         24         25           28a         28b         28c         29
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	ig the name and address of any point		
National Emergency Medicine Po	litical Action Committee		
Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress			Transaction ID: D86644 Date of Disbursement
Mailing Address 8550 United Pl. c/o Postlethwai			$\begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 6 \\ \hline \end{array} & \begin{pmatrix} D & D \\ \hline 0 & 3 \\ \hline \end{array} & \begin{pmatrix} Y & Y & Y \\ \hline Y & 2 & 0 \\ \hline \end{array} & \begin{pmatrix} Y & Y \\ \end{array} & $
City Baton Rouge	State Zip Code LA 70809-225	6	Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates		011	1000.00
Candidate Name Bill Cassidy for US Congress		Category/ Type	_
Office Sought: House Senate President	Disbursement For:       2010         X       Primary       General         Other (specify)       ▼	I	
State: District:			
Full Name (Last, First, Middle Initial) Blue Dog Coalition			Transaction ID: D79442 Date of Disbursement
Mailing Address 236 Massachus Suite 603	etts Ave., NE		$ \begin{array}{c}                                     $
City Washington	State Zip Code DC 20002	_ <b>.</b>	Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal PACs/Commi	tees	011	5000.00
Candidate Name Blue Dog Coalition		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2009 Primary Genera X Other (specify) ▼	1	-
State: District: Full Name (Last, First, Middle Initial) BLUEGRASS COMMITTEE	Annual Contribution		Transaction ID: D82979 Date of Disbursement
Mailing Address 400 N Capitol \$ #585	St NW #585		$\begin{array}{c} \begin{array}{c} M & 3 \\ \end{array} & \begin{array}{c} M & 2 \\ \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} D \end{array} & \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \end{array} & \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \end{array} & \begin{array}{c} D \end{array} & \end{array} & \end{array} & \begin{array}{c} D \end{array} & \end{array} & \end{array} & \begin{array}{c} D \end{array} & \end{array} & \end{array} & \end{array} & D \end{array} & \begin{array}{c} D \end{array} & \end{array} & \end{array} & D \end{array} & \end{array} & D \end{array} & \end{array} & D \end{array} & D \end{array} & \end{array} &$
City Washington	State Zip Code DC 20001		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal PACs/Commi	tees	011	1000.00
Candidate Name BLUEGRASS COMMITTEE		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2009 Primary Genera X Other (specify) ▼		
State: District:	2009 Contribution		
SUBTOTAL of Disbursements This Page	e (optional)		7000.00

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1	rgency Medicine Politica	I Action Committee												
/	- · ·													
,	, First, Middle Initial) tany Jr Md For Congres	s Inc				<b>Trans</b> Date	of D	isbu	irsei	ment	247	-		
Mailing Address	PO Box 80126					0 ^M 3	М		0	^D 4	Y	ž	٥òs	€,
City Lafayette		State Zip Code LA 70598				Amou	int o	f Ea	ach [	Disbu	rser	-	-	Period
	Federal Candidates			01	1	L.						250	00.00	)
Candidate Name Mr. Charles B	loustany		C	ateg Typ	-									
Office Sought:	XHouseDisSenatePresident	bursement For: 2010 X Primary General Other (specify) ▼												
State: LA	District: 07													
•	, First, Middle Initial) D Elect Chris Murphy					<b>Trans</b> Date	of D	isbu	irsei	nent	'19	-		
Mailing Address	P.O. Box 127					0 ^M 6	М		^D 2	<b>4</b>	Y	ž	٥òs	θĭ
City Cheshire		State Zip Code CT 06410				Amou	int o	f Ea	ach [	Disbu	rser	-	-	Period
Purpose of Disb Contributions to	ursement Federal Candidates			01 ⁻	1	L.						250	00.00	)
Candidate Name Rep. Christop	e her S. Murphy		C	ateg Typ										
Office Sought:	X House Dis Senate President	bursement For: 2010 X Primary General Other (specify) ▼												
State: CT	District: 05													
	, First, Middle Initial) ongressional Campaign	Committee				<b>Trans</b> Date		-			525	2		
Mailing Address	430 S Capitol St SE					0 ^M 1	М		<b>1</b>	^D 4	Y	ž	٥òs	<b>)</b> Y
City Washington		State Zip Code DC 20003-402	Ļ			Amou	int o	f Ea	ach [	Disbu		-		Period
	Federal PACs/Committees			01 ⁻	1	L.					_ 1	500	00.00	)
Candidate Name Democratic C	e ongressional Campaign	Committee	C	ateg Typ	-									
Office Sought:		bursement For: Primary General X Other (specify) ▼	1	<u>بر ،</u>	~									
State:		09 Annual contribu												
SUBTOTAL of Dis	bursements This Page (opti	onal)			►					,	2	000	0.00	)

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or f		poses, other than usi	ng the name	and addre	ss of any political	com	nmitt	tee to	o solio	cit cont	ributi	ions	fror	m such	com	mittee	
$\left( \right)$	NAME OF COMM	gency Medicine Po	litical Activ	on Comr	nittoo												
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	,	⁻ irst, Middle Initial) natorial Campaigr	n Committe	ee						<b>Tran</b> Date				D752 ment	248		
	Mailing Address	430 S Capitol S	St SE							0 1	М	/ D	1	^D /	Y 2	źoòs	ЭŸ
	City Washington			State DC	Zip Code 20003-4024					Amou	unt o	fEad	h [	Disburs	-		
		rsement ederal PACs/Commi	ttees				01 ⁻	-		L.					150	00.00	)
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		First, Middle Initial) For Congress Inc.								Trans Date	of D		ser		_		X
	Mailing Address	P.O. Box 6133	7							0 [™] 3	М		1	D / 8	2	źoòs	9
	City Denver			State CO	Zip Code 80206					Amou	unt o	f Eac	ch [	Disburs	-		
		rsement ederal Candidates					01		]	L.					10	00.00	)
	Candidate Name Rep. Diana De	Gette					ateg Typ										
	Office Sought: State: CO	X House Senate President District: 01	Disburser X	ment For: Primary Other (spe	2010 General ecify) ▼												
		First, Middle Initial)	1							<b>Tran</b> s Date				D841 ment	65		
	Mailing Address	PO Box 1355								0 ^M 4	М	/ D	1	5	Y 2	źoòs	Э ^ү
	City Alexandria			State VA	Zip Code 22313					Amou	unt o	fEad	h [	Disburs	emer	nt this I	Period
		rsement ederal PACs/Commi	ttees				01 ⁻	1	]	L.					50	00.00	)
	Candidate Name DIRIGO PAC						ateg Typ	-									
	Office Sought:	House Senate President		Primary Other (spe													
