

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00140061 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of TX

5. Covering Period 10 16 2008 through 11 24 2008

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

Type or Print Name of Treasurer Phyllis Edans, CPA, CAE

Signature of Treasurer Electronically Filed by Phyllis Edans, CPA, CAE Date 06 15 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		634937.01
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	582107.25									
(c) Total Receipts (from Line 19)	180154.23	836886.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	762261.48	1471823.25								
7. Total Disbursements (from Line 31)	385683.16	1095244.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	376578.32	376578.32								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	130552.64	441025.45
(i) Itemized (use Schedule A)		
(ii) Unitemized	48944.98	385616.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	179497.62	826642.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	179497.62	826642.03
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	656.61	9244.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	180154.23	836886.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	180154.23	836886.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	8906.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	8906.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	138000.00	822000.00
24. Independent Expenditure (use Schedule E)	247166.00	247166.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	150.00
29. Other Disbursements.....	517.16	17022.18
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	385683.16	1095244.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	385683.16	1095244.93

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	179497.62	826642.03
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	179497.62	826492.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	8906.75
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	8906.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 123
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Kate Aberger</p> <p>Mailing Address 7 Rutgers Ct B-6</p> <p>City State Zip Code Belleville NJ 07109-2592</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation St Josephs Regl Med Ctr Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 04 / 2008</p> <p>Transaction ID: C526413</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Peter G G Anderson</p> <p>Mailing Address 1610 W Ocean Front</p> <p>City State Zip Code Newport Beach CA 92663-4518</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fountain Valley Reg Hosp Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 22 / 2008</p> <p>Transaction ID: C522360</p> <p>Amount of Each Receipt this Period 125.00</p>
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<p>C. Full Name (Last, First, Middle Initial) James V V Antinori</p> <p>Mailing Address 3060 Oak Rim Ln</p> <p>City State Zip Code Park City UT 84060-6803</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation EPIC LLC Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2008</p> <p>Transaction ID: C524973</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brahim Ardolic		Date of Receipt
	Mailing Address 475 Seaview Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Staten Island	NY	10305-3436
	FEC ID number of contributing federal political committee.		Transaction ID: C524156
		Amount of Each Receipt this Period	<input type="text"/>
			900.00
Name of Employer Staten Island Univ Dept of EM		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			1000.00

B.	Full Name (Last, First, Middle Initial) Brent Asplin		Date of Receipt
	Mailing Address 4162 Ethan Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Eagan	MN	55123-4908
	FEC ID number of contributing federal political committee.		Transaction ID: C525017
		Amount of Each Receipt this Period	<input type="text"/>
			100.00
Name of Employer Mayo Cinc-Chair Dept of EM		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			900.00

C.	Full Name (Last, First, Middle Initial) Brent Asplin		Date of Receipt
	Mailing Address 4162 Ethan Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Eagan	MN	55123-4908
	FEC ID number of contributing federal political committee.		Transaction ID: C595275
		Amount of Each Receipt this Period	<input type="text"/>
			100.00
Name of Employer Mayo Cinc-Chair Dept of EM		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			900.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
	1100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Christine Assia

Mailing Address 1404 Natl Ave

City State Zip Code
Rockford IL 61103

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

Name of Employer Occupation
Rockford Hlth Syst Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: C592441

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Nancy J J Auer

Mailing Address 747 Broadway

City State Zip Code
Seattle WA 98122-4379

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

Name of Employer Occupation
Swedish Hosp Admin 1SW Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524918

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 5006 Macarthur Ct NW
Apt 329

City State Zip Code
Washington DC 20016-3343

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

Name of Employer Occupation
Deputy Chief Asst Med Dir Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525058

Amount of Each Receipt this Period
1000.00

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 9 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Neal Finley Finley Aulick, II

Mailing Address 11 Aaronwoods Ct

City State Zip Code
Wheeling WV 26003-9358

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

Name of Employer EMP of Ohio Co PLLC Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525145

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Thabit M M Bahhur

Mailing Address 1221 Pine Grove

City State Zip Code
Port Huron MI 48060-3511

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

Name of Employer Port Huron Hosp ED Occupation Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523309

Amount of Each Receipt this Period
1000.00

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

Mailing Address 68 Greenlawn Ave

City State Zip Code
Newton MA 02459-1714

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

Name of Employer Tufts Med Ctr Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 950.01

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524187

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 123
(check only one)

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

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

A.

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

Mailing Address 68 Greenlawn Ave

City State Zip Code
Newton MA 02459-1714

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

Name of Employer Tufts Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.01

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C595272

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Wayne S S Barry

Mailing Address 397 Caddie Dr

City State Zip Code
DeBary FL 32713-4514

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

Name of Employer W Volusia Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524162

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Joseph Bergen

Mailing Address 133 Old Rd to 9 Acre Cor

City State Zip Code
Concord MA 01742-4159

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

Name of Employer Emerson Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524211

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Leo E E Berkenbile, Jr

Mailing Address 20524 Pacific Coast Hwy

City Malibu State CA Zip Code 90265-5402

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

Name of Employer Occupation
Verdugo Hills Hosp Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: C526203

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 9846 NW 18th St

City Coral Springs State FL Zip Code 33071-5826

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

Name of Employer Occupation
Inphynet Team Hlth Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1850.01

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524178

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Stephen O Bernardon

Mailing Address 755 Hurstborne Ln

City Edgewood State KY Zip Code 41017-9602

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

Name of Employer Occupation
St Elizabeth Med Ctr Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526612

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William A A Biggers, Jr
Mailing Address 101 Brock Ridge Run
City Elizabeth City State NC Zip Code 27909-8730
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP of Pasquotank Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 30 / 2008
Transaction ID: C525104
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Frederick C C Blum
Mailing Address 1470 Point Marion Rd
City Morgantown State WV Zip Code 26508-1454
FEC ID number of contributing federal political committee. **C**
Name of Employer RCB-HSC Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 916.67
Date of Receipt 10 / 28 / 2008
Transaction ID: C524210
Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Frederick C C Blum
Mailing Address 1470 Point Marion Rd
City Morgantown State WV Zip Code 26508-1454
FEC ID number of contributing federal political committee. **C**
Name of Employer RCB-HSC Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 916.67
Date of Receipt 11 / 24 / 2008
Transaction ID: C595277
Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 666.66
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 123
(check only one)

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

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

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

Mailing Address 70 Timberline Dr

City State Zip Code
Wyomissing PA 19610-1970

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

Name of Employer Occupation
York Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: C526626

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Michael A A Bohrn

Mailing Address 70 Timberline Dr

City State Zip Code
Wyomissing PA 19610-1970

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

Name of Employer Occupation
York Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: C595264

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Marni Judith Judith Bonnin

Mailing Address 972 Linwood Rd

City State Zip Code
Birmingham AL 35222-4435

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

Name of Employer Occupation
Dr. Marni Judith Bonnin Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525114

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ashley E E Booth

Mailing Address 655 W 8th St

City Jacksonville State FL Zip Code 32209-6511

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

Name of Employer Shands Jacksonville Educ Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C524220

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City Charleston State SC Zip Code 29412-3632

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

Name of Employer Med Univ of SC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 29 / 2008

Transaction ID: C525015

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City Charleston State SC Zip Code 29412-3632

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

Name of Employer Med Univ of SC Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 24 / 2008

Transaction ID: C595273

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John C C Braaten		Date of Receipt
	Mailing Address 164 Jordon Blvd		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Delmar	NY	12054-4137
	FEC ID number of contributing federal political committee. C		Transaction ID: C525115
Name of Employer Samaritan Hosp		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>

B.	Full Name (Last, First, Middle Initial) John E E Braden		Date of Receipt
	Mailing Address 701 Minorca Ave		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Coral Gables	FL	33134-3758
	FEC ID number of contributing federal political committee. C		Transaction ID: C524962
Name of Employer S Miami Criticare Inc		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>

C.	Full Name (Last, First, Middle Initial) Richard Neville Neville Bradley		Date of Receipt
	Mailing Address 6411Fannin St		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Houston	TX	77030-1501
	FEC ID number of contributing federal political committee. C		Transaction ID: C524212
Name of Employer UT Health Science Ctr		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1450.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert I I Broida

Mailing Address PO Box 5404

City Akron State OH Zip Code 44334-0404

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

Name of Employer Dr. Robert I Broida Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525119
 Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Kevin R R Brown

Mailing Address 28 Byram Hill Rd

City Armonk State NY Zip Code 10504-1506

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

Name of Employer Dr. Kevin R Brown Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: C521245
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Craig A A Bryant

Mailing Address 3 Broadway Ave

City Mystic State CT Zip Code 06355-2701

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

Name of Employer Lawrence and Meml Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525106
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Austin William William Burgess

Mailing Address 236 Seatrice Ln

City State Zip Code
Newport NC 28570-6408

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

Name of Employer Occupation
Carteret General Hosp Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525150

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Francine D D Cantor

Mailing Address 137 Howard St

City State Zip Code
Bangor ME 04401-4127

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

Name of Employer Occupation
Dr. Francine D Cantor Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525063

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Michael L L Carius

Mailing Address 34 Maple St

City State Zip Code
Norwalk CT 06850-3815

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

Name of Employer Occupation
Norwalk Hosp Emerg Phys Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524163

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael B B Carney

Mailing Address 108 Daisy Ln

City State Zip Code
Wheeling WV 26003-9750

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

Name of Employer Occupation
Ohio Valley Med Ctr ED Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525056