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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	;)	FOR LINE (check onl 21b	-	AGE 261/316
	y Information copied from such Reports and Sta for commercial purposes, other than using the n	tements may not be sold or use				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political					Commutee
	Full Name (Last, First, Middle Initial) Fleming for Congress				Transaction ID: D846 Date of Disbursement	15
	Mailing Address PO Box 1236				$\begin{array}{c} M S M \\ O S \end{array} \begin{array}{c} O \\ I \\ I \end{array} \begin{array}{c} O \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array}$	^Y 2009 ^Y
	City Minden	State Zip Code LA 71058-1236	6		Amount of Each Disburse	
	Purpose of Disbursement Contributions to Federal Candidates			011		1000.00
	Candidate Name Fleming for Congress		C	ategory/ Type		
	Office Sought: House Disbu Senate President State: District:	ursement For: 2010 X Primary General Other (specify) ▼				
	Full Name (Last, First, Middle Initial) Friends Of Bill Posey				Transaction ID: D826 Date of Disbursement	
	Mailing Address 1824 South Fiske Bou	levard				ŶŽOŎ9Ÿ
	City Rockledge	State Zip Code FL 32955			Amount of Each Disburs	
	Purpose of Disbursement VOID CK 6747 10/01/08					-2500.00
	Candidate Name Mr. Bill Posey		C	ategory/ Type		
	Office Sought: X House Disbu Senate President State: FL District: 15	ursement For: 2008 Primary X General Other (specify) ▼			VOID CK 6747 10/01/	08
	Full Name (Last, First, Middle Initial) Friends Of Bill Posey				Transaction ID: D827 Date of Disbursement	
	Mailing Address 1824 South Fiske Bou	llevard				^Ŷ ² 0 ⁰ 9 [°]
	City Rockledge	State Zip Code FL 32955			Amount of Each Disburs	
	Purpose of Disbursement Contributions to Federal Candidates			011		2500.00
	Candidate Name Mr. Bill Posey		C	ategory/ Type		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	)		R LINE eck only	NUMBE	R:			PA	GE	262 /	316
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NAME OF COMMITTEE (In Full)	arrie and address of arry politica	I COM		50 10 30		ibuti			Sucht			
National Emergency Medicine Political A	Action Committee											
Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln						of Di	sburs	eme	ent			
Mailing Address PO Box 3197					0 ^M 3	M	1	I 1	/ Y	Ź	٥ ò s	)
City Little Rock	State Zip Code AR 72203				Amou	int of	f Each	ı Dis	burse	0	t this F	
Purpose of Disbursement Contributions to Federal Candidates			011							30	00.00	
Candidate Name Sen. Blanche Lambert Lincoln			atego Type	-								
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State: AR District: 00												
Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln						of Di	sburs	eme			V	V
Mailing Address PO Box 3197					0 ^M 6	M		1 <b>0</b>	/	Ź	0 ð S	) *
City Little Rock	State Zip Code AR 72203				Amou	int of	f Each	n Dis	sburse	0	t this F	
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Full Name (Last, First, Middle Initial)					Turne		10		20000	7		
Friends of Dan Maffei							sburs	eme			Y	Y
Mailing Address PO Box 74					0 ^M 3		2	25		2	0 Å S	
City Syracuse	StateZip CodeNY13214				Amou	int of	f Each	n Dis	sburse		t this F	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		-		NUMBE	R:			PA	GE	263	/ 316
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Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam												S
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	ion Committee											
Full Name (Last, First, Middle Initial) Cardoza For Congress							isburs	seme	08477 ent	7		
Mailing Address PO Box 2749					0 [™] 5		/ D	2 ^D	/ Y	ž	0 ð s	<b>)</b> ^Y
City Merced	State Zip Code CA 95340				Amou	unt of	f Each	h Dis	sburse	-		
Purpose of Disbursement Contributions to Federal Candidates					L.					10	00.00	)
Candidate Name Mr. Dennis Cardoza			atego Type									
5 <u>x</u>	ement For: 2010 Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) Friends of Jeanne Shaheen							isburs	seme	D7635 ent	50		
Mailing Address PO BOX 1510					^M 1	М	/ D	2 ^D	/ Y	ž	٥òs	θ ^Υ
City MANCHESTER	State Zip Code NH 03105				Amou	unt of	f Eacł	h Dis	sburse		-	
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Senate President X	ement For: 2008 Primary General Other (specify) ▼ eneral Debt											
Full Name (Last, First, Middle Initial) Friends Of Patrick J. Kennedy Inc.					-		on ID	_	D8682	25		
Mailing Address P.O. Box 321					0 [™] 6	M	/ D	1 0	/ Y	ž	٥òs	θ ^Υ
City Pawtucket	State Zip Code RI 02860				Amou	unt of	f Each	h Dis	sburse	men	t this I	Perioc
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee of solicit contributions form such committee of Solicit contributions for ederal Candidates Contributions for ederal Candidates Contributions for ederal Candidates Contributions for federal Candidates Solicit contributions for Federal Candidates Solicit contributions for federal Candidates Contrelations for federal Candidates Contributions for federal Candidat	-	-	for each category of the					22	<u> </u>				25 29	
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial) Georgians For Isakson       Transaction ID: D82602 Date of Disbursement         Mailing Address       P.O. Box 250116         City Atlanta       GA       30325         Purpose of Disbursement Contributions to Federal Candidates       011 Category/ Type       Amount of Each Disbursement I         Cardidate Name Rep. Johnny Isakson       Disbursement For: President       2010         Office Sought:       X House President       Disbursement For: Office Sought:       2010         Full Name (Last, First, Middle Initial) Georgians For Isakson       Disbursement For: President       2010         Mailing Address       P.O. Box 250116       011 Category/ Type       Transaction ID: D84779 Date of Disbursement I         City Atlanta       GA       30325       Amount of Each Disbursement I         Mailing Address       P.O. Box 250116       011 Category/ Type       201         Office Sought:       X House President       Disbursement For: Other (specify) ▼       2010         Full Name (Last, First, Middle Initial) Gillibrand for Senate       Disbursement For: Primary X General       011 Category/ Type       Transaction ID: D84618 Date of Disbursement         Mailing Address       3422 Porter Street, NW       011 Category/ Type       101 Category/ Type       Amount of Each Dis	for commercial purpose	es, other than using the na					person f	or the pu	irpos	e of so	bliciting c	ontribu	utions	