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Timothy John John Carr

Mailing Address 4304 Gray Heron Dr

City State Zip Code
N Myrtle Bch SC 29582-9524

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

Name of Employer Occupation
Dr. Timothy John Carr Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525142

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Michael Ciccarelli

Mailing Address 3 Edward Dr

City State Zip Code
W Sand Lake NY 12196-9789

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

Name of Employer Occupation
Emer Medicine Physicians Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525057

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
R Carter Clements

Mailing Address 5558 Taft Ave

City State Zip Code
Oakland CA 94618-1519

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

Name of Employer Occupation
OakCare Med Grp Inc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2008

Transaction ID: C528318

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
R Carter Clements

Mailing Address 5558 Taft Ave

City State Zip Code
Oakland CA 94618-1519

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

Name of Employer Occupation
OakCare Med Grp Inc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2008

Transaction ID: C592438

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Clinton Coil

Mailing Address 1000 W Carson St Box 448
Apt 217

City State Zip Code
Torrance CA 90502-2004

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

Name of Employer Occupation
LAC Harbor UCLA Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: C526208

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mary Lois Lois Colfer

Mailing Address 21 Furnace St Unit 605

City State Zip Code
Akron OH 44308-1962

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

Name of Employer Occupation
Emer Med Phys Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525061

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Orion J J Colfer

Mailing Address 21 Furnace St Unit 605

City State Zip Code
Akron OH 44308-1962

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

Name of Employer Occupation
EMP Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525140

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Timothy Corvino

Mailing Address Dept of EM 2525 Ct Dr
Apt 1303

City State Zip Code
Gastonia NC 28054

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

Name of Employer Occupation
Gaston Mem Hosp Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525141

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert J J Cox

Mailing Address 817 Thomaston St

City State Zip Code
Barnesville GA 30204-1729

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

Name of Employer Occupation
NE Tower Ste 2100 Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524185

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City State Zip Code
Los Ranchos NM 87107-5601

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

Name of Employer Occupation
Schumacher Group Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524130

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Adrian A A D'Amico

Mailing Address 577 Dorseyville Rd

City State Zip Code
Pittsburgh PA 15238-1524

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

Name of Employer Occupation
Forbes Regl Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525064

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brian C C Dawson

Mailing Address 4209 Leicester Ct

City State Zip Code
Winterville NC 28590-9248

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

Name of Employer Brody Schl of Med @ ECU
ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: C522334

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joseph C C Dell'Aria

Mailing Address 108 Gracelyn Ln

City State Zip Code
Newport NC 28570-8163

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

Name of Employer Dr. Joseph C Dell'Aria Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525054

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Fred Dennis

Mailing Address 22287 Mullholland Dr Ste 187

City State Zip Code
Calabasas CA 91302

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

Name of Employer Dr. Fred Dennis Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524209

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mounang P P Desai

Mailing Address 6003 Isla Vista

City State Zip Code
Houston TX 77041

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

Name of Employer Occupation
Dr. Mounang P Desai Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: C595266

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Frank Louis Louis Dimase

Mailing Address 11 Pine Tree Ln

City State Zip Code
Albany NY 12208-1603

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

Name of Employer Occupation
Samaritan Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525070

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jesse Mark Mark DiRando

Mailing Address 5690 Great Northern Blvd Apt G

City State Zip Code
N Olmsted OH 44070-5642

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

Name of Employer Occupation
Emerg Med Physicians Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525092

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey D D Dixon
 Mailing Address 1389 E 27th St
 City Tulsa State OK Zip Code 74114-4107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GCEP Inc Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 10 / 29 / 2008
Transaction ID: C525016
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Melissa J J Dooley
 Mailing Address 568 Chinquapin Dr
 City Eglin AFB State FL Zip Code 32542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilford Hall Med Ctr Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 24 / 2008
Transaction ID: C523280
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jennifer Dow
 Mailing Address PO Box 1229
 City Girdwood State AK Zip Code 99587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEMA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 10 / 23 / 2008
Transaction ID: C522518
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 25 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Constance J J Doyle

Mailing Address 1251 King George Blvd

City State Zip Code
Ann Arbor MI 48108-1759

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

Name of Employer St Joseph Mercy Hosp ED Occupation Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525096

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Anthony Clement Clement Duarte

Mailing Address 127 Berry Mountain Rd

City State Zip Code
Cramerton NC 28032-1638

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

Name of Employer Gaston Mem Hosp Occupation Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525062

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Anthony Clement Clement Duarte

Mailing Address 127 Berry Mountain Rd

City State Zip Code
Cramerton NC 28032-1638

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

Name of Employer Gaston Mem Hosp Occupation Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525122

Amount of Each Receipt this Period: 400.00

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 26 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Irv E E Edwards

Mailing Address 111 N Sepulveda Ste 210
Ste 210

City State Zip Code
Manhattan Beach CA 90266-6849

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

Name of Employer Occupation
Chino Valley Med Ctr Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C525011

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Emile El-Shammaa

Mailing Address 287 Bristol Way

City State Zip Code
Worthington OH 43085-3272

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

Name of Employer Occupation
OH State Univ Med Ctr Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: C526228

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John Mason Mason Ellison

Mailing Address 27530 Mooncrest Dr

City State Zip Code
Carmel CA 93923-8535

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

Name of Employer Occupation
Monterey Bay Emer Phys Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526616

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► 1215.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Richard S S Elman

Mailing Address 6191 Senate Cir

City East Amherst State NY Zip Code 14051-1979

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

Name of Employer Buffalo Mercy Hosp ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 11 / 2008

Transaction ID: C527906

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Clifford Erickson

Mailing Address 31 Forest Dr

City Voorheesville State NY Zip Code 12186-9530

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

Name of Employer Dr. Clifford Erickson Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 10 / 30 / 2008

Transaction ID: C525153

Amount of Each Receipt this Period 85.00

C.

Full Name (Last, First, Middle Initial)
Clifford Erickson

Mailing Address 31 Forest Dr

City Voorheesville State NY Zip Code 12186-9530

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

Name of Employer Dr. Clifford Erickson Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2008

Transaction ID: C595282

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) ► 270.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert J J Faflik

Mailing Address 5497 Governors Ave NW

City State Zip Code
Canton OH 44718-1455

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

Name of Employer Emerg Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525075

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Robert R R Farquharson

Mailing Address 6707 Wakehurst Rd

City State Zip Code
Charlotte NC 28226-5565

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

Name of Employer Emerg Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525125

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Joseph S S Fastow

Mailing Address 7900 Wisconsin Ave #406 Ste 406

City State Zip Code
Bethesda MD 20814-3634

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

Name of Employer Calvert Memorial Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526604

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 123
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Christian P P Feinauer

Mailing Address 383 La Purissima Way

City State Zip Code
Sacramento CA 95819-2814

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

Name of Employer: Dr. Christian P Feinauer
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2008

Transaction ID: C522357

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Russell J J Firman

Mailing Address 112 Woodberry Ln

City State Zip Code
Fayetteville NY 13066-1746

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

Name of Employer: Cortland Regl Med Ctr
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1195.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525111

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Diana L L Fite

Mailing Address PO Box 2029

City State Zip Code
Waller TX 77484-2029

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

Name of Employer: Meth Willowbrook Hosp ED
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
830.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2008

Transaction ID: C528317

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 123
(check only one)

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

A.

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

Mailing Address 6021 90th St

City Lubbock State TX Zip Code 79424-0814

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

Name of Employer Covenant Med Grp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1016.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: C524221

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address 6021 90th St

City Lubbock State TX Zip Code 79424-0814

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

Name of Employer Covenant Med Grp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1016.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: C595267

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Mark Gordon Flammer

Mailing Address 1691 N. 200 W.

City Centerville State UT Zip Code 84014-1160

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

Name of Employer EPIC Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	0	8

Transaction ID: C592427

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **666.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 123
(check only one)

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

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

A.

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

Mailing Address 1133 Pond Cypress Dr

City State Zip Code
Virginia Bch VA 23455-6859

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

Name of Employer Occupation
Emer Phys of Tidewater Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: C524208

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 1133 Pond Cypress Dr

City State Zip Code
Virginia Bch VA 23455-6859

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

Name of Employer Occupation
Emer Phys of Tidewater Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: C595279

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City State Zip Code
Moorestville NC 28117-9062

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

Name of Employer Occupation
Dr. Steven Gerald Folstad Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 217.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2008

Transaction ID: C527896

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional) ► **217.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marsha D D Ford	Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address PO Box 32861	Transaction ID: C524216
	City State Zip Code Charlotte NC 28232-2861	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas Med Ctr ED Occupation: Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 462.00	

B.	Full Name (Last, First, Middle Initial) Marsha D D Ford	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address PO Box 32861	Transaction ID: C595260
	City State Zip Code Charlotte NC 28232-2861	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas Med Ctr ED Occupation: Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 462.00	

C.	Full Name (Last, First, Middle Initial) Michael Frank	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 1940 Hines Hill Rd	Transaction ID: C525073
	City State Zip Code Hudson OH 44236-1716	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Emerg Med Phys Occupation: Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	▶	1084.00
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 33 / 123
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Anita Marie Marie Gage

Mailing Address 2174 N Hametown Rd

City Akron State OH Zip Code 44333-1026

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

Name of Employer EMP Ltd Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525103
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City Grapevine State TX Zip Code 76051-7100

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

Name of Employer UTMB Univ of TX Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 24 / 2008
Transaction ID: C595270
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Michael David David Garfinkel

Mailing Address 1677 Beechwood Blvd

City Pittsburgh State PA Zip Code 15217-1433

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

Name of Employer EMP of Allegheny Co Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525152
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Cloyd B B Gatrell

Mailing Address 1304 White Birch Ln

City State Zip Code
Carlisle PA 17013-3582

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

Name of Employer EmCare Occupation Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: C529450

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Laurence J J Gavin

Mailing Address 39th & Market St

City State Zip Code
Philadelphia PA 19104

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

Name of Employer Presbyterian Med Ctr ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526624

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Timothy David David Genetta

Mailing Address 201 Stratton Ln

City State Zip Code
Flushing OH 43977-9712

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

Name of Employer Ohio Valley Med Ctr EMSTAR Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525069

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 123
(check only one)

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

A.