Georgians For Isakson       Disbursement         Mailing Address       P.O. Box 250116         City       State       Zip Code         Atlanta       GA       30325         Purpose of Disbursement       Ontributions to Federal Candidates       O11         Candidate Name       President       O11         Candidate Name       Senate       Primary         President       Disbursement For:       2010         State: GA       District: 06       Transaction ID:         Full Name (Last, First, Middle Initial)       General       Offer (specify)         Georgians For Isakson       Other (specify)       Transaction ID:       D84779         Date of Disbursement       Other (specify)       Transaction ID:       D84779         Onthoutions for Federal Candidates       Other (specify)       Transaction ID:       D84779         Office Sought:       X House       D		( )	ction Comm	ittee										
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Any. Information copied from such Reports and Statements may not be sold or used by any person for the purposes of soliciting contributions from such committee         NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Glacier PAC         Mailing Address       236 Massachusetts Avenue, NE         Suite 603       City         Purpose of Disbursement       011         Conductor PAC       011	ITEMIZED DISBURSEMENTS	for each category of the	,   [	(ch	eck only 21b	one)	X		[	24		25	
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Glacier PAC Suite 603 City Washingforn DC 20002 Purpose of Disbursement Contribution to Federal PACs/Committees Office Sought: House Disbursement State: District: 2009 Annual Contribu Full Name (Last, First, Middle Initial) City City City City City City City City												-	
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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 Europency Medicine Political Action Committee          Full Name (Last, First, Middle Initial)          Harry Teague for Congress          Mailing Address        PO BOX 5153          PO BOX 5153          City       State         Purpose of Disbursement         Contributions to Federal Candidates         Contributions to Federal Candidates         Office Sought:       House         President       Disbursement For:         Office Sought:       House         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)         John D. Dingell       Other (specify) ▼         City       State:         Purpose of Disbursement         Controlutions to Federal Candidates         Candidate Name         Persident       Disbursement For:         2013         Purpose of Disbursement         Cotty       Senate         President       Disbursement For:         Senate:       Disbursement For: <th>EMIZED DISBURSEMENTS</th> <th></th> <th>  </th> <th></th> <th>21b</th> <th>22</th> <th>X</th> <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	EMIZED DISBURSEMENTS				21b	22	X		-						
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         Harry Teague for Congress         Maiing Address       PO BOX 5153         City       State       Zip Code         HOBBS       NM       B8241         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement this Period         Control Kame       Category/ Type       Category/ Type         Chice Sought:       President       Disbursement For:       2010         State:       Disfrict:       Disbursement For:       2010         City       State       Zip Code       Date of Disbursement His Period         Mailing Address       PO Box 75214       Transaction ID:: D84776       Date of Disbursement His Period         Category/ Washington       DC       Zip Code       Amount of Each Disbursement His Period         Chicy       State       Other (specify)       Transaction ID:: D84376       Date of Disbursement His Period         Chicy       State       Other (specify)       Transaction ID:: D84381       Date of Disbursement His Period         Chiry       State       Disbursement For:       2010       Category/ Type       Zip Oig Y       Zip Oig Y         Office Sought:       House       Disbursem	for commercial purposes, other than using the nan														
Harry Teague for Congress       Interaction ID: Doty 30 Date of Disbursement Contributions to Federal Candidates         Mailing Address       PO BOX 5153         City       State         Purpose of Disbursement Contributions to Federal Candidates       011         Candidate Name Harry Teague for Congress       011         Mailing Address       Po Box 75214         Office Sought:       House President         State:       Disbursement For:         Other (specify)       Transaction ID: D84776 Date of Disbursement         Other (specify)       Transaction ID: D84776         Date of Disbursement Contributions to Federal Candidates       011         Other (specify)       Transaction ID: D84776         Date of Disbursement Contributions to Federal Candidates       011         City       State       2003         Purpose of Disbursement Contributions to Federal Candidates       011         Candidate Name Rep. John D. Dingell       Disbursement For:       2010         Office Sought:       X House President       State       Zip Ocde Prosonix         Mailing Address       PO Box 45444       Disbursement For:       2010         City       State: MI       Disbursement For:       2010         Condidate Name Prosoident       Az       85064       <		tion Committee													
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee          NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         John Shadeggs Friends         Mailing Address       PO Box 45444         City       Process         Phoenix       AZ         Az and the second secon		Detailed Summary Page		` 	21b 27	22 28a	X	28b		28		29	
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Kirk For Congress       Date of Disbursement         Mailing Address       P.O. Box 8         City       State       Zip Code         Winnetka       IL       60093         Purpose of Disbursement       011         Candidate Name       011         Rep. Mark Steven Kirk       011         Office Sought:       X         Purpose of Disbursement For:       2010         Senate       011         Cate of Disbursement For:       2010         Senate       Other (specify)         Full Name (Last, First, Middle Initial)       X         Kirk For Congress       Other (specify)         Mailing Address       P.O. Box 8         City       State       Zip Code         Winnetka       IL       60093         Purpose of Disbursement       011       Zip O 9         Candidate Name       Candidates       011         Candidate Name       011       Category/ Type       1000.00         Office Sought:       X       House       Disbursement For:       2010         Candidate Name       Disbursement For:       2010       1000.00         Coffice Sought:       X       House       Disbursement For:       2010<													
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	tion Committee											
Full Name (Last, First, Middle Initial)												
CHARLIE DENT FOR CONGRESS					Date	of D	isbu	irser		_		
Mailing Address PO Box 442					0 3	М		□2	5	Y	ž o ò	9
City Allentown	StateZip CodePA18105				Amou	int o	f Ea	ich [	Disbur			Period
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State:       PA       District:       15         Full Name (Last, First, Middle Initial)       FRIENDS OF CHARLIE WILSON					<b>Trans</b> Date		-		D86 ment	330		
Mailing Address P.O. BOX 61					0 ^M 6	М	/	□1(	D /	Y	²oò	9 [×]
City ST. CLAIRSVILLE	State Zip Code OH 43950				Amou	int o	f Ea	ich [	Disbur	seme	nt this	Period
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rf or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010 Transaction ID: D84789 Date of Disbursement Otion DC 20007 Purpose of Disbursement Earl Disbursement For: 2010 Catagory/ Rep. Dave Lee Camp Office Sought: X House Purpose of Disbursement Candidates P.O. BOX 960821 City Office Sought: X House Purpose of Disbursement Candidate Name Rep. David A. Scott Office Sought: X House Disbursement Candidate Name Rep. David A. Scott Office Sought: X House Disbursement Candidate Name Rep. David A. Scott Office Sought: X House Disbursement Candidate Name Rep. David A. Scott Office Sought: X House State: CIA District: 13 Disbursement Candidate Name Rep. David A. Scott Office Sought: X House Disbursement Candidate Name Rep. David A. Scott Disbursement Candidate Name Rep. David A. Scott Disbursement City Propose of Disbursement Candidate Name Rep. David A. Scott Disbursement City Propose of Disbursement City Purpose City Purpose of Disbursement City Purpose City Purpo		Detailed Summary Page			27	28a	X	28b		28	Bc		29	
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Atlianal Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         DAVE CAMP FOR CONCRESS 2010         Mailing Address       2501 Wisconsin Ave., NW         Number 304         City         Washington       DC         Dotoe of Diabursement         Contributions of Federal Candidates         Contributions of Federal Candidates         Contributions of Federal Candidates         Politice Sought:         Y Howas         Diabursement         Office Sought:         Y Howas         Diabursement         Office Sought:         Y Howas         Diabursement         Office Sought:         Y Howas         Diabursement         City         DAVID SCOTT FOR CONGRESS         Mailing Address         P.O. BOX 960821         City         City         RivERDALE         General         Other (specify)         Purpose of Diabursement         Cardigate Name         Rep. David A. Scott         Office Sought:         Y Howas         Diabur Sement E         City														
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		Detailed Summary Page	21b 27	22         X         23         24         25         2           28a         28b         28c         29         3
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$\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ad			
<u>v</u>	Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS			Transaction ID: D82776 Date of Disbursement
	Mailing Address 7840 Red Leaf Drive			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 8 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{pmatrix}$
	City Las Vegas	StateZip CodeNV89131		Amount of Each Disbursement this Period
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	Candidate Name Rep. Dean Heller		Category/ Type	
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	Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS			Transaction ID: D84620 Date of Disbursement
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	City Las Vegas	StateZip CodeNV89131		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates		011	1000.00
	Candidate Name Rep. Dean Heller		Category/ Type	
	5 <u>x</u>	ement For: 2010 Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS			Transaction ID: D82981 Date of Disbursement
	Mailing Address 3440 Youngfield St #26	4		$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{pmatrix}$
	City Wheat Ridge	StateZip CodeCO80033		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates		011	1000.00
	Candidate Name Rep. Ed Perlmutter		Category/ Type	
		ement For: 2010 C Primary General Other (specify) ▼		
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ITEMIZED DISBURSEMENTS       for each category of the Detailed Summary Page       21b       22       X       23       24       25       25	SCHEDULE B (FEC Form 3	Use separate schedule(s)	FOR LINE (check on	E NUMBER: ly one)		PA	AGE	283 /	316