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

Mailing Address 29 Heritage Ct

City State Zip Code
Randolph NJ 07869-3534

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

Name of Employer Emer Med Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1082.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524189

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michael Alfred Alfred Gibbs

Mailing Address 16 Riverside Dr

City State Zip Code
Falmouth ME 04105-2109

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

Name of Employer Maine Med Ctr ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524119

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Bret E E Ginther

Mailing Address 3611 Genista Pl

City State Zip Code
Fallbrook CA 92028-8143

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

Name of Employer CA Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: C526416

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Heather R R Godale

Mailing Address 447 Malvern Rd

City Akron State OH Zip Code 44303-1737

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

Name of Employer Massillon Comm Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525083
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 7809 Trieste PI

City Delray Bch State FL Zip Code 33446-4403

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

Name of Employer Coral Springs Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524197
Amount of Each Receipt this Period: 100.00

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

Mailing Address 7809 Trieste PI

City Delray Bch State FL Zip Code 33446-4403

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

Name of Employer Coral Springs Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 24 / 2008
Transaction ID: C595271
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 123
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ken John John Gramyk

Mailing Address PO Box 729

City State Zip Code
Sagle ID 83860-0729

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

Name of Employer Occupation
Lake Pend Oreille Emer Med Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524967

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Andrea L L Green

Mailing Address 22428 Springflower Dr

City State Zip Code
Golden CO 80401-8033

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

Name of Employer Occupation
Dr. Andrea L Green Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524203

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Robert D D Greenberg

Mailing Address 2401 S 31st St

City State Zip Code
Temple TX 76508-0001

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

Name of Employer Occupation
Dept of Emer Med Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524201

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alexander Grinshpun

Mailing Address 2105 Sausse Ave # 3B
Apt 3B

City Troy State NY Zip Code 12180-1739

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

Name of Employer Dr Alexander Grinshpun Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2008
Transaction ID: C525080
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Brad Gruehn

Mailing Address 207 Heather Glen Rd

City Sterling State VA Zip Code 20165-5824

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

Name of Employer Mr. Brad Gruehn Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 28 / 2008
Transaction ID: C524190
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Brad Gruehn

Mailing Address 207 Heather Glen Rd

City Sterling State VA Zip Code 20165-5824

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

Name of Employer Mr. Brad Gruehn Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 24 / 2008
Transaction ID: C595274
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kenneth S S Gummerson

Mailing Address 12 Wendover Rd

City State Zip Code
Baltimore MD 21218-1832

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

Name of Employer Occupation
Doctors Emergency Services Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: C528323

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Theresa Gunnarson

Mailing Address 7460 Eagle Ridge Rd

City State Zip Code
Orr MN 55771-8473

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

Name of Employer Occupation
St Marys Med Ctr Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524964

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 4827 Pebworth Pl

City State Zip Code
Saginaw MI 48603-9306

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

Name of Employer Occupation
MI State Univ Colg of Hmn Medn Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524219

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Russell H H Harris

Mailing Address 5829 Wissahickon Ave

City Philadelphia State PA Zip Code 19144-4446

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

Name of Employer EmCare Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 29 / 2008

Transaction ID: C524972

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Anthony William William Hartmann

Mailing Address 2 Wincot Court

City Hillsborough State NJ Zip Code 08844-2213

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

Name of Employer Emergency Medical Associates of New Je Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C524106

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Stephen Carl Carl Hartsell

Mailing Address 75 N Medical Dr #1150

City Salt Lake City State UT Zip Code 84132-0005

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

Name of Employer Univ of Utah ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C524172

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 2125.00

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 41 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Stephen Carl Carl Hartsell

Mailing Address 75 N Medical Dr #1150

City State Zip Code
Salt Lake City UT 84132-0005

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

Name of Employer Occupation
Univ of Utah ED Emergency Physician

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

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: C524900

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
William C C Haselow

Mailing Address 7118 W Lafayette Pl

City State Zip Code
Mequon WI 53092-8600

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

Name of Employer Occupation
Infinity HealthCare Inc Emergency Physician

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

Date of Receipt
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: C524114

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3 Aldgate Way

City State Zip Code
Greer SC 29650-5320

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

Name of Employer Occupation
St Francis Health System Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2008

Transaction ID: C523315

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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 42 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Charles W W Henrichs, III

Mailing Address 800 N Justice St

City State Zip Code
Hendersonville NC 28791-3410

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

Name of Employer Occupation
Hendersonville Emer Consult Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C595262

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Terry Glenn Glenn Hensley

Mailing Address 3116 Rolston Rd

City State Zip Code
Greenville NC 27858-6255

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

Name of Employer Occupation
EMP of Craven County PLLC Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525082

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Timothy J J Hill

Mailing Address 2200 NE 96th St

City State Zip Code
Oklahoma City OK 73131-3504

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

Name of Employer Occupation
Mercy Hosp Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521249

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 123
(check only one)

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

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

A.

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

Mailing Address 1062 River Bay Rd

City State Zip Code
Annapolis MD 21409-4830

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

Name of Employer Occupation
Univ of MD ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524217

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Cherri D D Hobgood

Mailing Address 6599 Gordonton Rd

City State Zip Code
Hurdle Mills NC 27541-9215

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

Name of Employer Occupation
Neurosciences Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: C528196

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Michael B B Hocker

Mailing Address Trent Dr DUMC # 3096
Trent Dr DUMC # 3096

City State Zip Code
Durham NC 27710

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

Name of Employer Occupation
Duke Univ Med Ctr - Div of EM Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524949

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sandy J J Honke
Mailing Address 3815 Pine View Dr
City State Zip Code
Rapid City SD 57702-6977
FEC ID number of contributing federal political committee. **C**
Name of Employer Rapid City Regional Hosp ED
Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 11 / 03 / 2008
Transaction ID: C526210
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Lisa Dianne Dianne Hrutkay
Mailing Address 1464 STOOLFIRE RD
City State Zip Code
Valley Grove WV 26060-7934
FEC ID number of contributing federal political committee. **C**
Name of Employer EMSTAR OVVMC
Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 10 / 30 / 2008
Transaction ID: C525112
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Antony P P Hsu
Mailing Address 113 Pinewood Pl
City State Zip Code
Ithaca NY 14850-1909
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP of Cortland Cnty PLLC
Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 455.70
Date of Receipt 10 / 30 / 2008
Transaction ID: C525081
Amount of Each Receipt this Period 455.70

SUBTOTAL of Receipts This Page (optional) ► 1155.70
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Raymond Iannaccone

Mailing Address 25 Oakwood Rd

City Allendale State NJ Zip Code 07401-2100

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

Name of Employer EMA NY Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524141
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
John Bruce Bruce Irwin

Mailing Address 12328 Bluff Shore Dr

City Knoxville State TN Zip Code 37922-6102

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

Name of Employer Southeastern Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 17 / 2008
Transaction ID: C529456
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
John Janikas

Mailing Address Refer To A429774

City Brockton State MA Zip Code 02302-3308

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

Name of Employer John Janikas Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525102
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 123
(check only one)

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

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

A.

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

Mailing Address 115 Cayuga Heights Rd

City State Zip Code
Ithaca NY 14850-2102

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

Name of Employer Occupation
Emerg Med Phys Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525123

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ramon W W Johnson

Mailing Address 26875 La Alameda # 1021
Apt 1021

City State Zip Code
Mission Viejo CA 92691-7347

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

Name of Employer Occupation
Mission Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524938

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Ramon W W Johnson

Mailing Address 26875 La Alameda # 1021
Apt 1021

City State Zip Code
Mission Viejo CA 92691-7347

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

Name of Employer Occupation
Mission Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: C593554

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

2100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Bruce G G Jones

Mailing Address 465 Woodard PI

City Powell State OH Zip Code 43065-7448

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

Name of Employer Emerg Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525138
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City Haymarket State VA Zip Code 20169-2628

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

Name of Employer Dr. Jeffrey Alan Joseph Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: C524896
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City Haymarket State VA Zip Code 20169-2628

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

Name of Employer Dr. Jeffrey Alan Joseph Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 24 / 2008
Transaction ID: C595257
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jay A Kaplan
Mailing Address 300 Oak Ave
City San Anselmo State CA Zip Code 94960-2703
FEC ID number of contributing federal political committee. **C**
Name of Employer CEP America Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 966.66
Date of Receipt 10 / 28 / 2008
Transaction ID: C524182
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Jay A Kaplan
Mailing Address 300 Oak Ave
City San Anselmo State CA Zip Code 94960-2703
FEC ID number of contributing federal political committee. **C**
Name of Employer CEP America Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 966.66
Date of Receipt 11 / 24 / 2008
Transaction ID: C595268
Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Katrina M M Kardos
Mailing Address 4006 New Castle Rd
City Schenectady State NY Zip Code 12303-5093
FEC ID number of contributing federal political committee. **C**
Name of Employer Samaritan Hosp Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 30 / 2008
Transaction ID: C525088
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 666.66
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brian F F Keaton

Mailing Address 164 Silver Valley Blvd

City State Zip Code
Munroe Falls OH 44262-1084

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

Name of Employer Occupation
Summa Hlth Syst Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524174

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Jayne M M Kendall

Mailing Address 1016 Tomshire Dr

City State Zip Code
Gastonia NC 28056-2204

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

Name of Employer Occupation
EMP of Gaston County Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525129

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Richard Kessler

Mailing Address 2987 Rainbow Ln

City State Zip Code
Richfield OH 44286-9223

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

Name of Employer Occupation
EMP Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525078

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1700.00

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 50 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stuart Gary Gary Kessler

Mailing Address PO Box 71

City Marlboro State NJ Zip Code 07746-0071

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

Name of Employer Elmhurst Hosp Ctr ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2008
Transaction ID: C528321
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Kevin Michael Michael Klauer

Mailing Address 4281 Glenmoor Rd NW

City Canton State OH Zip Code 44718-2255

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

Name of Employer EMP Ltd Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 30 / 2008
Transaction ID: C525157
Amount of Each Receipt this Period 225.00

C. Full Name (Last, First, Middle Initial)
Judith Knoll

Mailing Address 5507 Lake Shore Dr

City Erie State PA Zip Code 16505-1264

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

Name of Employer Dr. Judith Knoll Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt 10 / 30 / 2008
Transaction ID: C525110
Amount of Each Receipt this Period 800.00

SUBTOTAL of Receipts This Page (optional) ► 1275.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City Brighton State MI Zip Code 48116-7728

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

Name of Employer Univ of MI - Taubman Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C524109

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Julio Rafael Rafael Lairet

Mailing Address 9619 French Stone

City Helotes State TX Zip Code 78023-4585

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

Name of Employer Wilford Hall Med Ctr Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C524160

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Eric J Lavonas

Mailing Address 7969 East 23rd Ave

City Denver State CO Zip Code 80238

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

Name of Employer Denver Health Hospital Au-
thority Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 29 / 2008

Transaction ID: C524811

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Marvin Leibovich

Mailing Address 10618 Zuber Rd

City State Zip Code
Alexander AR 72002-9002

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

Name of Employer Occupation
Univ of AR for Med Sci Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524098

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Lawrence Paul Paul Levine

Mailing Address 211 S Main St

City State Zip Code
W Hartford CT 06107-3453

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

Name of Employer Occupation
CT Emer Med Spec LLC Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: C592437

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert H H Leviton

Mailing Address 249 Melbourne Ave

City State Zip Code
Mamaroneck NY 10543-2726

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

Name of Employer Occupation
Dr. Robert H Leviton Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: C524047

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
M Scott Linscott, Jr

Mailing Address 8157 Spectrum Cv

City State Zip Code
Sandy UT 84093-5408

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

Name of Employer 1150 Moran Bldg Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524224
Amount of Each Receipt this Period: 100.00

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

Mailing Address 40 Barrytown Rd

City State Zip Code
Red Hook NY 12571-3626

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

Name of Employer The Stamford Hosp Occupation Emergency Physician

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

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525074
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Michael Lozano, Jr

Mailing Address 4824 Longwater Way

City State Zip Code
Tampa FL 33615-4216

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

Name of Employer EmCare Occupation Emergency Physician

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

Date of Receipt: 11 / 14 / 2008
Transaction ID: C528319
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kirk Lufkin

Mailing Address 21145 Rivendell Tr

City State Zip Code
Houghton MI 49931-9034

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

Name of Employer Occupation
Portage Hlth Syst Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524100

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Michael Patrick Patrick Lum Lum Lung

Mailing Address 1096 E Tonto Dr

City State Zip Code
Chandler AZ 85249-2838

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

Name of Employer Occupation
Banner Desert Hosp ED Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: C522361

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Thomas J J Lydon

Mailing Address PO Box 51

City State Zip Code
Rye Beach NH 03871-0051

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

Name of Employer Occupation
Wentworth Douglass Hosp Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: C522356

Amount of Each Receipt this Period

150.00

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 55 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Sharon E E Mace

Mailing Address 11961 Laurel Rd

City State Zip Code
Chesterland OH 44026-1757

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

Name of Employer Occupation
Cleveland Clinic ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C525007

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mark L L Mackey

Mailing Address 1740 W Taylor St # 722

City State Zip Code
Chicago IL 60612-7232

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

Name of Employer Occupation
Univ of IL C(H) - Room 16-00 Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524139

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 501 Leeward Ln

City State Zip Code
Enola PA 17025-1348

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

Name of Employer Occupation
Dr. Merci G Madar Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525066

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas Roland Roland Magill

Mailing Address 3304 Winnipeg Dr

City State Zip Code
Bismarck ND 58503-0455

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

Name of Employer Occupation
St Alexius Med Ctr Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: C526205

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Anil K K Mahajan

Mailing Address 15528 Thompson Rd

City State Zip Code
Silver Spring MD 20905-3954

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

Name of Employer Occupation
Southern Maryland Hosp EM Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: C522359

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
William K K Mallon

Mailing Address 1200 N State St Rm 1011

City State Zip Code
Los Angeles CA 90033-1029

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

Name of Employer Occupation
Gen Hosp Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524153

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 123

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kevin D D Markowski		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 8		
	Mailing Address 572 White Tail Ridge Dr		Transaction ID: C525076		
	City Fairlawn	State OH	Zip Code 44333-3288	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emerg Med Phys	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Ricardo Martinez		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 8		
	Mailing Address 2828 Cravey Dr NE		Transaction ID: C522354		
	City Atlanta	State GA	Zip Code 30345-1420	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Schumacher Grp-Exec VP Med Aff	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

C.	Full Name (Last, First, Middle Initial) Ricardo Martinez		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 8		
	Mailing Address 2828 Cravey Dr NE		Transaction ID: C524899		
	City Atlanta	State GA	Zip Code 30345-1420	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Schumacher Grp-Exec VP Med Aff	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

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 58 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) William M M Matre		Date of Receipt MM / DD / YYYY 11 / 19 / 2008
Mailing Address 3001 Rising Spring Ct		Transaction ID: C592443
City Bellbrook	State OH	Zip Code 45305-9749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Childrens Emergency Services	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) C L L McArthur, III		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address 11 Cardiff		Transaction ID: C524195
City Laguna Niguel	State CA	Zip Code 92677-2936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Desert Reg Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) David S S McClellan		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address 311 W Wilson Ave		Transaction ID: C524165
City Spokane	State WA	Zip Code 99208-7224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Sacred Heart Med Ctr ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	▶	1325.00
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 59 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

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

Name of Employer Emer Med Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524183
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
John Gerard Gerard McManus, Jr

Mailing Address 726 Ridge Trace

City San Antonio State TX Zip Code 78258-6917

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

Name of Employer Brooke Army Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524164
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Richard S S McMonigal

Mailing Address 3610 45th St NE

City Tacoma State WA Zip Code 98422-2293

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

Name of Employer Auburn General Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 04 / 2008
Transaction ID: C526425
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 103 Hidden Hills Dr

City State Zip Code
Greenville NC 27858-8635

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

Name of Employer Emerg Med, PCMH, 3ED-311 Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: C524188

Amount of Each Receipt this Period
85.00

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

Mailing Address 103 Hidden Hills Dr

City State Zip Code
Greenville NC 27858-8635

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

Name of Employer Emerg Med, PCMH, 3ED-311 Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: C595281

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
Stephen W W Meldon

Mailing Address 2918 Bunnell Ct

City State Zip Code
Cleveland OH 44113-3039

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

Name of Employer Dr. Stephen W Meldon Occupation Emergency Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: C525055

Amount of Each Receipt this Period
1000.00

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 61 / 123
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
David James James Mendelson

Mailing Address 4633 Post Oak Dr

City Frisco State TX Zip Code 75034-5130

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

Name of Employer EmCare Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: C524958
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1231A Rt 532

City Chatsworth State NJ Zip Code 08019-9711

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

Name of Employer Cmnty Med Ctr ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.01

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524198
Amount of Each Receipt this Period: 100.00

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

Mailing Address 1231A Rt 532

City Chatsworth State NJ Zip Code 08019-9711

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

Name of Employer Cmnty Med Ctr ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.01

Date of Receipt: 11 / 24 / 2008
Transaction ID: C595269
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Andrew C C Michel		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address 2475 Broadway St 2475 Broadway St		Transaction ID: C524159
City Helena	State MT	Zip Code 59601-4928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer St Peters Hosp ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Calvin J J Miller		Date of Receipt MM / DD / YYYY 10 / 30 / 2008
Mailing Address 205 Upper Godfrey Dr		Transaction ID: C525093
City Leechburg	State PA	Zip Code 15656-7230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer EMP of Alle-Kiski Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) John S S Milne		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address 530 Wilderness Peak Dr NW		Transaction ID: C524184
City Issaquah	State WA	Zip Code 98027-5621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Eastside Emer Phys PLLC	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.67	

SUBTOTAL of Receipts This Page (optional)	▶	1283.33
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 123
(check only one)

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

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

A.