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee         NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         ENGEL FOR CONGRESS         Maling Address       462 California Road         City       State         Bronxville       NY         10700.00         Amount of Each Disbursement         Cardidate Name         Cardidate Name         State: NY       Disbursement For:         Other (specify)         State: NY         District: 17         Full Name (Last, First, Middle Initial)         MASSA FOR CONCRESS         Maling Address       P.O., Box 636         City       State: NY         District: 17         Full Name (Last, First, Middle Initial)         MASSA FOR CONCRESS         Maling Address       P.O., Box 636         City       State: NY         District: 17         Full Name (Last, First, Middle Initial)         MASSA FOR CONCRESS         Maling Address       P.O., Box 636         City       State: NY         Distrest       Disbursemen	II EMIZED DISBURSEMEN	S for each category of the Detailed Summary Page	21b	22 X					23
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         ENGEL FOR CONGRESS         Mailing Address       462 California Road         Öty       State       Zip Code         Bronxville       NY       10708         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement this Period         Cardidate Name       Gategory/ Type       1000.00         Office Sought:       X House       Disbursement For:       2010         X Primary       General       Other (specify)       Transaction ID: D82985         Maling Address       P.O. Box 636       011       Category/ Type         Office Sought:       X House       Disbursement For:       2010         Maling Address       P.O. Box 636       011       Category/ Type         Office Sought:       X House       Disbursement for:       2010         Quint of Each Disbursement       011       Category/ Type       2500.00         Office Sought:       X House       Disbursement for:       2010         Quint of Each Disbursement       011       Category/ Type       7 2 0 0 9         Office Sought:       X House       Disbursement For:       2010         Quint of Each Disbu	or for commercial purposes, other than usin								5
ENGEL FOR CONGRESS       Date of Disbursement         Mailing Address       462 California Road         City       State       Zip Code         Bronzville       NY       10708         Purpose of Disbursement       011         Candidate Name       011         State: NY       District: 17         Full Name (Last, First, Midle Initia)       NASSA FOR CONGRESS         Malling Address       P.O. Box 636         City       State: NY         Disbursement       011         Candidate Name       012         Candidate Name       011		itical Action Committee							
City       State       Zip Code         Purpose of Disbursement       011         Contributions to Federal Candidates       011         Candidate Name       Image: Candidates         Candidate Name       Disbursement For:         Office Sought:       X House         President       Disbursement For:         2010       X Primary         General       Other (specify)         Purpose of Disbursement       Other (specify)         State:       NY         District:       17         Full Name (Last, First, Middle Initial)       Maling Address         Maling Address       P.O. Box 636         City       State         Anaunt of Each Disbursement       011         Candidate Name       Candidates         Candidate Name       Other (specify)         Purpose of Disbursement       Disbursement For:         City       State       Disbursement For:         State:       NJ       Other (specify)         Periodent Name       Disbursement For:       2010         X       Primary       General         Office Sought:       X House       Disbursement For:       2010         State:       NJ       0774					burser	ment	97		
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS  Full Name (Last, First, Middle Initial) Cardidate Name Cardidate Name Cardidate Name Cardidate Name Rep. John B. Larson  Full Name (Last, First, Middle Initial) Catagory/ Rep. John B. Larson  City State City Stat				
NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         LARSON FOR CONGRESS         Mailing Address       o' Dispursement         Gity       State         Purpose of Disbursement       011         Category/ Purpose of Disbursement       011         Category/ Rep. John B. Larson       Disbursement For:         Office Sought:       X House         State: CT       District: 01         District: 01       Disbursement For:         Othy       State         Purpose of Disbursement       Other (specify)         JOHN SULLIVAN FOR CONGRESS INC       Transaction ID: D82601         Mailing Address       P.O. Box 651374         Gity       State:         Purpose of Disbursement       City         VA       20165-1374         Mailing Address       P.O. Box 651374         Gither Sought:       X House         State: OK       Disbursement For:       2010         City       State       0ther (specify)         Purpose of Disbursement       Other (specify)       Transaction ID: D82785         City       X House       Senate         President       <				
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<u>,                                     </u>	Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS						Tran Date				en	D794 nent		v v		Y
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initia) WOOLSEY FOR CONGRESS Mailing Address P.O. Box 750176 City Perpose of Disbursement Cardidate Name Rep. Lyrin C. Woolsey Disbursement for: Cardidate Name Rep. Lyrin C. Woolsey City Full Name (Last, First, Middle Initia) SOUDER FOR CONGRESS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 40233 City For Roon REPS INC. Mailing Address P.O. BOX 682185 City For Roon REPS INC. Mailing Address P.O. BOX 682185 City For Roon REPS INC. Mailing Address P.O. BOX 682185 City For Roon REPS INC. Mailing Address P.O. BOX 682185 City For Roon REPS INC. Mailing Address P.O. BOX 682185 City For Roon REPS INC. Mailing Address P.O. BOX 682185 City For Roon REPS Particle President State: TN District: 07 Disbursement Contributions to Foderal Contributions President State: TN District: 07 City For Roon REPS Particle President State: TN District: 07 City For Roon REPS Particle President State: TN District: 07 City For Roon REPS Particle		Detailed Summary Page		