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

Mailing Address 530 Wilderness Peak Dr NW

City State Zip Code
Issaquah WA 98027-5621

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

Name of Employer Eastside Emer Phys PLLC
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.67

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: C595265

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Andrew M M Milsten

Mailing Address 55 Lake Ave

City State Zip Code
N Worcester MA 01655

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

Name of Employer UMass Dept of Emer Med
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: C525005

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Glenn W W Mitchell

Mailing Address 13951 Meursault Ln

City State Zip Code
Chesterfield MO 63017-8316

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

Name of Employer Mercy Hlth Syst
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2008

Transaction ID: C521254

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **158.33**

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

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

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

FOR LINE NUMBER: PAGE 64 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jack Henry Henry Mitsifer

Mailing Address 4877 Squire Dr

City State Zip Code
Sagamore Hls OH 44067-3287

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

Name of Employer Occupation
GEMS Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: C526630

Amount of Each Receipt this Period
250.00

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

Mailing Address 7500 Calhoun NE

City State Zip Code
Albuquerque NM 87109-6464

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: C524175

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Teresita Morales

Mailing Address 4186 Stellar Dr

City State Zip Code
Hilliard OH 43026-2515

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

Name of Employer Occupation
Mansfield Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525132

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 236 Lakeview Rd

City State Zip Code
Eddy TX 76524-2518

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

Name of Employer Scott & White Hosp Occupation Emergency Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: C524999

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
John B B Moskow

Mailing Address 720 W 34th St # 101

City State Zip Code
Austin TX 78705-1241

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

Name of Employer Emer Svc Partners Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: C524914

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John B B Moskow

Mailing Address 720 W 34th St # 101

City State Zip Code
Austin TX 78705-1241

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

Name of Employer Emer Svc Partners Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: C524932

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Daniel G G Murphy</p> <p>Mailing Address 36 Huntington Rd</p> <p>City State Zip Code Garden City NY 11530-3102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Long Island Emerg Care PC Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8</p> <p>Transaction ID: C524194</p> <p>Amount of Each Receipt this Period 100.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Daniel G G Murphy</p> <p>Mailing Address 36 Huntington Rd</p> <p>City State Zip Code Garden City NY 11530-3102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Long Island Emerg Care PC Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8</p> <p>Transaction ID: C595263</p> <p>Amount of Each Receipt this Period 100.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Ira R R Nemeth</p> <p>Mailing Address 3225 Turtle Creek Blvd Apt 134 Apt 134</p> <p>City State Zip Code Dallas TX 75219-5457</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Dr. Ira R Nemeth Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8</p> <p>Transaction ID: C524215</p> <p>Amount of Each Receipt this Period 150.00</p>
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SUBTOTAL of Receipts This Page (optional)	350.00
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 67 / 123
(check only one)

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

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

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

Mailing Address 3225 Turtle Creek Blvd Apt 134
Apt 134

City Dallas State TX Zip Code 75219-5457

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

Name of Employer Dr. Ira R Nemeth Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 24 / 2008
Transaction ID: C595243

Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Jonathan C C Neuman

Mailing Address 1104 Berwick Ct

City Waxhaw State NC Zip Code 28173-6547

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

Name of Employer Emer Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2008
Transaction ID: C525107

Amount of Each Receipt this Period 900.00

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

Mailing Address 2300 N Black Oak Dr

City Angola State IN Zip Code 46703-8195

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

Name of Employer Pro Emer Phys Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 29 / 2008
Transaction ID: C525014

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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 68 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2300 N Black Oak Dr

City State Zip Code
Angola IN 46703-8195

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

Name of Employer Pro Emer Phys Inc Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C595244

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Kathleen T T O'Donnell

Mailing Address 434 Euclid Terr

City State Zip Code
Atlanta GA 30307-2042

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

Name of Employer Emory Univ School of Med Occupation Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: C526421

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Rolland S S Olds

Mailing Address PO Box 500

City State Zip Code
Point Clear AL 36564-0500

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

Name of Employer Thomas Hosp Occupation Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523238

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David T T Overton

Mailing Address 1000 Oakland Dr

City State Zip Code
Kalamazoo MI 49008-1282

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

Name of Employer Occupation
MSU/KCMS Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524113

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Sarah Jane Jane Paris

Mailing Address 6 Algert St

City State Zip Code
Saratoga Spgs NY 12866-1526

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

Name of Employer Occupation
EMP of Albany Co PLLC Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525146

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Rebecca B B Parker

Mailing Address 5880 Highland Ln

City State Zip Code
Lakewood IL 60014-4808

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

Name of Employer Occupation
Dr. Rebecca B Parker Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524206

Amount of Each Receipt this Period
250.00

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 70 / 123
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Lawrence Neil Neil Payne

Mailing Address 670 Sunridge Rd

City Akron State OH Zip Code 44333-3276

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

Name of Employer: Barberton Citizens Hosp Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525087
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 904 Luke St

City Travis AFB State CA Zip Code 94535-1354

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

Name of Employer: David Grant Med Ctr Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.01

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525094
Amount of Each Receipt this Period: 100.00

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

Mailing Address 904 Luke St

City Travis AFB State CA Zip Code 94535-1354

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

Name of Employer: David Grant Med Ctr Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.01

Date of Receipt: 11 / 24 / 2008
Transaction ID: C595251
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark D D Pearlmutter

Mailing Address 440 Boylston St

City State Zip Code
Brookline MA 02445-6005

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

Name of Employer St Elizabeths Hosp Occupation Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524117
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Marlys Pike

Mailing Address 2706 Chestnut Run Rd

City State Zip Code
York PA 17402-8857

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

Name of Employer Memorial Hosp Occupation Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525065
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Shawn L L Posin

Mailing Address 13 Lynwood Ave

City State Zip Code
Wheeling WV 26003-5948

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

Name of Employer Dr. Shawn L Posin Occupation Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525116
Amount of Each Receipt this Period: 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 72 / 123
(check only one)

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

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

A.

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

Mailing Address 40 Lane Rd

City State Zip Code
Derry NH 03038-4194

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

Name of Employer Occupation
Lancaster Regional Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524205

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 40 Lane Rd

City State Zip Code
Derry NH 03038-4194

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

Name of Employer Occupation
Lancaster Regional Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C595246

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Eva Prakash

Mailing Address 334 Gershwin Dr

City State Zip Code
Houston TX 77079-7312

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

Name of Employer Occupation
GHEP Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524200

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 73 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Louise A A Prince

Mailing Address 750 E Adams St

City State Zip Code
Syracuse NY 13210-2306

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

Name of Employer Occupation
SUNY Upstate Med Univ ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524107

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sarah Jane Jane Ramsay

Mailing Address 2321 Crestview Dr

City State Zip Code
New Bern NC 28562-9059

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

Name of Employer Occupation
Craven Regl Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525071

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Masood A A Ranginwala

Mailing Address 13 Nevada Pl

City State Zip Code
Bronxville NY 10708-5915

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

Name of Employer Occupation
Stamford Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525060

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 74 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

William E E Reisinger, III

Mailing Address 2801 Chalford Cir NW

City State Zip Code
North Canton OH 44720-8225

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

Name of Employer Occupation
EMP Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525127

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Geoffrey E E Renk

Mailing Address 32 Charlotte St

City State Zip Code
Charleston SC 29403-6330

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

Name of Employer Occupation
Bon Secours/St Francis Ho- sp Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525095

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Derek J J Robinson

Mailing Address 4414 S Vincennes Ave #2
Apt 2

City State Zip Code
Chicago IL 60653-3454

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

Name of Employer Occupation
Dr. Derek J Robinson Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524915

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Carol H H Roeder

Mailing Address 10 Fernbank Ave

City State Zip Code
Delmar NY 12054-4003

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

Name of Employer Albany Mem Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525134

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address PO Box 689 JDMCC Ste 214

City State Zip Code
Allentown PA 18105-1556

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

Name of Employer Lehigh Valley Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526627

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Robert Craig Craig Rosenbloom

Mailing Address PO Box 5101

City State Zip Code
Culver City CA 90231-5101

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

Name of Employer California Emerg Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524207

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 123
(check only one)

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

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

A.

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

Mailing Address 15340 Raton Rd

City State Zip Code
Colorado Spgs CO 80921-2140

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

Name of Employer Occupation
Front EM Specialties Inc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: C525012

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Steven P P Rudis

Mailing Address 9796 Diversified

City State Zip Code
Ellicott City MD 21042-1792

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

Name of Employer Occupation
Dr. Steven P Rudis Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525105

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Sebastian A A Rueckert

Mailing Address 39544 Village Run Dr

City State Zip Code
Northville MI 48168-3480

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

Name of Employer Occupation
Christian Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: C524987

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Isi J J Russ

Mailing Address 1201 Arden Rd

City State Zip Code
Pasadena CA 91106-4135

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

Name of Employer Occupation
East LA Emerg Assoc Inc Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: C526212

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)

Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code
Manhasset NY 11030-3709

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

Name of Employer Occupation
North Shore Univ Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526628

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)

Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code
Manhasset NY 11030-3709

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

Name of Employer Occupation
North Shore Univ Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C595256

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)

291.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Sandra M M Schneider

Mailing Address 601 Elmwood Ave Box 655

City State Zip Code
Rochester NY 14642-0001

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

Name of Employer Occupation
Univ of Rochester Schl of Med Emergency Physician

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

Date of Receipt
MM / DD / YYYY
10 / 24 / 2008

Transaction ID: C523311

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 4733 N Ridge Dr

City State Zip Code
Akron OH 44333-4703

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

Name of Employer Occupation
Emerg Med Phys Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525135

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 960 E 3rd St Ste 100

City State Zip Code
Chattanooga TN 37403-2133

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

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

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

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: C595252

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
A Duane Selman

Mailing Address PO Box 15100

City State Zip Code
Ft Worth TX 76119-0100

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

Name of Employer Occupation
North Hills Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: C525010

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City State Zip Code
Storrs CT 06268-2756

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

Name of Employer Occupation
Windham Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: C526625

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City State Zip Code
Storrs CT 06268-2756

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

Name of Employer Occupation
Windham Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: C595247

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **416.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Sydney E E Shrader

Mailing Address 1642 Burgess Rd

City State Zip Code
Woodford VT 05201-8957

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

Name of Employer Samaritan Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525136

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Suzy Schneider Schneider Shukovsky

Mailing Address 41 Old Highway

City State Zip Code
Wilton CT 06897-3114

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

Name of Employer EMP of Fairfield LLC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525059

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Julia Shuleshko

Mailing Address 6589 Springpath Ln

City State Zip Code
San Jose CA 95120-4550

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

Name of Employer CEP Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526613

Amount of Each Receipt this Period
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 81 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David M M Siegel

Mailing Address 10 Hilltop Terr N

City State Zip Code
Red Bank NJ 07701-2417

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

Name of Employer Occupation
Dr. David M Siegel Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: C524982

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
John Skienziewski

Mailing Address 1325 Red Ln

City State Zip Code
Danville PA 17821-8416

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

Name of Employer Occupation
Geisinger Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: C524111

Amount of Each Receipt this Period
500.00

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

Mailing Address 67043 Old 21 Rd

City State Zip Code
Cambridge OH 43725-9402

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

Name of Employer Occupation
Dr. Mark Slabinski Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525139

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

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

Name of Employer North Shore Univ Hosp Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 916.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: C524181
 Amount of Each Receipt this Period
 83.33

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

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

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

Name of Employer North Shore Univ Hosp Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 916.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: C595249
 Amount of Each Receipt this Period
 83.33

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

Mailing Address 10 St Charles Ave

City State Zip Code
Wheeling WV 26003-9382

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

Name of Employer Wheeling Hosp Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: C524191
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional) ► **266.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 123
(check only one)

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

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

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

A.

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

Mailing Address 10 St Charles Ave

City State Zip Code
Wheeling WV 26003-9382

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

Name of Employer Occupation
Wheeling Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: C595248

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Gregory M M Smith

Mailing Address 10222 Questa Ct

City State Zip Code
Wadsworth OH 44281-8864

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

Name of Employer Occupation
EMP Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525077

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Sullivan K K Smith

Mailing Address 600 Parragon Rd

City State Zip Code
Cookeville TN 38506-8701

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

Name of Employer Occupation
VMG Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: C524937

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

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

FOR LINE NUMBER: PAGE 84 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gregory Jon Jon Smolin

Mailing Address 3435 Pebble Ridge Dr

City State Zip Code
York PA 17402-4349

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

Name of Employer EMP of York County LLC Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: C525124

Amount of Each Receipt this Period
1000.00

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

Mailing Address 108 Saddle Rdg

City State Zip Code
Oakdale PA 15071-3726

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

Name of Employer Steel Vly Emer Phys Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 916.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: C524196

Amount of Each Receipt this Period
83.33

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

Mailing Address 108 Saddle Rdg

City State Zip Code
Oakdale PA 15071-3726

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

Name of Employer Steel Vly Emer Phys Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 916.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: C595253

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **1166.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 123
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Barry Dean Dean Spoon

Mailing Address 18565 Hwy AZ

City Willow Spgs State MO Zip Code 65793-7938

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

Name of Employer St Johns St Francis Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524158
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Timothy C C Stallard

Mailing Address 2401 S 31st St
2401 S 31st St

City Temple State TX Zip Code 76508-0001

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

Name of Employer Scott & White Mem Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524176
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Richard L L Stennes

Mailing Address 2533 Calle Del Oro

City La Jolla State CA Zip Code 92037-2005

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

Name of Employer Dr. Richard L Stennes Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524105
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Angela L L Straface
Mailing Address 2214 Watercrest Dr
City State Zip Code
Keller TX 76248-8341
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Arlington Med Ctr Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8
Transaction ID: C524193
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Richard Clark Clark Stuntz, Jr
Mailing Address 4 Courageous
City State Zip Code
Lake Wylie SC 29710-9281
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
EMP Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8
Transaction ID: C525108
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Matthew A A Stupple
Mailing Address 18 Lasher Rd
City State Zip Code
Woodstock NY 12498-1106
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Dr. Matthew A Stupple Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8
Transaction ID: C525147
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Christine Sullivan

Mailing Address 12408 Lamar Ave

City State Zip Code
Overland Park KS 66209-2703

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

Name of Employer Occupation
Truman Med Ctr ED Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524947

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Douglas Gilbert Gilbert Sward

Mailing Address 9626 Hastings Dr

City State Zip Code
Columbia MD 21046-1903

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

Name of Employer Occupation
Dr. Douglas Gilbert Sward Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521246

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ted W W Switzer

Mailing Address 14719 Sir Huon St

City State Zip Code
San Antonio TX 78248-1147

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

Name of Employer Occupation
Dr. Ted W Switzer Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1101.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524998

Amount of Each Receipt this Period
1001.00

SUBTOTAL of Receipts This Page (optional) ▶

2101.00

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 88 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Jason A A Tackett		Date of Receipt MM / DD / YYYY 10 / 30 / 2008
Mailing Address 22 Rocky Moore Rd		Transaction ID: C525137
City Charleston	State WV	Zip Code 25309-9500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dr. Jason A Tackett	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Peter P P Taillac		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 3439 Canyon Cove Dr		Transaction ID: C526631
City Salt Lake City	State UT	Zip Code 84121-6335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Univ of Utah Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.35	

C.

Full Name (Last, First, Middle Initial) Peter P P Taillac		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 3439 Canyon Cove Dr		Transaction ID: C595241
City Salt Lake City	State UT	Zip Code 84121-6335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Univ of Utah Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.35	

SUBTOTAL of Receipts This Page (optional)	▶	1166.66
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 89 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jerry Albert Albert Taylor

Mailing Address 761 Stonebridge Ct

City State Zip Code
N Huntingdon PA 15642-1934

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

Name of Employer EMP Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C525101
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Todd Brian Taylor

Mailing Address 2714 Westwood Ave

City State Zip Code
Nashville TN 37212

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

Name of Employer Microsoft Corp Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: C520598
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Edd D D Thomas

Mailing Address PO Box 680923

City State Zip Code
Marietta GA 30068-0016

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

Name of Employer Physicians Immediate Med Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: C524121
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey B B Thompson

Mailing Address PO Box 12779

City State Zip Code
Beaumont TX 77726-2779

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

Name of Employer Meml Herman Baptist Beaumont
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 8

Transaction ID: C526211

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Fred Foster Foster Tilden

Mailing Address 36 Bainbridge Rd

City State Zip Code
W Hartford CT 06119-1145

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

Name of Employer Midstate Med Ctr
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 0 8

Transaction ID: C524122

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7849 S Old Farm Pl

City State Zip Code
Meridian ID 83642-7165

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

Name of Employer Emer Med of ID
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 8

Transaction ID: C524992

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 123
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Borys Trochym		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 220 Browns Dr Apt 10M		Transaction ID: C521264
City Easton	State PA	Zip Code 18042-9443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

B.

Full Name (Last, First, Middle Initial) Elmo Glenn Tucker		Date of Receipt MM / DD / YYYY 10 / 30 / 2008
Mailing Address 137 Ledge Rd		Transaction ID: C525113
City S Thomaston	State ME	Zip Code 04858-3126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Waterbury Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Bruce S S Ushkow		Date of Receipt MM / DD / YYYY 10 / 30 / 2008
Mailing Address 24 Fieldstone Dr		Transaction ID: C525072
City Delmar	State NY	Zip Code 12054-6704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Samaritan Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
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 92 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Richard L L Vermeer

Mailing Address 1227 E Rusholme St

City State Zip Code
Davenport IA 52803-2459

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

Name of Employer Occupation
Genesis Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524991

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Raymond Anthony Anthony Vidulich

Mailing Address 9100 Babcock Blvd

City State Zip Code
Pittsburgh PA 15237-5815

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

Name of Employer Occupation
UPMC Passavant Hosp- ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525109

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Salvador E E Villanueva

Mailing Address L'Antigua LA-3

City State Zip Code
Trujillo Alto PR 00976

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

Name of Employer Occupation
Hospital UPR EM Dept Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524144

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 93 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sarah J J Vogel

Mailing Address 52 Duncan Phyfe Ln

City State Zip Code
Slingerlands NY 12159-9376

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

Name of Employer Occupation
Albany Mem Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C525131

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5425 Nottingham N

City State Zip Code
Saginaw MI 48603-2821

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

Name of Employer Occupation
Synergy Med Educ Alliance Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: C524218