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee          NAME OF COMMITTEE (in Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         PRICE FOR CONGRESS         Mailing Address       P.O. Box 425         City       State         Rogswell       Ga         Contributions of Federal Conditates       011         Control Expression       Disbursement For:         Value Y HERGER FOR CONCORESS COMMITTEE       Transaction ID: D87209         Mailing Address       1066 Pendieton St         City       State: CA       Disbursement For:         Value Y Herger       Disbursement For:       2010         Controls Name       Category/ Type       Transaction ID: D87019         Walue V HERGER FOR CONGRESS COMMITTEE       Disbursement For:       2010 </th <th></th> <th>Detailed Summary Page</th> <th></th> <th></th> <th>27</th> <th>28a</th> <th>·</th> <th></th> <th>28b</th> <th></th> <th></th> <th>28c</th> <th></th> <th>29</th> <th></th> <th></th>		Detailed Summary Page			27	28a	·		28b			28c		29		
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act												
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Mailing Address 499 S. Capitol Street, SV Suite 422	V				03	M	D 2	2 ^D	/ Y	ž	0 ò s	9 [×]
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NAME OF COMMITTEE (In Full)															
National Emergency Medicine F	olitical Ac	tion Comm	nittee												
Full Name (Last, First, Middle Initial) Republican Main Street Partners	ship PAC							<b>Trans</b> Date (					7		
Mailing Address 2201 Wiscons Suite 320	in Ave, NV	N						^м 3	M	De	3 <b>0</b>	/ Y	ž	o ò s	) ^Y
City Washington		State DC	Zip Code 20007					Amou	nt of	Each	n Disl		-		
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Mailing Address PO Box 581 Post Office Bo	x 581							0 3	M	D (	) ^D	/	ž	0 ð S	) `
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Full Name (Last, First, Middle Initial) Roskam For Congress Committ	ee							Trans Date (	of Di	sburs	emer		-	V	V
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National Emergency Medicine Politic	al Action Committee			
Full Name (Last, First, Middle Initial) Ryan For Congress			Transaction ID: D86648 Date of Disbursement	
Mailing Address P. O. Box 1919				9 [×]
City Janesville	State Zip Code WI 53547		Amount of Each Disbursement this	Perio
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Candidate Name Rep. Paul Ryan		Category/ Type		
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Full Name (Last, First, Middle Initial) Schock For Congress			Transaction ID: D82479 Date of Disbursement	
Mailing Address PO Box 10555				9 ^Y
City Peoria	State Zip Code IL 61612		Amount of Each Disbursement this	
Purpose of Disbursement Contributions to Federal Candidates		011	2500.00	0
Candidate Name Mr. Aaron Schock		Category/ Type		
Office Sought: X House D Senate President State: IL District: 18	isbursement For: 2010 X Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)           GRASSLEY COMMITTEE INC			Transaction ID: D84619 Date of Disbursement	
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City DES MOINES	State Zip Code IA 50304		Amount of Each Disbursement this	
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Candidate Name Sen. Charles E. Grassley		Category/ Type		
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r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) National Emergency Modeline Political Action Committee Full Name (Last, First, Middle Initiel) American Association of Nurse Anesthetists Maling Address 25 Massachusetts Avenue, NW Suite 550 City Washington DC 20001 Purpose of Disbursement Office Sought: House Senate President Disbursement Full Name (Last, First, Middle Initial) Charge Disbursement Candidate Name Category/ Type Office Sought: House Senate President Disbursement For: Category/ Type Office Sought: House Category/ City City City City City City City City	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b	22					X			
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American Association of Nurse Anesthetists       Date of Disbursement Office Sought:         Mailing Address       25 Massachusetts Avenue, NW         Suite 550       State         City       State         Purpose of Disbursement       003         Candidate Name       003         Office Sought:       House         Disbursement       003         Catagory/       Type         Office Sought:       House         Disbursement       Catagory/         Type       Disbursement For:         Purpose of Disbursement       Catagory/         Chy       State:         District:       Fundraising event ex         Full Name (Last, First, Middle Initial)       Chy         Chy       State         Disbursement       Category/         Transaction ID:       D76239         Date of Disbursement       Mailing Address         Full Name (Last, First, Middle Initial)       Transaction ID:         Chy       State         Purpose of Disbursement       Category/         Full Name (Last, First, Middle Initial)       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House		on Committee												
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Office Sought:       House       Disbursement For:       2010         Y       President       President       Fundraising event ex         Full Name (Last, First, Middle Initial)       CHASE BANK       Transaction ID:       D76239         Mailing Address       545 E John Carpenter Fwy       Amount of Each Disbursement         City       State       Zip Code         Irving       TX       75062-8114         Purpose of Disbursement       President       General         Cardidate Name       Disbursement For:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Disbursement For:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Disbursement For:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Transaction ID:       D88212         ChASE BANK       Disbursement For:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       TX       75062-8114         City       TX       75062-8114       Amount of Each Disbursement His Period         BANK FEES JAN 09       Cardidate Name       General       Other (specify) ▼         Office Sought:       House       Disbursement For:       General       388.01         Office Sought:       House	Other disbursement			-		L.					550	0.00		