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Paul Wahlheim

Mailing Address 310 W Holly St

City State Zip Code
Phoenix AZ 85003-1117

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

Name of Employer Occupation
EMPower Emerg Phys PC Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: C526620

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Victor A A Wallenkampf

Mailing Address 1726 Spring Hill Ln

City State Zip Code
Bayside CA 95524-9370

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

Name of Employer: Dr. Victor A Wallenkampf Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 11 / 05 / 2008
Transaction ID: C526617
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Bradford L L Walters

Mailing Address 6033 Orchard Woods Dr

City State Zip Code
W Bloomfield MI 48324-3281

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

Name of Employer: William Beaumont Hosp ED Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: C524920
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Matthew J J Watson

Mailing Address 1280 Longpointe Pass

City State Zip Code
Alpharetta GA 30005-2284

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

Name of Employer: Dr. Matthew J Watson Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 19 / 2008
Transaction ID: C592434
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 385.00

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 95 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Deborah E E Weber

Mailing Address 1420 Shawnee Trl

City State Zip Code
Riverwood IL 60015-1631

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

Name of Employer Occupation
Lutheran Gen Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524170

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Alan F F Weisenberg

Mailing Address 3864 Criswell Dr

City State Zip Code
Columbus OH 43220-4962

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

Name of Employer Occupation
Emer Svcs Inc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523303

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Arlo F F Weltge

Mailing Address 5213 Valerie St

City State Zip Code
Bellaire TX 77401-4826

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

Name of Employer Occupation
UT Med School Houston Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524102

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Gordon Wheeler		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address 2121 K St NW Ste 325 ACEP		Transaction ID: C524199
City Washington	State DC	Zip Code 20037-1886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mr. Gordon Wheeler	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.

Full Name (Last, First, Middle Initial) Gordon Wheeler		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 2121 K St NW Ste 325 ACEP		Transaction ID: C595242
City Washington	State DC	Zip Code 20037-1886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mr. Gordon Wheeler	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.

Full Name (Last, First, Middle Initial) William B B White		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
Mailing Address 2759 Big Bear Dr 4535 Dressler Rd NW		Transaction ID: C523240
City Sedalia	State CO	Zip Code 80135-4412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dr. William B White	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 97 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Eric K K Wilke

Mailing Address 3145 Araphaho Rdg Dr

City State Zip Code
College Station TX 77845-4536

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

Name of Employer Colg Station Med Ctr Occupation Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: C526215

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Jonathan E E Williams

Mailing Address 12105 Woodberry Rd

City State Zip Code
Kinston NC 28501-2642

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

Name of Employer Brody Schl of Med @ ECU ED Occupation Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525118

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Richard C Winters

Mailing Address 1303 East Herndon Avenue

City State Zip Code
Fresno CA 93704-3435

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

Name of Employer Richard Clarke Winters MD INC Occupation Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Transaction ID: C520551

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2150.00**

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 98 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Wirtz

Mailing Address 1 Highgate NE

City State Zip Code
Ithaca NY 14850-1483

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

Name of Employer Emer Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525144

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David O Wright

Mailing Address PO Box 1000

City State Zip Code
Barboursville WV 25504-3000

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

Name of Employer Emer Med Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525126

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
William R R Wright

Mailing Address 1885 Funderburg Rd

City State Zip Code
New Carlisle OH 45344-9557

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

Name of Employer Miami Valley Emer Special-ists Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: C526422

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 99 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Marwan Yanes

Mailing Address 76876 8th Street Rd

City State Zip Code
Newcomerstown OH 43832-9517

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

Name of Employer SEORMC Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525068

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Andol Stephen Stephen Yeh

Mailing Address 4201 Belle Meade Cir

City State Zip Code
Belmont NC 28012-6506

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

Name of Employer Dr. Andol Stephen Yeh Occupation Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C525120

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ronald Nga Nga Yeh

Mailing Address 511 SE 5th Ave Apt 2301
Apt 2301

City State Zip Code
Ft Lauderdale FL 33301-2981

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

Name of Employer Dr. Ronald Nga Yeh Occupation Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523257

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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 100 / 123
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James Edward Edward Young
Mailing Address 585 Carol Dr
City Perrysburg State OH Zip Code 43551-2968
FEC ID number of contributing federal political committee. **C**
Name of Employer Dr. James Edward Young Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 30 / 2008
Transaction ID: C525130
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Brian S S Zachariah
Mailing Address 301 University Blvd
City Galveston State TX Zip Code 77555-5302
FEC ID number of contributing federal political committee. **C**
Name of Employer Dept of Surgery ED Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 29 / 2008
Transaction ID: C525008
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Bradley Alan Alan Zlotnick
Mailing Address 3525 Del Mar Hts Rd # 139
City San Diego State CA Zip Code 92130-2122
FEC ID number of contributing federal political committee. **C**
Name of Employer Dr. Bradley Alan Zlotnick Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 28 / 2008
Transaction ID: C524166
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ► 130552.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9244.21

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 8

Transaction ID: C597593

Amount of Each Receipt this Period
656.61

SUBTOTAL of Receipts This Page (optional)	▶	656.61
TOTAL This Period (last page this line number only)	▶	656.61

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 123

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

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

A.	Full Name (Last, First, Middle Initial) Baker for Congress Mailing Address PO BOX 312 City COLUMBIA State MO Zip Code 65205 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Baker for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D73871 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 2500.00 011 Category/ Type	
B.	Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress Mailing Address 8550 United Plaza Blvd c/o Postlethwait and Netterville City Baton Rouge State LA Zip Code 70809-2256 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Bill Cassidy for US Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D73444 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 5000.00 011 Category/ Type	
C.	Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress Mailing Address 8550 United Plaza Blvd c/o Postlethwait and Netterville City Baton Rouge State LA Zip Code 70809-2256 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Bill Cassidy for US Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt Retirem State: District:	Transaction ID: D73961 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 2000.00 011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. Charles Boustany</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73427</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.</p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73431</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Durstun For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. Bill Durston</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73941</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Fleming for Congress	Transaction ID: D73869 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO Box 1236	Amount of Each Disbursement this Period 2500.00
	City Minden State LA Zip Code 71058-1236	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Fleming for Congress	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

B.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: D74109 Date of Disbursement 11 / 19 / 2008
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 1000.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Blanche Lambert Lincoln	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Transaction ID: D73944 Date of Disbursement 10 / 29 / 2008
	Mailing Address PO Box 74	Amount of Each Disbursement this Period 2500.00
	City Syracuse State NY Zip Code 13214	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Friends of Dan Maffei	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Cardoza For Congress	Transaction ID: D73428 Date of Disbursement 10 / 20 / 2008
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period 2500.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Mr. Dennis Cardoza	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Patrick J. Kennedy Inc.	Transaction ID: D73445 Date of Disbursement 10 / 20 / 2008
	Mailing Address P.O. Box 321	Amount of Each Disbursement this Period 1500.00
	City Pawtucket State RI Zip Code 02860	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Patrick J. Kennedy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Harry Teague for Congress	Transaction ID: D73945 Date of Disbursement 10 / 29 / 2008
	Mailing Address PO BOX 5153 PO BOX 5153	Amount of Each Disbursement this Period 5000.00
	City HOBBS State NM Zip Code 88241	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Harry Teague for Congress	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jeff Merkley for Oregon</p> <p>Mailing Address P.O. Box 29136</p> <p>City Portland State OR Zip Code 97296</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Jeff Merkley for Oregon</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: General Debt Retirem</p>	<p>Transaction ID: D73960 Date of Disbursement 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15</p>	<p>Transaction ID: D73452 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181-A Knight St</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. James Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 02</p>	<p>Transaction ID: D73446 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Latourette For Congress Committee</p> <p>Mailing Address 320 Kenarden Dr.</p> <p>City Highland Hts. State OH Zip Code 44143</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Steven C. LaTourette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73447 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Lautenberg For Senate</p> <p>Mailing Address Riverfront Plaza Station PO Box 200596</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Frank R. Lautenberg</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73470 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Lee for Congress</p> <p>Mailing Address P.O. Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Lee for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73870 Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Lee for Congress</p> <p>Mailing Address P.O. Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement VOID CK #6825 from 10/31/08</p> <p>Candidate Name Lee for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D74120 Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>VOID CK # 6825 10/31/08</p>
<p>B. Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress</p> <p>Mailing Address 4011 SW 21st</p> <p>City Topeka State KS Zip Code 66604</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Lynn Jenkins for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt 2008</p>	<p>Transaction ID: D74108 Date of Disbursement 11 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Martin Heinrich for Congress</p> <p>Mailing Address 2118 CENTRAL AVENUE SE #71</p> <p>City ALBUQUERQUE State NM Zip Code 87106</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Martin Heinrich for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General Debt Retirem</p>	<p>Transaction ID: D73959 Date of Disbursement 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nick Leibham for Congress Mailing Address 425 W 5th Ave Ste 205 City Escondido State CA Zip Code 92025-4843 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Nick Leibham for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73943 Date of Disbursement 10 / 29 / 2008 Amount of Each Disbursement this Period 2500.00 011 Category/ Type	
B.	Full Name (Last, First, Middle Initial) Olson for Congress Committee Mailing Address PO Box 16381 City Sugar Land State TX Zip Code 77496 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Olson for Congress Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Debt Retirement	Transaction ID: D73957 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 2000.00 011 Category/ Type	
C.	Full Name (Last, First, Middle Initial) Porter For Congress Mailing Address 7840 Red Leaf Drive City Las Vegas State NV Zip Code 89131 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jon C. Porter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73454 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 2500.00 011 Category/ Type	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Rangel For Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Sta</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73868</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC.</p> <p>Mailing Address POB 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bill Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73456</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS</p> <p>Mailing Address P.O. Box 121480</p> <p>City Chula Vista State CA Zip Code 91912</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bob Filner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73430</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) ELLSWORTH FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 62 <hr/> City Evansville State IN Zip Code 47701 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Brad Ellsworth <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73434 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/ Type 011

B. Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS <hr/> Mailing Address 22 West Padonia Road Suite C-141 <hr/> City Timonium State MD Zip Code 21093 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. C.A. Dutch Ruppertsberger <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73439 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/ Type 011

C. Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON <hr/> Mailing Address P.O. BOX 61 <hr/> City ST. CLAIRSVILLE State OH Zip Code 43950 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Charlie Wilson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73460 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2000.00
	Category/ Type 011

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
KILDEE FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 317

City Flint State MI Zip Code 48501

Purpose of Disbursement
Contributions to Federal Candidates

010
 011
Category/
Type

Candidate Name
Rep. Dale E. Kildee

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: MI District: 05

Transaction ID: D73440
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
DAVE WU FOR US CONGRESS

Mailing Address 818 SW Third Ave. #1182

City Portland State OR Zip Code 97204

Purpose of Disbursement
Contributions to Federal Candidates

010
 011
Category/
Type

Candidate Name
Rep. David Wu

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: OR District: 01

Transaction ID: D73458
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contributions to Federal Candidates

010
 011
Category/
Type

Candidate Name
Rep. Earl Blumenauer

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: OR District: 03

Transaction ID: D73451
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS <hr/> Mailing Address PO BOX 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73942 Date of Disbursement 10 / 29 / 2008
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US <hr/> Mailing Address P.O. Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Fred Upton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73441 Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN <hr/> Mailing Address PO BOX 16128 <hr/> City HOUSTON State TX Zip Code 77222 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Gene Green <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73461 Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS Mailing Address c/o Brigette Workman 430 South Capitol Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73432 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 2500.00 Category/ Type 011
B.	Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE Mailing Address P.O. Box 3370 City Palm Springs State CA Zip Code 92263 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mary Bono Mack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73429 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 1500.00 Category/ Type 011
C.	Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS INC Mailing Address 815-A Brazos Street City Austin State TX Zip Code 78701 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Michael T. McCaul Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73464 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 2500.00 Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
NITA LOWEY FOR CONGRESS

Mailing Address PO Box 30405

City Bethesda State MD Zip Code 20824-0405

Purpose of Disbursement
Contributions to Federal Candidates

011
Category/
Type

Candidate Name
Rep. Nita M. Lowey

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

State: NY District: 18

Transaction ID: D73426

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
PATRICK MURPHY FOR CONGRESS

Mailing Address P.O. Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement
Contributions to Federal Candidates

011
Category/
Type

Candidate Name
Rep. Patrick Murphy

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

State: PA District: 08

Transaction ID: D73448

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF PHIL HARE

Mailing Address 499 South Capitol Street, SW
Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions to Federal Candidates

011
Category/
Type

Candidate Name
Rep. Phil Hare

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

State: IL District: 17

Transaction ID: D73433

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRELINGHUYSEN FOR CONGRESS	Transaction ID: D73457
	Mailing Address 19 CATTANO AVENUE	Date of Disbursement 10 / 20 / 2008
	City MORRISTOWN State NJ Zip Code 07960	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Rodney Frelinghuysen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS	Transaction ID: D73462
	Mailing Address P.O. Box 696	Date of Disbursement 10 / 20 / 2008
	City Madison State WI Zip Code 53701	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Tammy Baldwin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PEOPLE FOR PLATTS COMMITTEE	Transaction ID: D73450
	Mailing Address 3695 Sorrel Ridge Lane	Date of Disbursement 10 / 20 / 2008
	City YORK State PA Zip Code 17406	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Todd R. Platts	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 19	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE	Transaction ID: D73449 Date of Disbursement 10 / 20 / 2008
	Mailing Address 1006 Pendleton St	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314-1837	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Wally Herger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: D73442 Date of Disbursement 10 / 20 / 2008
	Mailing Address PO Box 581 Post Office Box 581	Amount of Each Disbursement this Period 2500.00
	City Brighton State MI Zip Code 48116	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Michael J. Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS	Transaction ID: D73962 Date of Disbursement 11 / 12 / 2008
	Mailing Address 2336 S. East Ocean Blvd. #313	Amount of Each Disbursement this Period 2000.00
	City Stuart State FL Zip Code 34996	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name TOM ROONEY FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General debt retirem	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. FRIENDS OF SENATOR CARL LEVIN

Full Name (Last, First, Middle Initial)

Mailing Address 10 G STREET NE, SUITE 470

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Contributions to Federal Candidates

Candidate Name Sen. Carl Levin

Office Sought: House Senate President

State: MI District: 00

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D73469

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

2500.00

B. SALAZAR FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address 422 C Street, NE Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement Contributions to Federal Candidates

Candidate Name Sen. Ken L. Salazar

Office Sought: House Senate President

State: CO District: 00

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: D74107

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

C. CHAMBLISS FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement Contributions to Federal Candidates

Candidate Name Sen. Saxby Chambliss

Office Sought: House Senate President

State: GA District:

Disbursement For: 2008 Primary General Other (specify) ▼

Runoff

Transaction ID: D73958

Date of Disbursement

11 / 12 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Steve Austria For Congress</p> <p>Mailing Address 2537 Obetz Drive</p> <p>City Beavercreek State OH Zip Code 45434</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. Steve Austria</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 07</p>	<p>Transaction ID: D73466</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) TRUST PAC</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Contributions to Federal PACs</p> <p>Candidate Name Rep. Fred Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 06</p>	<p>Transaction ID: D74106</p> <p>Date of Disbursement 11 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Annual contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Wolverine PAC</p> <p>Mailing Address 607 14th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution to Federal PACs/Committees</p> <p>Candidate Name Rep. John Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 15</p>	<p>Transaction ID: D73956</p> <p>Date of Disbursement 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

138000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D74947

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

517.16

SUBTOTAL of Disbursements This Page (optional)

517.16

TOTAL This Period (last page this line number only)

517.16

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee	FEC IDENTIFICATION NUMBER C C00140061
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
White House Writers Grou

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Mailing Address
P.O. Box 62289

Amount
49994.00

City State Zip Code
Baltimore MD 21264-2289

Transaction ID: D73602

Purpose of Expenditure
Direct mail 98,900 pieces (printing, postage, list rental, consumer list rental, etc.)
Category/Type 011

Office Sought: House State: NM
 Senate District: 03
 Presidential

Names of candidates supported or opposed by expenditure:
Rep. Tom Udall

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
49994.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
White House Writers Grou

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Mailing Address
P.O. Box 62289

Amount
49860.00

City State Zip Code
Baltimore MD 21264-2289

Transaction ID: D73603

Purpose of Expenditure
Direct mail 108,000 pieces (print, postage, list rental, consumer list rental, etc.)
Category/Type 011

Office Sought: House State: MN
 Senate District: 00
 Presidential

Names of candidates supported or opposed by expenditure:
Mr. Norm Coleman

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
49860.00

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	99854.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Phyllis Edans, CPA, CAE
Signature

Date M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee	FEC IDENTIFICATION NUMBER C C00140061
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
White House Writers Grou

Mailing Address
P.O. Box 62289

City	State	Zip Code
Baltimore	MD	21264-2289

Purpose of Expenditure Direct mail 108,500 pcs (print, postage,- list rental, consulta- tion) Phil English, House of Rep. Opposed by Rep. Phil English	Category/ Type
	011

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Amount
50070.00

Transaction ID: D73604

Office Sought: House State: PA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Calendar Year-To-Date Per Election
for Office Sought

50070.00

Full Name (Last, First, Middle, Initial) of Payee
White House Writers Grou

Mailing Address
P.O. Box 62289

City	State	Zip Code
Baltimore	MD	21264-2289

Purpose of Expenditure Direct mail 101,600 pcs (print, postage,- list rental, consulta- tion) Mark Steven Kirk, House of Rep. Opposed by Rep. Mark Steven Kirk	Category/ Type
	011

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Amount
47172.00

Transaction ID: D73605

Office Sought: House State: IL
 Senate District: 10
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Calendar Year-To-Date Per Election
for Office Sought

47172.00

(a) SUBTOTAL of Itemized Independent Expenditures	97242.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Phyllis Edans, CPA, CAE
Signature

Date M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee		FEC IDENTIFICATION NUMBER C C00140061	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Full Name (Last, First, Middle, Initial) of Payee White House Writers Grou		Amount 50070.00	
Mailing Address P.O. Box 62289		Transaction ID: D73606	
City Baltimore	State MD	Zip Code 21264-2289	Office Sought: <input type="checkbox"/> House State: LA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential
Purpose of Expenditure Direct mail 108,500 PCS (print, postage, list rental, consulta- tions) Mary Landrieu, US Senate Oppor		Category/ Type 012	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		50070.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008

(a) SUBTOTAL of Itemized Independent Expenditures	50070.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	247166.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Phyllis Edans, CPA, CAE Signature	Date M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9