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Full Name (Last, First, Middle Initial)       Transaction ID: D76239         CHASE BANK       Date of Disbursement         Mailing Address       545 E John Carpenter Fwy         City       TX         Irving       TX         Purpose of Disbursement       General         Federal Taxes       Disbursement For:         Candidate Name       Disbursement For:         Office Sought:       House         District:       Disbursement For:         President       Disbursement For:         State:       Disbursement Fwy         City       State         Full Name (Last, First, Middle Initial)       Transaction ID: D88212         CHASE BANK       Date of Disbursement         Mailing Address       545 E John Carpenter Fwy         City       State       Zip Code         Irving       TX       75062-8114         Purpose of Disbursement       TX       75062-8114         Purpose of Disbursement BaNK FEES JAN 09       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       Mailing Address         Senate       President       Disbursement For:         Office Sought:       House       Disbursement For:         President	Senate President X	Primary General Other (specify)												
City       State       Zip Code         Irving       TX       75062-8114         Purpose of Disbursement       General         Category/       Type         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       Distursement For:         President       Other (specify)         State:       Distursement Fwy         City       State         Mailing Address       545 E John Carpenter Fwy         City       State         Irving       TX         75062-8114         Purpose of Disbursement         Office Sought:       House         Other (specify)         State:       Disbursement Fwy         City       State         Irving       TX         75062-8114         Purpose of Disbursement         BANK FEES JAN 09         Candidate Name         Office Sought:       House         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:	Full Name (Last, First, Middle Initial)										9			
Irving       TX       75062-8114         Purpose of Disbursement       Federal Taxes       Category/ Type         Office Sought:       House       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:       Category/ Type         State:       District:       Other (specify)       Image: Category/ Type         Full Name (Last, First, Middle Initial)       CHASE BANK       Transaction ID:       D88212         Mailing Address       545 E John Carpenter Fwy       Image: Category/ TX       75062-8114         Name       TX       75062-8114       Amount of Each Disbursement this Period         Purpose of Disbursement       Disbursement For:       Category/ Type       388.01         Office Sought:       House       Disbursement For:       Category/ Type       388.01         Office Sought:       House       Disbursement For:       Other (specify) ▼       Substrict:         Substrict:       Disbursement For:       Other (specify) ▼       Substrict:       Substrict:	Mailing Address 545 E John Carpenter Fwy						M /	□2	2 <b>0</b>	/ Y	ž	0 ð 9	Y	
Federal Taxes       Candidate Name       Category/ Type         Office Sought:       House       Disbursement For:         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)       CHASE BANK         CHASE BANK       Mailing Address         Mailing Address       545 E John Carpenter Fwy         City       State         Irving       TX         Purpose of Disbursement         BANK FEES JAN 09         Candidate Name         Office Sought:       House         Disbursement For:         Senate       Disbursement For:         Office Sought:       House         Office Sought:       House         Office Sought:       Disbursement For:         President       Other (specify) ▼         State:       District:         Subtrottal of Disbursements This Page (optional)       9222.01			4			Amou	int of	Each	n Disb	oursei				
Office Sought:       House       Disbursement For:       Senate         President       Primary       General         Other (specify)       Image: Construct of the system o											333	34.00		
Senate       Primary       General         Other (specify)       Image: Construct is president       Other (specify)         Full Name (Last, First, Middle Initial)       Transaction ID: D88212         CHASE BANK       Date of Disbursement         Mailing Address       545 E John Carpenter Fwy         City       State       Zip Code         Irving       TX       75062-8114         Purpose of Disbursement       Amount of Each Disbursement this Perior         BANK FEES JAN 09       Category/         Candidate Name       Disbursement For:         Senate       Primary       General         Office Sought:       House       Disbursement For:         State:       District:       General         State:       District:       9222.01			С											
Full Name (Last, First, Middle Initial)       Transaction ID: D88212         CHASE BANK       Date of Disbursement         Mailing Address       545 E John Carpenter Fwy         City       State       Zip Code         Irving       TX       75062-8114         Purpose of Disbursement       388.01         BANK FEES JAN 09       Category/         Candidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         State:       District:         SUBTOTAL of Disbursements This Page (optional)       9222.01	Senate President	Primary General												
City       State       Zip Code         Irving       TX       75062-8114         Purpose of Disbursement       388.01         BANK FEES JAN 09       Category/         Candidate Name       Category/         Office Sought:       House         Disbursement For:       Category/         President       Other (specify)         State:       District:         Subtrottal of Disbursements This Page (optional)       9222.01	Full Name (Last, First, Middle Initial)							-			2			
Irving       TX       75062-8114         Purpose of Disbursement       388.01         BANK FEES JAN 09       Category/         Candidate Name       Category/         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:         SUBTOTAL of Disbursements This Page (optional)       9222.01	Mailing Address 545 E John Carpenter Fwy					^M 1	M /	□ 3	3 <b>0</b>	/ Y	ž	0 ð 9	Y	
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Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼	BANK FEES JAN 09					L.	-				38	38.01		
Senate       Primary       General         President       Other (specify)       ▼         State:       District:       9222.01			C	-	-									
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							v	v	v v	v	922	2_01		
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ITEMIZED DISBURSEMENTS       Use separate schedule(s         for each category of the Detailed Summary Page         Any Information copied from such Reports and Statements may not be sold or use or for commercial purposes, other than using the name and address of any politic         NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         CHASE BANK         Mailing Address       545 E John Carpenter Fwy         City       State       Zip Code         Irving       TX       75062-8114         Purpose of Disbursement       Full State       State	ed by any person fo	22     23     24     25       28a     28b     28c     X     29       or the purpose of soliciting contributions					
or for commercial purposes, other than using the name and address of any politic NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) CHASE BANK Mailing Address 545 E John Carpenter Fwy City State Zip Code Irving TX 75062-8114 Purpose of Disbursement	d by any person fo	Transaction ID: D88213 Date of Disbursement					
NAME OF COMMITTEE (In Full)         National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         CHASE BANK         Mailing Address       545 E John Carpenter Fwy         City       State       Zip Code         Irving       TX       75062-8114         Purpose of Disbursement       Example 1		Transaction ID: D88213 Date of Disbursement					
National Emergency Medicine Political Action Committee         Full Name (Last, First, Middle Initial)         CHASE BANK         Mailing Address       545 E John Carpenter Fwy         City       State       Zip Code         Irving       TX       75062-8114         Purpose of Disbursement       Example 1		Date of Disbursement					
Full Name (Last, First, Middle Initial) CHASE BANK Mailing Address 545 E John Carpenter Fwy City State Zip Code Irving TX 75062-8114 Purpose of Disbursement		Date of Disbursement					
CHASE BANK Mailing Address 545 E John Carpenter Fwy City State Zip Code Irving TX 75062-8114 Purpose of Disbursement		Date of Disbursement					
City State Zip Code Irving TX 75062-8114 Purpose of Disbursement		0 ^M 2 ^M / ^D 2 ^P / ^Y 2009 ^Y					
Irving TX 75062-8114 Purpose of Disbursement							
Purpose of Disbursement	•	Amount of Each Disbursement this Period					
		236.55					
BANK FEES FEB 09							
Candidate Name	Category/ Type						
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼							
Full Name (Last, First, Middle Initial)		Transaction ID: D88214					
CHASE BANK	Date of Disbursement						
Mailing Address 545 E John Carpenter Fwy		$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $					
City State Zip Code Irving TX 75062-8114		Amount of Each Disbursement this Period					
Purpose of Disbursement BANK FEES MAR 09		347.08					
Candidate Name	Category/ Type						
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼							
Full Name (Last, First, Middle Initial) CHASE BANK		Transaction ID: D88215 Date of Disbursement					
Mailing Address 545 E John Carpenter Fwy		$ \overset{M}{\overset{M}{0}} \overset{M}{\overset{M}{}}} \ ' \ \overset{D}{\overset{D}{}}} \overset{D}{\overset{D}{}}} \ ' \ \overset{Y}{\overset{Y}{}}} \overset{Y}{\overset{Y}{}}} \overset{Y}{\overset{Y}{}}} \overset{Y}{\overset{Y}{}}} \overset{Y}{\overset{Y}{}}} $					
CityStateZip CodeIrvingTX75062-8114		Amount of Each Disbursement this Period					
Purpose of Disbursement BANK FEES APR 09		324.28					
Candidate Name	Category/ Type						
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼							
State: District:							
SUBTOTAL of Disbursements This Page (optional)		907.91					
TOTAL This Period (last page this line number only)							

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Г	TEMIZED DISBURSEME	NTS for each	arate schedule(s) category of the	(check only	/ one) ] 22   23	24 25 26			
			Summary Page	27	28a 28b	28c X 29 30b			
	ny Information copied from such Report r for commercial purposes, other than u								
	NAME OF COMMITTEE (In Full) National Emergency Medicine F	Political Action Comm	nittee						
Α.	Full Name (Last, First, Middle Initial) CHASE BANK		Transaction ID: D88216 Date of Disbursement						
	Mailing Address 545 E John C	arpenter Fwy		05 ^M / 29 / Y 2009 ^Y					
	City Irving	State TX	Zip Code 75062-8114		Amount of Each Dis	bursement this Period			
	Purpose of Disbursement BANK FEES MAY 09					1176.20			
	Candidate Name			Category/ Type					
	Office Sought: House Senate President	Disbursement For: Primary Other (spe	General						
	State: District:								
В.	Full Name (Last, First, Middle Initial) CHASE BANK				Transaction ID: D Date of Disburseme	nt			
	Mailing Address 545 E John C	arpenter Fwy			06 30	Ý ŽOÖ9			
	City Irving	State TX	Zip Code 75062-8114		Amount of Each Dis	bursement this Period			
	Purpose of Disbursement BANK FEES JUN 09					600.84			
	Candidate Name			Category/ Type					
	Office Sought: House Senate President	Disbursement For: Primary Other (spe	General ecify) ▼						
	State: District:		-·· •						

	SUBTOTAL of Disbursements This Page (optional)	•	1777.04
	TOTAL This Period (last page this line number only)	►	11906.96
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